APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	**054**
Chapter / Section	**LTSS / Program of all-inclusive care for the elderly**
Issued Date	**11/29/2018**
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Summary of Revision

https://www.hca.wa.gov/health-care-services-and-supports/program-administration/program-all-inclusive-care-elderly-pace

Expansion of language for PACE eligibility summary, clarifying information, and worker responsibilities.

Apple Health (Medicaid) Manual revision via track changes:

https://www.hca.wa.gov/health-care-services-and-supports/program-administration/program-all-inclusive-care-elderly-pace

Program of all-inclusive care for the elderly (PACE)

Effective

Purpose: To describe financial eligibility for the program of all-inclusive care for the elderly (PACE), which provides long-term services and supports (LTSS), medical,

mental health, and chemical dependency treatment through a department-contracted managed care plan using a personalized plan of care for each enrollee.

WAC 182-513-1200 and WAC 182-513-1230 describe financial eligibility for PACE.

WAC 182-513-1200 Long-term services and supports authorized under Washington Apple Health programs

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Clarifying Information

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Eligibility for PACE is based on institutional or home and community-based (HCB) waiver rules; the rules depends on the setting a person resides. If in a medical facility, institutional rules are used for financial eligibility. If in the home or community, waiver rules are used for financial eligibility.

WAC 182-513-1230 Program of all-inclusive care for the elderly (PACE).

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Clarifying Information

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PACE is a voluntary program that provides long-term care and acute medical services to older and disabled clients. The client can be enrolled in PACE in their own home, a residential setting, or in a medical institution. Enrollment is effective the first day of the month and disenrollment is effective the last day of the month. Clients are eligible for PACE services on the first of the month following the date the client is financially and functionally eligible.

There are a few exceptions to regular institutional rules. A person must be 55 years of age or older for PACE and there are no transfer of asset penalties. Modified Adjusted Gross Income (MAGI) clients are also eligible to be enrolled in PACE.

Clients receiving PACE in a medical institution are required to pay towards their PACE services

under institutional post-eligibility rules (WAC 182-513-1380). A client in the community pays for their PACE services using the rules for Home and Community Services (HCS) HCB waiver post-eligibility rules (WAC 182-515-1509). If the client receives PACE under a MAGI Medicaid program, they do not pay participation.

PACE is "all inclusive;" a person should not have out-of-pocket medical expenses (e.g., health insurance, co-payments, etc.). When a PACE enrollee reports medical expenses, they cannot be allowed as deductions. The client is not required to pay the expense, the expenses are covered by PACE.

Worker Responsibilities

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ACES requires a PACE Provider ID and the Provider ID can be located in ACES Provider Search. The financial worker will enter the Provider ID along with the HCBS indicator (A) for PACE. The indicator will drive eligibility for L31 and L32 programs. Since the PACE Provider has its ID entered, the PACE provider receives all LTC-related letters.

Financial will be notified by the end of the month prior to PACE enrollment date. ACES does not allow future start dates, so financial will process the program change or approval on the first business day of the month that PACE services are authorized.

NOTE: The L31 & L32 coverage groups are used for both hospice as a program and PACE. This is because both hospice as a program and PACE both use the same HCB waiver rules for eligibility. ACES determines which program (hospice or PACE) a client is on based on the service indicator and facility coded on the ACES institutional services screen. A PACE recipient cannot receive hospice as a service because they receive all care through the PACE provider.

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HCS Financial staff are not responsible for ongoing maintenance of a MAGI PACE client unless client is no longer eligible for their MAGI Medicaid program. HCS Financial will redetermine the appropriate Medicaid program for ongoing coverage if the client is financially eligible.

When a PACE client disenrolls from PACE, the HCS Financial staff will receive a Financial / Social Services Communication form (DSHS 14-443) indicating the client's disenrollment. Disenrollment from PACE is effective the last day of the month. The client should be redetermined for other Medicaid programs and the financial staff should coordinate with social services to determine if other HCS services will be authorized in the ongoing months.

Related Links

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Social Service WACs: