

### APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	040
Chapter / Section	Long-Term Services and Supports (LTSS) Long-Term Services and Supports Personal Needs Allowance (PNA) chart
Issued Date	1/1/2018
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### Summary of Revision

https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/long-term-care-personal-needs-allowance-pna

Updated PNA chart to reflect 1/1/2018 standard changes.

- The PNA in a:
  - Medical institution is \$58.43.
  - Alternate Living Facility is \$64.05
  - o DDA HCB Waiver at home is \$2,250
  - HCS HCB Waiver at home with CS is \$750

Effective 1/1/2018 the ALTSA room and board rate is \$685.95

Apple Health (Medicaid) Manual revision via track changes:

Long-Term <u>Services and Supports</u> Personal Needs Allowance (PNA) chart Deleted: Care

Revised <u>1/1/2018</u>	Deleted: November 21, 2017
Purpose: Use the PNA for the individual's circumstances based on the chart below.	
• The PNA is based on living arrangement/setting and service throughout the month.	
• If the individual has lived in multiple settings or been on multiple services, choose the highest PNA available based on all the settings or services for the month, including the short-stay setting.	
• An individual going from ALF to NF in one month and back to an ALF the following month is allowed to keep the PNA for an ALF setting.	
• An individual going from HCS or DDA Waiver in home to NF on the 1st day of the month is allowed the full Waiver PNA based on the service authorized because they were in a home setting at least one moment in the month.	Deleted: D
• An individual converting private pay to NF is allowed the NF PNA.	
• An individual converting private pay ALF to Waiver ALF on the 1st day of the month is allowed the ALF PNA.	
• An individual converting private pay ALF to Waiver (COPES) ALF any day of the month other than the first day is allowed the full MNIL as we cannot backdate Waiver (COPES) in that month.	
Private pay nursing home case to Medicaid:	
• The PNA for private pay NF to medicaid is the medical institution PNA. We do not allow the MNIL for private pay to Medicaid in the month of conversion <u>unless</u> the individual was residing outside a medical institution at any time during that month. If the individual was in a medical institution the entire month, use the medical institution PNA in the conversion month.	Deleted: UNLESS
When to use the MNIL as the PNA:	
• When an individual admits or discharges home at any time during a month, their PNA is <b>at least</b> the MNIL, regardless of marital status.	Commented [RL(1]: Delete link
• If an individual is eligible for a PNA that is higher than the <u>MNIL</u> , use the higher PNA.	

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- Single HCS individuals on Waiver services admitting to a facility get the higher HCS Waiver PNA when admitting from a home setting to a facility in a month. (FPL).
- Private pay ALF individuals converting to medicaid on the first day of the month get the ALF PNA.
  - (Waiver eligibility starts on the first day of the month)
- Private pay ALF individuals converting to medicaid after the first day of the month get the MNIL.
  - (Waiver eligibility starts on a day after the first of the month)
  - This allows a case not converted on the first day of the month due to the inability to backdate waiver eligibility the full benefit of the MNIL.

### When do PNA standards change?

- See effective on the Medicaid standard chart when PNA amounts are based on the <u>FPL</u>, <u>MNIL</u> and <u>SIL</u>.
- PNA amounts in a medical institution or ALF for SSI related change periodically due to legislature budget funding.

Effective <u>1/1/2018</u> PNA amounts for individuals receiving <u>MPC</u> or Waiver services from

## <u>HCS or DDA in an ALF will be \$64.05</u>. What is the ALTSA room and board standard?

- Individuals living in alternate living facilities (ALF) such as adult family homes, <u>assisted living facilities</u> and DDA group homes must pay room and board to the facility from their income for their food and shelter. The formula for the room and <u>board standard</u> is indicated in the standard chart below.
- Individuals receiving <u>MPC</u> under the <u>G03 program</u> pay a higher amount to the provider than the room and board standard. See <u>MPC</u> and <u>G03</u> sections for further instructions.

