

Chapter 182-514 WAC

LONG-TERM CARE FOR FAMILIES AND CHILDREN

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

182-514-0265	How the department determines how much of an institutionalized individual's income must be paid towards the cost of care. [WSR 12-02-034, recodified as § 182-514-0265, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0265, filed 2/24/09, effective 3/27/09.] Repealed by WSR 14-06-068, filed 2/28/14, effective 3/31/14. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155.
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WAC 182-514-0230 Washington apple health—MAGI-based long-term care program. (1) The sections that follow describe the eligibility requirements for the Washington apple health (WAH) modified adjusted gross income (MAGI)-based long-term care program for children and adults who are admitted for a long-term stay to a medical institution, an inpatient psychiatric facility or an institution for mental diseases (IMD):

- (a) WAC 182-514-0235 Definitions;
- (b) WAC 182-514-0240 General eligibility requirements for the WAH MAGI-based long-term care program;
- (c) WAC 182-514-0245 Resource eligibility for WAH MAGI-based long-term care program;
- (d) WAC 182-514-0250 WAH MAGI-based long-term care programs for adults twenty-one years of age or older;
- (e) WAC 182-514-0255 WAH MAGI-based long-term care program for young adults nineteen and twenty years of age;
- (f) WAC 182-514-0260 WAH MAGI-based long-term care program for children eighteen years of age or younger;
- (g) WAC 182-514-0265 How the agency or its designee determines how much of an institutionalized person's income must be paid towards the cost of care for the WAH MAGI-based long-term care program; and
- (h) WAC 182-514-0270 When an involuntary commitment to Eastern or Western State Hospital is covered by Washington apple health.

(2) Recipients of a noninstitutional WAH children's program as described in WAC 182-505-0210 or 182-505-0211 do not need to submit a new application for long-term care coverage when admitted to an institution. The agency or its designee treats the admittance to the institution as a change of circumstances and determines eligibility based upon the anticipated length of stay.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0230, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0230, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0230, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0235 Definitions. The following terms are used in WAC 182-514-0230 through 182-514-0270:

"Categorically needy (CN) medical" - Full scope of care medical benefits. CN medical may be either federally funded under Title XIX of the Social Security Act or state-funded.

"Federal benefit rate (FBR)" - The payment standard set by the Social Security administration for recipients of supplemental security income (SSI). This standard is adjusted annually in January. Institutional standards and effective date can be found at: <http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTCstandardspna.shtm>.

"Federal poverty level" - The income standards published annually by the federal government in the Federal Register in the first quarter and effective annually on April 1st as found at <http://aspe.hhs.gov/poverty/index.shtml>.

"Legal dependent" - A minor child, seventeen years of age and younger, and an individual eighteen years of age and older claimed as a dependent for income tax purposes; or a parent of either the applicant or the applicant's spouse claimed as a dependent for income tax purposes; or the brother or sister (including half and adoptive siblings) claimed by either the applicant or the applicant's spouse as a dependent for income tax purposes.

"Medical institution" see WAC 182-500-0050.

"Medically needy income level (MNIL)" - The standard used by the agency to determine eligibility under the medically needy medicaid program. The effective MNIL standards are described in WAC 182-519-0050.

"Medically needy (MN)" see WAC 182-500-0070.

"Personal needs allowance (PNA)" - An amount designated to cover the expenses of an individual's clothing and personal incidentals while living in a medical institution, inpatient psychiatric facility, or institution for mental diseases. PNA standards are found at: <http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/lcstandardsPNAchartsubfile.shtml>.

"Spendedown" see WAC 182-500-0100.

"Title XIX" see WAC 182-500-0105.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0235, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0235, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09-530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0235, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0240 Washington apple health—General eligibility requirements for MAGI-based long-term care program. (1) This section applies to applicants for long-term care (LTC) services under the Washington apple health (WAH) modified adjusted gross income (MAGI)-based LTC program. Additional rules may apply based upon a person's age at the time he or she applies for LTC services and whether the facility the person is admitted to is a medical institution, inpatient psychiatric facility, or an institution for mental diseases (IMD). Additional rules are described in WAC 182-514-0245 through 182-514-0265.

(2) The following requirements apply to be eligible for WAH MAGI-based LTC coverage under this section:

(a) Institutional status described in WAC 182-513-1320.

A person meets institutional status if he or she is admitted to:

(i) A medical institution and resides, or is likely to reside, there for thirty days or longer, regardless of age;

(ii) An inpatient psychiatric facility or IMD and resides, or is likely to reside, there for thirty days or longer and is eighteen through twenty years of age; or

(iii) An inpatient psychiatric facility or IMD and resides, or is likely to reside, there for ninety days or longer and is seventeen years of age or younger.

