



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	039
Chapter / Section	Long term services and supports (LTSS) Standards Standards – Long Term Care (LTC) Long Term Services and Supports (LTSS)
Issued Date	1/1/2018
Revision Author	Lori Rolley
Division	ALTSA
Phone	360-725-2271
Email	Lori.Rolley@dshs.wa.gov

Summary of Revision

<https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/standards-ltc> LTSS Standards

This section describes the formula for standards used in LTSS eligibility. All current and historical LTSS standards are on the Washington Apple Health Income and Resource Standards chart located: <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/program-standard-income-and-resources>

Apple Health (Medicaid) Manual revision via track changes:

<http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/standards-ltc>
Standards – LTSS

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Revised [January 1, 2018](#)

Purpose: This chart includes standards for [LTSS](#) income and resource eligibility. The personal needs allowance (PNA) chart defines the amount of money a [client](#) is allowed to keep for their personal use.

[Personal Needs Allowance \(PNA\) chart.](#)

[Standards-Medical Assistance Programs](#) (WAC references [and historical standards charts](#))

Long-Term Care Resource Standards

Resource standards WAC [182-513-1350](#) Defining the resource standard and determining resource eligibility for long-term care (LTC) services

Description	Effective	Amount
Resource standard for SSI related applicant	1/1/1989	2,000
Resource standard for SSI related couple, both applying in same month	1/1/1989	3,000
Federal maximum spousal resource standard -community spouse resource allowance (CSRA) changes January 1 based on the consumer price index.	1/1/18-12/31/2018	123,600
State spousal resource standard-community spouse resource allowance (minimum) Updates on July 1 every odd year based on RCW 74.09.575. 182-513-1350 .	7/1/2017	55,547

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 Current Health Care Authority (HCA) Medical income and resource standards¶
 Washington State Medical income and resource standards. Medical income and resource standards chart issued by Health Care Authority (HCA). Standards charts from 2006 to the present are stored at this link.¶
 Internal DSHS ACES Standards chart. Includes all ACES standards (Medical, Cash, Food Assistance and history of standards)¶

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Excess Home Equity Standards

Excess home equity limits. Applies to institutional Medicaid programs per WAC 182-513-1350 These limits may change on January 1 based on the consumer price index-Urban (CPIU) Due to decrease in CPI, there was no change 1/1/2016.	1/1/2018-12/31/2018	572,000

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Long-Term Care Income Standards

Income standards Used to determine income [and resource eligibility](#) in long-term care

Description	Effective	Amount
Medicaid special income level (SIL) 300% of the FBR . May change annually on January 1 based on consumer price index. Maximum gross income level for institutional Medicaid.	1/1/2018-12/31/2018	2,250
Federal Benefit Rate (FBR)	1/1/2018-1/31/2018	750
Medically Needy Income Level (MNIL)		
Categorically Needy Income Level		

- Deleted:** Excess Home Equity Limits[¶]
Under section 1917(f) of the Social Security Act 6014 of the Deficit Reduction Act of 2005 (DRA), Medicaid will not pay for long-term care services for individuals whose *equity interest* in their home exceeds \$500,000⁶⁰. This provision applies to institutional and Waiver programs that requires the person to meet nursing facility (or equivalent) level of care. This rule also applies to institutional services, home and community-based waivers, community first choice, and Hhospice (when using institutional rules for eligibility).[¶]
WAC [182-513-1350](#) implemented this change effective 5/1/2006.[¶] Effective 1/1/2011 these limits are to be increased each year by the percentage increase in the [consumer price index -Urban](#) (CPIU).[¶]
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(CNIL) HCA Medical Standards chart		
Federal Poverty Level (FPL) May change annually on April 1	4/1/2017	1005
CS Maintenance Needs Allowance Maximum 150% of the 2-person FPL may change annually on July 1	7/1/2017	2030
CS maintenance needs allowance maximum. May change annually on January 1 based on the consumer price index. (with excess shelter costs)	1/1/2018-1/31/2018	3090
Excess shelter cost standard. May change annually on July 1. 30% of 150% of the 2-person	7/1/2017	609
Utility standard for determining excess shelter costs for a community spouse. Food Assistance Utility Standard (SUA) for a 4-person household. May change annually on 10/1	10/1/2017	421

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Nursing Facility average state rate. Used to determine **income** eligibility for HCS HCB Waivers when gross income is over the Medicaid SIL

Nursing Facility average state rate. This [is used to](#) determine eligibility for HCB Waivers [authorized by HCS](#) when the gross income is over the Medicaid SIL. This is described in WAC [182-515-1508](#).

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Rate is updated annually on October 1st.

