



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	047
Chapter / Section	Long-term Care, Hospice, Hospice Applications - Clients determined eligible for categorically needy (CN) coverage
Issued Date	02/01/2018
Revision Author	Jennifer Ferguson
Division	ALTSA
Phone	360.725.3406
Email	Jennifer.Ferguson@dshs.wa.gov

Summary of Revision

<https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/applications-individuals-determined-eligible-non>

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~~ Clients
determined eligible for categorically needy
(~~non-institutional~~ CN) P coverage

Revised ~~May 18, 2012~~

Purpose: Clients who elect hospice in the community who are otherwise eligible for CN or ABP program are financially eligible to receive hospice services at home.

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

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

Hospice Applications - ~~Client is determined eligible~~ Eligibility for ~~non-institutional CN~~ CN coverage

An 18-005 application is used for clients to apply for non-MAGI hospice coverage in a nursing facility, hospital, or hospice care center. The same application is used for non-institutional aged, blind, or disabled coverage.

The financial worker will process application following ~~classic regular m~~ Medicaid non-MAGI processing guidelines~~rules~~. If a client elects hospice outside of a nursing facility, hospital, or hospice care center, ~~the~~ the L322 program is not used if client is eligible for CN under ~~another~~ non-institutional CNP ~~program~~ coverage group, such as S01 or S02.

Note: The N05 coverage group also provides hospice care for those who meet program requirements. An 18-001 application is submitted to WA Health Plan Finder for MAGI coverage, and living outside a medical institution.

~~(The L322 medical coverage group is always used for the hospice program when~~ If a client ~~elects hospice when~~ is residing in a medical ~~institution~~ facility/care center ~~and is expected to remain there~~ 30 days or more, ~~the L31 coverage group is used for clients who receive SSI cash. for a Hospice program when the client and the client is~~ For clients ~~those who do not receive SSI cash, but are SSI-related based on aged, blind, or disabled/~~ blind or disabled) requirements, the L32 coverage group is used. This group uses the institutional rules and the 300% Federal Benefit Rate (FBR) ~~BR~~ income standard when determining eligibility for CN coverage.

The hospice election needs to be updated in ACES when the client is active on a non-institutional CN program. Code the hospice provider number on the Institutional Care ~~INST~~ screen in ACES, under the Home and Community Based Services section, and

Formatted: Font: Bold

~~indicate MA (Health Care Authority) as the approval source. ACES uses the provider number to automatically issue copies of the award letter to the hospice agency and e-Ensure that the provider also receives copies of any pending letters sent to the client, so they can assist the client in gathering any missing verifications.~~

~~What about clients who elect hospice and who do have participation costs? Will an award letter that includes the participation amount be generated? If so, shouldn't we add that information here?~~

~~On the INST screen code Hospice on the HCB Service section with the Hospice service start date. Indicate "MA" as approval source.~~

~~Using the HCA 13 746 Medicaid hospice notification, FAX a response to the Hospice Agency indicating the client is receiving CNP Medicaid and has no participation requirement (the only time a client may have to pay toward the cost of their care is when using the C01 institutional hospice rules). The HCA 13 746 has instructions describing how to complete the form.~~

~~Document in the narrative that the CSO response portion of the HCA 13 746 has been faxed back to the hospice agency.~~

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