(b) General eligibility requirements described in WAC 182-503-0505 (with the exception that subsections (3)(c) and (d) of that section do not apply to noncitizen applicants who are eligible under one of the WAH alien medical programs described in chapter 182-507 WAC) and the person meets the program requirements of one of the following:

(i) WAH for parents and caretaker relatives as described in WAC 182-505-0240, including anyone who receives extended health care coverage as described in WAC 182-523-0100;

(ii) WAH for kids as described in WAC 182-505-0210 (with the exception that for MAGI-based LTC services, a person is considered a child through the age of twenty-one);

(iii) WAH for adults as described in WAC 182-505-0250;

(iv) WAH for pregnant women as described in WAC 182-505-0115; or

(v) WAH alien medical program as described in WAC 182-507-0110 (with the exception that for MAGI-based LTC services, alien medical coverage may be authorized for children through twenty-one years of age) and:

(A) Have a qualifying emergency condition; and

(B) For payment for LTC services and room and board costs in the institution, request prior authorization from the aging and long-term support administration (ALTSA) if the person is admitted to a nursing facility.

(c) Have countable income below the applicable standard described in WAC 182-514-0250(4), 182-514-0255(3), or 182-514-0260(4); and

(d) Be assessed as needing nursing facility level of care as described in WAC 388-106-0355 if the admission is to a nursing facility. (This does not apply to nursing facility admissions under the hospice program.)

(3) Once the agency or its designee determines a person meets institutional status, it does not count the income of parent(s), a spouse, or dependent child(ren) when determining countable income. Only income received by the person in his or her own name is counted for eligibility determination.

(4) A person who is not a United States citizen or a qualified alien does not need to provide or apply for a Social Security number or meet the citizenship requirements under WAC 182-503-0535 as long as the requirements in subsection (2) of this section are met.

(5) A person who meets the federal aged, blind or disabled criteria may qualify for institutional benefits with income of up to three hundred percent of the federal benefit rate (FBR). Rules relating to institutional eligibility for an aged, blind or disabled person are described in WAC 182-513-1315. A person who is SSI-related and who meets the eligibility criteria described in WAC 182-513-1316 may qualify for institutional benefits.

(6) If a person does not meet institutional status, the agency or its designee determines his or her eligibility for a noninstitutional WAH medical program. A person who is determined eligible for CN or medically needy (MN) coverage under a noninstitutional program who is admitted to a nursing facility for less than thirty days is approved for coverage for the nursing facility room and board costs, as long as the person is assessed by ALTSA as meeting nursing home level of care as described in WAC 388-106-0355.

(7) A person who is found eligible for the MAGI-based LTC program is not required to participate income or assets toward the cost of care in the post-eligibility treatment-of-income process that applies to an SSI-related applicant.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0240, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0240, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09-530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0240, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0245 Washington apple health—Resource eligibility for MAGI-based long-term care program. (1) There is no resource test for applicants or recipients of the Washington apple health (WAH) modified adjusted gross income (MAGI)-based long-term care (LTC) program.

(2) The transfer of asset evaluation described in WAC 182-513-1363 does not apply to applicants or recipients who are eligible under the WAH MAGI-based LTC program.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0245, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0245, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0245, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0250 Washington apple health—MAGI-based long-term care program for adults age twenty-one or older. (1) A person twenty-one years of age

or older must meet the requirements in WAC 182-505-0250 to qualify for Washington apple health (WAH) modified adjusted gross income (MAGI)-based long-term care (LTC) coverage under this section.

(2) The categorically needy income level (CNIL) for health care coverage under this section is one hundred thirty-three percent of the federal poverty level. A person's countable income (after a standard five percentage point income disregard) must be at or below this amount to be eligible.

(3) Countable income for categorically needy (CN) coverage under this section is determined using the MAGI methodologies described in chapter 182-509 WAC.

(4) With the exception of an institutionalized pregnant woman, if the person's income exceeds the standards to be eligible under the WAH MAGI-based CN long-term care program, he or she is not eligible for medically needy coverage under this section.

(5) A person, age twenty-one through sixty-four years of age who is admitted to an institution for mental diseases (IMD) is not eligible for coverage under this section.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0250, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0250, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.-530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0250, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0255 Washington apple health—MAGI-based long-term care program for young adults nineteen and twenty years of age. (1) A person nineteen or twenty years of age must meet the requirements in WAC 182-505-0210 to qualify for the Washington apple health (WAH) modified adjusted gross income (MAGI)-based long-term care (LTC) coverage under this section.

