



## APPLE HEALTH (MEDICAID) MANUAL REVISION

<b>Revision #</b>	<b>053</b>
<b>Chapter / Section</b>	<b>LTSS/TSOA certification periods, change of circumstances and renewals</b>
<b>Issued Date</b>	<b>11/30/2018</b>
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### Summary of Revision

<https://www.hca.wa.gov/health-care-services-and-supports/program-administration/tsoa-certification-periods-change>

Update to clarifying information and worker responsibilities for TSOA change of circumstances. Clarified TSOA eligibility for clients who admit/discharge from a medical facility.

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

Current page: <https://www.hca.wa.gov/health-care-services-and-supports/program-administration/tsoa-certification-periods-change>

TSOA certification periods, change of circumstances and renewals  
Revised [Revision Date Here]

Purpose – Describe and clarify rules for TSOA certification periods and change of circumstance

[Insert WAC Here - WAC 182-513-1645 Tailored supports for older adults (TSOA) — Certification periods.]

[Insert WAC Here - WAC 182-513-1650 Tailored Supports for Older Adults (TSOA) — Changes of Circumstances Requirements.]

## Clarifying Information

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### Medicaid Alternative Care (MAC) change of circumstance

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MAC recipients must report changes following the requirements under [Chapter 182-504 WAC](#) since all MAC recipients are eligible for Washington Apple Health coverage.

MAC recipients may freely transition between the MAC program and long-term services and supports through the Community First Choice (CFC) program without filing a new financial application. This could be because the care receiver's needs can no longer be met under the MAC program or because the client chooses to access services that are only available under CFC. A person who needs services under a Home and Community based waiver would need to complete an Apple Health application (HCA 18-005 Application for Aged, Blind, Disabled/LTC form).

### TSOA changes of circumstances

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TSOA recipients must report changes within 30 days of the date of the change; however, once a person is determined eligible for TSOA, they remain continuously eligible throughout the 12 month certification unless one of the following changes happens:

- The person no longer meets NFLOC
- The person is no longer a WA state resident
- The person moves into an institution (nursing facility)
- The person becomes active on a CN or ABP Medicaid program
- The person passes away.

There is no requirement to report changes in income or resources for a TSOA recipient.

Like MAC, TSOA recipients may transition to other LTSS services that they may be eligible for. However some TSOA recipients don't qualify for Apple Health coverage because they are spending down their resources to qualify, or their income is too high. Also, although some TSOA recipients may qualify for Apple Health coverage, either under a medically needy program or a program with limited scope such as a Medicare Savings Program, these programs don't provide CFC or HCB waiver services. In both scenarios, a care receiver receiving TSOA services who needs to access Community First Choice or HCB waiver services must complete an Apple Health application to determine if they meet eligibility criteria for traditional long-term services and supports.

Equally, existing clients who receive traditional LTSS may also choose to stop receiving those services and receive MAC or TSOA services instead. A client may not receive CN medicaid coverage and T02; the client's CN medicaid program should end with advanced and adequate notice. Since there are many factors that may influence a person's decision, staff must take

time to explain the options available and any consequences of making that decision, such as, the loss of Apple Health coverage and the potential loss of coverage under the Qualified Medicare Beneficiary (QMB) program if someone were to choose TSOA services.

### Worker Responsibilities

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Staff will follow HCS Equal Access guidelines and provide advance and adequate notice prior to terminating a MAC or TSOA case, unless the person has passed away. If a person moves to an institutional or residential setting, the T02 AU will need to be closed in ACES. If the client requests institutional medicaid coverage and is approved, the case will be historically closed in ACES, but there is no overpayment established for TSOA services provided through the advance notice period. If the client does not apply for medicaid coverage for an institutional stay, T02 can be reopened for the remainder of the T02 financial certification period; the client cannot receive TSOA services while in the institutional or residential setting. It is the responsibility of the AAA MTD Case Manager to confirm that services are not authorized during the admission.

EXAMPLE: A client is active on T02 and an SSI-related spenddown S99 (met or unmet). The client admits to a nursing facility and is admitted for 40 days. The client chooses to not apply for an institutional medicaid (L02). They plan on private paying for the nursing facility stay and use the bill to meet their spenddown liability. The T02 be reopened when the client discharges home if the discharge is within the clients original T02 financial certification period; the client should not receive a TSOA service while admitted to an institution.

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### [Insert WAC Here - WAC 182-513-1655 Tailored supports for older adults (TSOA) — Renewals] Clarifying Information

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TSOA Renewals must be completed once every 12 months and may be completed by phone, online, or on paper. At the time of renewal, the person must still be receiving services under the TSOA program.

MAC renewals are based upon the certification period of the program the person is eligible under.

Follow HCS equal access policies to contact the person to complete the renewal.

### Worker Responsibilities

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Renewal notices are generated 45 days prior to the end of the certification period. When the renewal is received, review all eligibility factors and confirm with the AAA case manager whether the person is still receiving TSOA or MAC services.

If this is the first renewal, verify whether resources over the standard have been transferred to

the community spouse.

For MAC clients who are only eligible for S02 coverage as a SIPI spouse under WAC [182-513-1660](#), verify MAC services are still being received. If not, terminate S02 coverage and re-determine the person's eligibility under medically needy coverage if eligible.