



## APPLE HEALTH (MEDICAID) MANUAL REVISION

<b>Revision #</b>	<b>017</b>
<b>Chapter / Section</b>	<b>Community First Choice</b>
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### Summary of Revision

Removed the work around for CFC, because ACES now supports the program

### Apple Health (Medicaid) Manual revision via track changes:

Comments due 9/23

<http://washhca.prod.acquia-sites.com/free-or-low-cost-health-care/program-administration/community-first-choice>

Community First Choice

#### Clarifying

<b><u>3</u></b>	<b><u>Not Group 2, but &lt; Effective MNIL</u></b>	<b><u>\$2,000 (single) state CSRA (with CS)</u></b>	<b><u>HCS Only (no hospice only)</u></b>
<b><u>Coverage Group</u></b>		<b><u>Description</u></b>	

<a href="#">L51</a>	<a href="#">CFC SSI</a>
<a href="#">L52</a>	<a href="#">CFC SSI-Related</a>

[If a client is disabled and under 65 with earnings and not eligible under group A or group B, check to see if HWD is a better option than group C or D or under HCB waiver rules. A person can receive CFC under the HWD program.](#)

[Worker Responsibilities](#)

For CFC only, if the client is active on SSI-related medical, financial staff will need to do a program change to either L51 for SSI or L52 SSI-related. The social worker/case manager will notify the financial worker of the start date and type of service via the 14-443 or the 15-345. The financial worker will indicate in their response via the 07-104 if the person meets financial eligibility for CFC. This information is coded on the institutional care tab in ACES 3G or INST screen in ACES mainframe. This AU will be managed by HCS or DDA financial workers.

For clients not on Medicaid who are under age 65 and not on Medicare, a MAGI determination through the healthplanfinder needs to be made first.

For clients who need classic Medicaid, determine eligibility under groups A, B, C, or D. Follow eligibility requirements for Medicaid.

If the client is not eligible under groups A, B, C, or D, determine eligibility under [HCB waiver rules](#). The financial worker will need to notify the social worker or case manager using the barcode 07-104, indicating that HCB waiver rules are needed for CN eligibility. If DDA is unable to authorize services under a waiver, send a 07-104 to HCS intake for an HCS waiver assessment.

~~The financial worker will still need to code clients as MPC under home and community based services under institutional care in ACES 3G decision tree, if they are receiving CFC only. This can be struck from the manual as this is no longer true.~~<sup>[PR(1)]</sup>

~~**Note**<sup>[RL(2)]</sup>: For desk tools go to the financial programs CFC training on the SharePoint site. This includes ACES screen shots for step by step coding.~~