Tailored supports for older adults (TSOA) Presumptive Eligibility

Other manual references to TSOA are found at:

https://www.hca.wa.gov/node/13071
Tailored supports for older adults (TSOA) General Eligibility

https://www.hca.wa.gov/node/13071
Tailored supports for older adults (TSOA) - applications, rights, and responsibilities

Summary of Revision

WAC 182-513-1620 Tailored supports for older adults (TSOA)—Presumptive eligibility (PE) (7) has been updated from twelve months to twenty-four months.

(7) A person may receive only one PE period within a Consecutive twenty-four-month period.

In addition, links to each of the TSOA manual pages have been added to each page as a cross reference.
AMENDATORY SECTION  (Amending WSR 17-12-019, filed 5/30/17, effective 7/1/17)

WAC 182-513-1620 Tailored supports for older adults (TSOA)—Presumptive eligibility (PE). (1) A person may be determined presumptively eligible for tailored supports for older adults (TSOA) services upon completion of a prescreening interview.
   (2) The prescreening interview may be conducted by either:
       (a) The area agency on aging (AAA); or
       (b) A home and community services intake case manager or social worker.
   (3) To receive services under presumptive eligibility (PE), the person must meet:
       (a) Nursing facility level of care under WAC 388-106-0355;
       (b) TSOA income limits under WAC 182-513-1635; and
       (c) TSOA resource limits under WAC 182-513-1640.
   (4) The PE period begins on the date the determination is made and:
       (a) Ends on the last day of the month following the month of the PE determination if a full TSOA application is not completed and submitted by that date; or
       (b) Continues through the date the final TSOA eligibility determination is made if a full TSOA application is submitted before the last day of the month following the month of the PE determination.
   (5) If the person applies and is not determined financially eligible for TSOA, there is no overpayment or liability on the part of the applicant for services received during the PE period.
   (6) The medicaid agency or the agency's designee sends written notice as described in WAC 182-518-0010 when PE for TSOA is approved or denied.
   (7) A person may receive only one PE period within a ((twelve-consecutive-months) consecutive twenty-four-month period.
   (8) If the ((agency) department of social and health services establishes a waitlist for TSOA services under WAC 388-106-1975, then PE does not apply.