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 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 those who are not otherwise eligible for any other CN, MN, or ABP program. The Using HCB Waiver rules may be more beneficial than spenddown rules. When these 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 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 L322 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 related to a L322 program?

   i. Refer to WAC 182-515-1505 Financial Eligibility Requirements for long-term care services under COPES when hospice 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 182-508-513-1315.
iii. A client must be **aged**, **blind**, or **disabled** to be eligible for this program. Follow regular office procedures to request a Non-Grant Medical Assistance (NGMA) determination from DDDS if no disability has been established.

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

2.

iii. Indicate the ineligible spouse is coded as a spouse on the household composition STAT screen using the SP code. **Update** indicate the spouse's income and resources on their own screens. The shelter costs are coded indicated on the spouse's shelter screen.

i.

iv. If there are dependents, they should be coded in the household HH as NM if the client has dependents in household on the STAT. Code the LTCX. The 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. **Do 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 182-513-1350 for more information on resource eligibility for institutional programs.
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 [L95 and L99 MN program](#) for Hospice is only used in medical institutions such as a nursing facilities or hospice care 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).