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Monthly state average nursing facility rate	10/1/2016 – 9/30/2017	6086
Monthly state average nursing facility rate	10/1/2017-9/30/2018	6269

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Nursing facility private rate standard. Used to determine period of ineligibility due to asset transfers

Reference WAC [182-513-1363](#) Transfer of an asset. This rate [may change](#) annually on October 1. It is calculated using the reported date from Medicaid cost reports and determined by [AL TSA](#). This standard is used to determine a period of ineligibility due to a resource transfer.

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	Effective Date	Rate
Daily private nursing facility rate	10/1/2017	313

Monthly private nursing facility rate	10/1/2017	9525
Daily private nursing facility rate	10/1/2016	297
Monthly private nursing facility rate	10/1/2016	9038
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Special Income Level (SIL) 300% of the FBR

1. The [agency](#) compares an individual's [available](#) income to the [SIL](#) to determine whether a client is eligible for LTC services under the CN program.
2. The [SIL](#) is equal to 300% of the annually adjusted SSI [Federal Benefit Rate](#) (FBR).
3. The [agency](#) does not allow income disregards when determining eligibility for CN institutional services. It reduces an individual's gross income only by the exclusions allowed by federal statute as described in WAC [182-513-1340](#).

Deleted: Links to Federal Medicaid Standards¶ Standards used for long-term care Medicaid eligibility are based on federal income and resource standards.¶ [SSI Federal Payment Amounts](#)¶ [Poverty Guidelines](#) United States Department of Health & Human Services. Includes a link with current and past HHS poverty guidelines.¶ [U.S. Department of Labor Consumer Price Index](#)¶ [SSI and Spousal Impoverishment Standards](#) (Centers for Medicare & Medicaid Services) Link includes current substantial gainful activity (SGA) limit. (Under download 1998-2011 SSI FBR, Resource limits).¶

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Deleted: Federal Language regarding using gross income (before deductions) when comparing to the Medicaid SIL.¶ LIMITATIONS ON FFP. **Title 42: Public Health PART 435—ELIGIBILITY IN THE STATES, DISTRICT OF COLUMBIA, THE NORTHERN MARIANA ISLANDS, AND AMERICAN SAMOA**¶ [Subpart K—Federal Financial Participation](#)¶ [Limitations on FFP](#)¶ **§ 435.1005 Recipients in institutions eligible under a special income standard.**¶ For recipients in institutions whose Medicaid eligibility is based on a special income standard established under §435.236, FFP is available in expenditures for services provided to those individuals only if their income before deductions, as determined by SSI budget methodology, does not exceed 300 percent of the SSI benefit amount payable under section 1611(b)(1) of the Act to an individual in his own home who has no income or resources.¶ [58 FR 4933, Jan. 19, 1993]¶

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Clarifying Information

1. [Special income level](#) (SIL): The [agency](#) compares an [person's](#) non-excluded income to the [SIL](#) to determine whether a [person](#) is eligible for LTC services under the institutional CN program.
 1. The SIL is equal to 300% of the annually adjusted SSI [Federal Benefit Rate](#) (FBR).
 2. The [agency](#) does not allow income disregards when determining eligibility for CN services. It reduces an [person's](#) gross income only by the exclusions allowed by federal statute as described in WAC [182-513-1340](#).
 3. [All](#) income disregards [under section 1612\(b\) of the Social Security Act](#) [aren't](#) allowed before doing the SIL comparison. [Examples](#) are the \$20 disregard and 65 ½ earned income deduction and Impairment Related Work Expenses (IRWE).
 4. The SIL is the maximum amount allowed by law as the CN income standard for institutional Medicaid.
2. Disabled Adult Children (DAC), Pickle/COLA, Widowers, SSI individuals and SSI individuals because of 1619**(b)** status. How does the SIL affect their eligibility for HCB Waiver programs?

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a. Clients who are on SSI, or are considered eligible for SSI by Social Security Administration (1619(b)), or deemed eligible for SSI (Protected DAC, Widowers, Pickle/COLA) have countable income under the SSI Standard. These clients may have gross income above the SIL.

b. For a SSI client who has 1619(b) status with Social Security Administration, it is possible that a 1619(b) status individual can have gross income over the SIL because of their earnings. A 1619(b) client is treated just like a SSI client. Their eligibility is maintained by the Social Security Administration and they do not need to submit eligibility reviews to the agency for Medicaid eligibility. The SDX gives information on clients having 1619(b) status and to continue the CN Medicaid eligibility.

3. Not all clients receiving DAC are deemed SSI clients. If their SSI was lost due to receipt of DAC and their non-DAC countable income is under the SSI standard, they are a deemed-eligible "protected DAC." If their SSI was not lost due to receipt of DAC income, or if their other income exceeds the SSI standard, they are not deemed eligible for SSI.

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4. These clients do need to meet specific eligibility criteria for LTSS such as Transfer of asset penalties under WAC 182-513-1363 and excess home equity under WAC 182-513-1350.

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