"K01" Apple Health MAGI Long Term Care Program

June 2025

Eligibility Policy Innovation and Community Support (EPICS)



Topics

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	Washington State Health Care Authority



Overview



Overview

- K01 refers to Modified Adjusted Gross Income (MAGI) Long-Term Care (LTC) medical for individuals who are **not** otherwise eligible for:
 - ► Free MAGI-based Washington Apple Health (Medicaid) coverage (such as N11, N31) through Washington's Health Benefit Exchange at <u>wahealthplanfinder.org</u>, or
 - ► Classic Washington Apple Health coverage (such as S01 or S02) based on being Aged, Blind, Disabled, or in Foster Care.



K01 explained

- ▶ K01 is the medical coverage group used in the Health Care Authority's ACES system when applying institutional rules for eligibility.
- In ProviderOne the most common RAC code is 1052.
- ▶ K01 uses Institutional rules which allows Health Care Authority (HCA) to count only the individual's income in determining Medicaid eligibility.
- This means HCA can find individuals eligible for Apple Health coverage who might otherwise be denied if we had to look at the entire household's income.



Reminder

- Individuals who are receiving Apple Health coverage through a MAGI or Classic program do not need to apply for K01.
- Categorically Needy Coverage (CN) or Medically Needy Coverage (MN) already includes a long-term care benefit.
- ▶ Individuals who have active coverage do not need to complete a separate application for K01 coverage.





Terms



Terms (WAC 182-500-0050)

- Institution means a facility (single or multiple) furnishing food, shelter and some treatment and services to four or more residents, including a:
 - Hospital
 - Hospice Center
 - Nursing Facility (NF)
 - Residential Habilitation Center (RHC)
 - ► Institute for Mental Disease (IMD) (16 or more beds)
 - ► Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
 - Psychiatric hospital
 - Psychiatric residential treatment facility (PRTF) (for ages 21 or under)





Requirements



K01 Requirements

- To qualify an individual must meet the following eligibility requirements:
 - Washington residency,
 - ► Citizenship or immigration status,
 - Applicable MAGI income limits, and
 - Reside (or expected to reside) in a medical or psychiatric facility for 30 days or longer.



K01 Requirements

Age	Income	Facility (medical/psychiatric)	Other
Birth-18 years	210% FPL	Both	
19-20 years	133% FPL	Both	Not on Medicare
21-64 years	133% FPL	Medical	Not on Medicare
Parenting adult	N01 standard	Medical	





Application process



Application Process, Step 1

Individuals have several options to apply for K01 coverage:

- Online: Go to Washington Healthplanfinder
- Mobile app: Download the WAPlanfinder app
- ▶ **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633.
- Paper: Submit an application for health care coverage (18-001P).
- In-person: Local resources who, at no additional cost, can help you apply for health coverage.
 - ► <u>Local enrollment assistance</u>
- ▶ If MAGI-based ("N") coverage is approved, no additional steps are needed.



Application Process, Step 2

If MAGI-based coverage is denied, send an email to:

- K01App@hca.wa.gov
 - ► Subject Line: "K01 Child's First Name and Last Name".
 - ► *In the body* of the email please provide:
 - Washington Healthplanfinder application number,
 - ▶ Date of admission & date of discharge (if known),
 - ▶ Is the individual expected to reside in the facility for 30 days or longer?





Ongoing eligibility



K01 ongoing eligibility

- A child is eligible for K01 for up to 12 months.
 - ► The K01 program may be closed if the child has discharged prior to the 12-month period.
 - ► The free Apple Health for Kids program will be opened for the remainder of the 12-month period if the child is discharged.
 - ► A child under the age of 6 that discharged from a facility and the K01 program is closed will remain eligible for the free Apple Health for Kids program through their 6th birthday month.
- Most children on the K01 program are enrolled in a managed care plan.
- Managed care plans can be changed on a month-to-month basis, but the change is generally effective no sooner than the first of the following month.



K01 discharge planning

- Prior to discharging facilities should send an email to the K01App@hca.wa.gov and provide the
 - Discharge dates and
 - Managed care plan (MCP) preferences.
- HCA should also be notified when the child is continuing care at a different facility. HCA will need:
 - ► Discharge dates and the facility name the child is transferring from
 - ► Admission dates and the facility name the child is transferring to



Ongoing eligibility: waivers

- Some children are discharged to home but may have significant ongoing care needs.
- If ineligible for MAGI-based coverage beyond the initial 12-month certification they will need to apply for Long Term Care (LTC) under a waiver.
- Eligibility requires a functional needs assessment by Developmental Disabilities Administration (DDA) intake.
- The family will also need to complete a LTC application, and the child may need a disability determination.





K01 common scenarios



A child is admitted to the hospital on January 1 and remains hospitalized. The child's family applies for coverage through wahealthplanfinder.org on February 20 and is denied coverage.

What are the next steps to take?

- ► Send an email to K01App@hca.wa.gov and include the child's first and last name, Washington Healthplanfinder application number, date of admission, etc.
- Because the admission is in the month prior to application, include a request for January coverage in your email.
- ► HCA will determine eligibility for K01 back to the date of admission.



A child is hospitalized on January 1 and remains hospitalized. The child is approved for SSI effective February 1.

What are the next steps?