Medical Standards Chart

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in residential. DDD Waiver and MPC individuals were receiving

\$41.44 plus a \$20 disregard from non SSI income. This new PNA for all ALTSA services in residential (ALF) settings will match

regardless of the service or whether an individual is straight SSI

Deleted: ADSA individuals have a room and board standard

PNA amounts for disability lifeline (state cash assistance programs), \$90 VA improved pension and state veteran's home

have not changed in several years.¶ Deleted: boarding homes

# Personal Needs Allowance and ALTSA Room and Board

PNA Amount		
\$58.43		Commented [RL(6]: This is the correct amount, but the date did not get changed.
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\$160.00		
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\$750.00 (1/2018)		
	\$58.43 \$160.00 \$750.00 (1/2018) \$41.62 \$1005.00 (4/2017) \$750.00 (1/2018) \$750.00 (1/2018) \$750.00 (1/2018) \$64.05	\$58.43 \$160.00 \$750.00 (1/2018) \$41.62 \$1005.00 (4/2017) \$750.00 (1/2018) \$750.00 (1/2018) \$64.05

Medical Institutions WAC <u>182-513-1380</u>	PNA Amount
annually <u>on</u> January 1.	×
Aging & Long-Term Support Administration (ALTSA) Room and Board Standard	
ALTSA room and board standard is based on the <u>FBR</u> rate minus the current <u>HCB</u> Waiver in ALF PNA. Room and	\$685.95 (1/2018)
board is considered the non personal care cost of the ALF (meals and shelter). This standard is used for DDA and HCS services authorized in an ALF with the exception of MPC under the <u>G03 program</u> . It is the maximum amount paid for room and board in a contracted/licensed ALF.	¥
Developmental Disabilities Administration (DDA) Waivers WAC <u>182-515-1510</u>	
DDA Waiver at home (SIL) 300% of the FBR	\$2250.00 (1/2018)
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DDA Waiver in ALF,	\$64.0 <u>5</u>
Medicaid Personal Care (MPC)	
Home setting. No cost to individual, No PNA for MPC at home	
Hospice services outside a medical institution	
If using HCS CN (COPES) Waiver rules for eligibility use	

Medical Institutions WAC <u>182-513-1380</u>	PNA Amount
the same PNA as you would for the HCS CN Waiver program. If the individual is on <u>Hospice</u> and Waiver services at the same time, the Waiver program is the priority program.	
State Funded ABD cash and MCS medical standards	
Living in a <u>medical institution</u> ABD cash/MCS medical standard.	\$41.62
<b>ABD cash:</b> Living in an adult family home (AFH) An adult family home is considered a non facility setting. Individuals are allowed to keep a PNA of \$38.84 from the payment standard. The remainder goes to the AFH for room and board.	\$339.00 until 12/31/2010 \$266.00 1/1/2011 to 3/31/2011 \$197.00 (4/2011)
<b>ABD cash/MCS medical standard:</b> Living in a boarding home (assisted living, ARC, EARC, DDD group home) receive a PNA check for \$38.84. WAC 182-515-1500	\$38.84
MCS Medical Standard at home supplied shelter WAC 182- 508-0230	\$206.00
MCS Medical Standard at home or AFH renting WAC 182-508-0230	\$339.00
SSI Individual living in a Medical Institution	
SSI individuals living in a <u>medical institution</u> receiving \$30 federal PNA will receive a state supplement to bring their PNA amount up to the \$58.43 PNA standard. Effective	\$58.43

Medical Institutions WAC <u>182-513-1380</u>	PNA Amount			
1/1/2018				
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۲	¥.			<b>Deleted:</b> If on <u>MPC</u> service, it is the same MPC PNA that is effective 1/1/2009 for ALTSA individuals. The rest of the income goes to the ALF provider. This is the only MPC group that pays over the ALTSA room and board standard to the provider. G03 individuals on MPC pay their countable income minus \$64.09 to the provider. <b>Effective 1/1/2009</b>

#### Deleted: \$64.095

**Deleted:** Private pay individuals on G03 are responsible to pay the provider. G03 standard is based on daily rate x 31 days plus \$38.84 state funded cash PNA.

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