

APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision # 048

Chapter / Section Long-term Care, Hospice, Hospice Applications - Clients not

otherwise eligible for a non-institutional CN program

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Summary of Revision

 $\underline{https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/applications-individuals-not-otherwise-eligible}$

No change in policy regarding hospice, but clarifying the language in the AH manual. Update to program codes.

Apple Health (Medicaid) Manual revision via track changes:

Hospice Applications - individuals Celients not otherwise eligible for a non-institutional CNP program

Revised May 18, 2012

Purpose: Hospice rules that are based on-HCB Waiver rules can be used to provide hospice services for clients in the community for thosewho are not otherwise eligible for any other CN, MN, or ABP program. The Using-HCB Waiver rules may be more beneficial overthan spenddown rules. When hospicethese rules as a program are used, there is post eligibility treatment of income, this is also known as participation toward the cost of care. Hospice eligibility for those Clients who have income over the Medically Needy Income Level (MNIL), resources exceed SSI_related standard, client has a community spouse, client resides in a medical facility (nursing facility home/hospice care center), or is not otherwise eligible for non-institutional Categorically Needy (CN).

If a client is in a nursing facility or hospice care center:

- For the Aged/Blind/Disabled group, we must use the hospice institutional rules if
 in the institution 30 days or more,
- For a the MAGI coverage group, the client remains on the MAGI program.

Hospice_—Applications_-Client is not otherwise eligible for a non-institutional CN program.

In ACES, screen in a L3222 medical coverage group. If the hospice election date is within 90 days of the application date and the hospice election notice was received timely (within 5 business days of election), consider retro coverage under the L322 program back to the election date as long as the client is income and resource eligible in each of the prior months and is related to the L322 program.

- 1. How is the client the client is related to a L322 program?
 - i. Refer to WAC <u>182-515-1505</u> Financial Eligibility Requirements for long- term care services under COPES when L<u>322 h/H</u>ospice rules are used to determine eligibility and the client is not residing in a medical institution. For those residing in a medical institution, follow the rules in WAC <u>182388-513-1315</u>.

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Follow regular office procedures to request a Non-Grant Medical Assistance (NGMA) determination from DDDS if no disability has been established.

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ii.—Household Composition who do I include in the AU?

<u>TIndicate</u> the <u>ineligible</u> spouse <u>is coded</u> as a spouse on the <u>household</u> composition-STAT screen using the SP code. <u>UpdateIndicate</u> the spouse's income <u>and</u>, resources on their own screens. The shelter costs are <u>coded</u> indicated on the spouse's shelter screen.

<u>i. </u>

iv.ii. If there are Indicate the dependents, they should be coded in the household HHH as NM if the client has dependents in household on the STAT. Code the LTCXThe dependents are counted on long term care expenses screen with the number of dependents, and their income, and whether they are residing with the community spouse.

v. Do not indicate dependents on STAT if they are not in the HH. Do indicate these dependents on the LTCX screen.

vi. See ACES PROCEDURES

2.3. Resources What should I know?

i. Resource standards for the L22/Hospice program follow institutional SSI-related rules. The application should list all assets owned by the client including their primary residence; the client may be subject to estate recovery. ADo not deny applications when resource limits exceed \$2000 for a single client or \$3000 for a married client should not be denied.

ii. A client may reduce their excess resources in the month of application by any unpaid medical expenses for which they are liable. This can include health insurance, Medicare premiums, deduction and co-insurance charges and any necessary medical care recognized under state law, but not covered under the state's Medicaid plan. The amount of excess resources is limited to the amounts indicated in WAC 182-513-1350

Refer to -WAC <u>182388-513-1350</u> for more information on resource eligibility for institutional programs.

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See LTC income and resource standards chart

Example: A married couple one applying for hospice. Their combined available resources total \$35,000. In this example, the community spouse* is allowed the Spousal Resource Transfer Maximum under institutional Medicaid rules.

*A community spouse is a person who does not receive institutional, waiver or hospice services and who is legally married to an institutionalized client.

List all assets owned by the client including their primary residence. Remember, this client may be subject to estate recovery.

A client may reduce their excess resources in the month of application by any unpaid medical expenses for which they are liable. This can include health insurance, Medicare premiums, deduction and co insurance charges and any necessary medical care recognized under state law, but not covered under the state's Medicaid plan. See WAC 388 513 1350

The amount of excess resources is limited to the amounts indicated in WAC 388-513-1350

The <u>L95 and L99 MN program</u> for Hospice is only used in <u>mM</u>edical <u>iI</u>nstitutions such as <u>a</u> nursing facilit<u>yies</u> or <u>an hH</u>ospice <u>c</u>Care <u>c</u>Centers. There is no MN Hospice program under the L95 and L99 outside of a medical institution.

See LTC income and resource standards chart

Follow necessary Equal Access (EA) procedures. This is formerly known as Necessary Supplemental Accommodation (NSA).