- ► The family will need to apply for MAGI-based coverage through wahealthplanfinder.org.
 - > The application will deny regardless of the family's income because of the SSI approval.
- Send an email to <u>K01App@hca.wa.gov</u> and include the child's first and last name, Washington Healthplanfinder application number, date of admission, etc.
- ► HCA will determine eligibility for K01 back to the date of admission.



- A child is hospitalized on January 1 and remains hospitalized. The child is approved for K01 effective January 1 through December 31 (12 months). On November 1, a renewal form is sent to the Authorized Representatives to complete and submit. What are the next steps?
 - ► If the child is still hospitalized, send an email with the renewal to K01App@hca.wa.gov include a statement that the child remains hospitalized, the child's first and last name, and the Washington Healthplanfinder application number.
 - ► If the child has been discharged home, send an email with the completed renewal to K01App@hca.wa.gov include the child's first and last name, Washington Healthplanfinder application number, date of admission, date of discharge.
 - ► HCA staff will review the changes and determine eligibility for the appropriate coverage going forward.



A child is admitted to a Children's Long-term Inpatient Program (CLIP) facility on January 1 and remains institutionalized. The child is approved for K01 effective January 1.

How are bills paid?

- ▶ As of January, the child is not enrolled in a managed care program rather they are considered Fee For Service (FFS).
- ▶ Reason for this is the CLIP facility is considered an IMD. While residing in an IMD individuals cannot be enrolled in managed care if the individual is 21 years old or younger or over 65 years old.
- ▶ Bills for services will need to be submitted to ProviderOne for payment while the child is FFS.

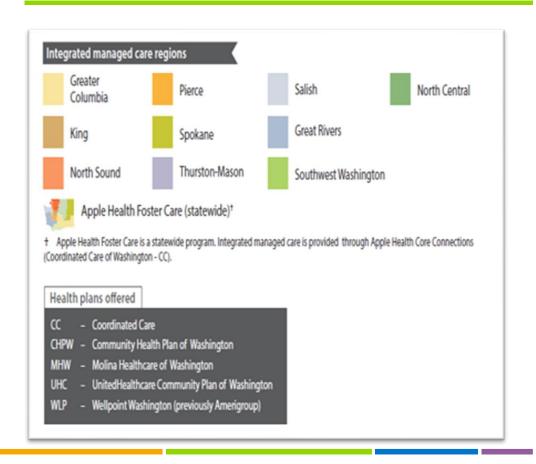


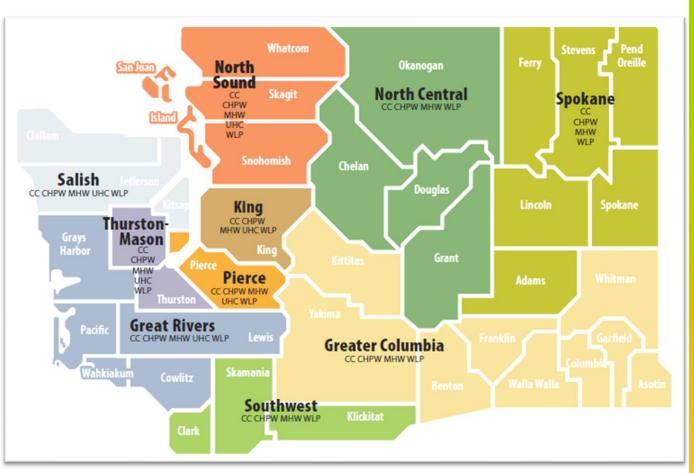


Managed Care, FFS, and BSHO enrollment



Apple Health Managed Care Service Area Map: January 2025







Apple health managed care plans

Plan	Phone number
Community Health Plan of Washington (CHPW)	1-800-440-1561
Coordinated Care (CC)	1-877-644-4613
Molina Healthcare of Washington (MHW)	1-800-869-7165
<u>UnitedHealthcare Community Plan</u> (UHC)	1-877-542-8997
Wellpoint Washington (WLP)	1-833-731-2167



Apple Health managed care plans

- What is managed care:
 - ► Managed care plans coordinate physical health, mental health, and substance use disorder treatment services under one health plan.
 - Apple Health pays a managed care plan a monthly premium for coverage.
 - Changes to the managed care plan can be made at any time and usually take effect the month following when the change was made.
- A K01 individual will enroll in a managed care plan with some exceptions:
 - AI/AN individuals auto enroll into Fee For Service (FFS) and may opt into a Behavioral Health Services Only (BHSO) plan.
 - ► Youth residing in an IMD or Psychiatric facility (including a CLIP facility) will be enrolled in FFS and may opt into a BHSO plan.



FFS and BSHO coverage

- What is Apple Health Fee for Service?
 - ► Apple health services covered without a managed care plan (also called fee-for-service)
 - ► Apple Health pays providers directly for each service they do, using the ProviderOne services card.
- What is Behavioral Health Services Only (BHSO) coverage?
 - ► Clients who are found eligible for Apple Health coverage under fee-forservice can select a Behavioral Health Services Only plan.
 - ► HCA staff will automatically enroll clients into a BHSO plan if they do not select one.





Resources



Resources

Apple Health Eligibility Manual-K01coverage

Modified Adjusted Gross Income (MAGI) - based institutional Apple Health

Washington Health Benefit Exchange Customer Service:

1-855-923-4633

HCBS waiver program

Services and Information Request form

Home and Community Services Office Locater

Regional DDA office

Thank you! We will now allow time for questions.