(2) The categorically needy income level (CNIL) for health care coverage under this section is two hundred ten percent of the federal poverty level. A person's countable income (after a standard five percentage point income disregard) must be at or below this amount to be eligible.

(3) Countable income for categorically needy (CN) coverage under this section is determined using the MAGI methodologies described in chapter 182-509 WAC.

(4) The agency or its designee approves CN health care coverage under this section for twelve calendar months.

(5) If a person's countable income exceeds the standard described in subsection (3) of this section, the agency or its designee determines whether the person is eligible for coverage under the WAH institutional medically needy (MN) program described in WAC 182-513-1395.

(6) If the person is a medicaid applicant or recipient in the month of his or her twenty-first birthday and receives active inpatient psychiatric or inpatient chemical dependency treatment which extends beyond his or her twenty-first birthday, the agency or its designee approves or continues WAH CN or MN health care coverage until the date the person is discharged from the facility or until his or her twenty-second birthday, whichever occurs first.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0255, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0255, filed 12/29/11, effective

(2/28/14)

1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.-530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0255, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0260 Washington apple health—MAGI-based long-term care coverage for children eighteen years of age or younger. (1) Children eighteen years of age or younger must meet the requirements in WAC 182-514-0240 to qualify for the Washington apple health (WAH) modified adjusted gross income (MAGI)-based long-term care (LTC) coverage under this section.

(2) When a child eighteen years of age or younger is eligible for the premium-based WAH for kids program as described in WAC 182-505-0210, the agency or its designee redetermines his or her eligibility using the provisions of this section so that the child's family is not required to pay the premium.

(3) The categorically needy income level (CNIL) for WAH LTC coverage under this section is two hundred ten percent of the federal poverty level (after a standard five percentage point income disregard).

(4) Countable income for categorically needy (CN) coverage under this section is determined using the MAGI methodologies described in chapter 182-509 WAC.

(5) The agency or its designee approves CN health care coverage under this section for twelve calendar months. If the child is discharged from the facility before the end of his or her certification period, the child remains continuously eligible for CN health care coverage through the end of the original certification date, unless he or she ages out of the program, moves out of state, is incarcerated, or dies.

(6) If a child is not eligible for CN health care coverage under this section, the agency or its designee determines the child's eligibility for health care coverage under the WAH institutional medically needy (MN) program described in WAC 182-513-1395.

(7) MN coverage is only available for a child who meets the citizenship requirements under WAC 182-503-0535.

(8) The facility where the child resides may submit an application on the child's behalf and may act as an authorized representative if the child is:

(a) In a court ordered, out-of-home placement under chapter 13.34 RCW; or

(b) Involuntarily committed to an inpatient treatment program by a court order under chapter 71.34 RCW.

(9) Children who are eligible for WAH MAGI-based long-term care coverage under the provisions of this section may be required to contribute a portion of their income towards the cost of care as described in WAC 182-514-0265.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0260, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0260, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.-530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0260, filed 2/24/09, effective 3/27/09.]

WAC 182-514-0270 When an involuntary commitment to Eastern or Western State Hospital is covered by medicaid. (1) A person who is admitted to Eastern or Western State Hospital for inpatient psychiatric treatment is eligi-

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ble for categorically needy (CN) health care coverage in limited circumstances.

(2) To be eligible under this program, a person must:

(a) Be twenty years of age or younger, or sixty-five years of age or older;

(b) Meet institutional status under WAC 182-513-1320;

(c) Be involuntarily committed to an inpatient treatment program by a court order under chapter 71.34 RCW;

(d) Have countable income below:

(i) Two hundred ten percent of the federal poverty level if age twenty years or younger; or

(ii) The SSI-related CN income level if age sixty-five years or older and have countable resources below the standard described in WAC 182-512-0010.

(3) A person who receives active psychiatric treatment in Eastern or Western State Hospital at the time of his or her twenty-first birthday continues to be eligible for CN health care coverage until the date he or she is discharged from the facility or until the person's twenty-second birthday, whichever occurs first.

(4) A person between the age of twenty-one and sixty-five, with the exception of subsection (3) of this section, is not eligible for federally funded health care coverage through Washington apple health.

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0270, filed 2/28/14, effective 3/31/14. Statutory Authority: RCW 41.05.021, 74.09.035, and 2011 1st sp.s. c 36. WSR 12-19-051, amended and recodified as WAC 182-514-0270, filed 9/13/12, effective 10/14/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.-090, 74.09.530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0270, filed 2/24/09, effective 3/27/09.]