



## APPLE HEALTH (MEDICAID) MANUAL REVISION

<b>Revision #</b>	071
<b>Chapter / Section</b>	<b>Long Term Services and Supports – Participation in a medical institution</b>
<b>Issued Date</b>	8/3/22
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### **Participation in a medical Institution**

[Participation in a medical facility | Washington State Health Care Authority](#)

### **Summary of Revision**

Revision are made to reflect the current Personal Needs Allowance for in home, medical institutions and residential clients receiving Long-Term Services and Supports (LTSS). Additional housekeeping edits were made to

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

# Participation in a Medical Institution

## Revised Date:

December 27, 2021 - June 13, 2022

**Purpose:** Describes the post-eligibility treatment of income (PETI) process for individuals residing in a medical institution **and who** meet institutional status. The PETI process determines how much the individual must pay toward the cost of their institutional care. This amount is called participation or client responsibility toward the cost of care.

~~For rules on determining participation for Waiver programs, see chapter 388-515.~~

WAC 182-513-1380 Determining a client's financial participation in the cost of care for long-term care in a medical institution.

## Clarifying Information:

Income that remains after **allowable** deductions is the amount the client must pay towards the cost of care in the medical institution. The order and description of deductions follows WAC 182-513-1380. The combination of 1 - 4 can't exceed the medically **needy** income level (MNIL)

1. Personal Needs Allowance (PNA)
2. Mandatory taxes
3. Wage deduction from department approved employment
4. Guardianship fees and related attorney costs
5. Court ordered child support
6. Spousal maintenance allowance
7. Dependent maintenance allowance
8. Allowable medical expenses
9. Home Maintenance Allowance (HMA)

**Note:** The 65 and 1/2 deduction is not allowed for earnings in a medical institution; however, a wage deduction is allowed, dollar for dollar, up to the MNIL after allowing the PNA and mandatory tax deduction. Approved wages are coded as RH ACES on the income screen.

[Program standard for income and resources chart](#)

SSI Income:

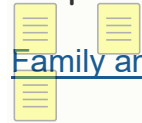
When an individual enters a medical institution, the Social Security Administration (SSA) reduces the SSI cash payment to \$30 per month. The full SSI benefit is continued, if SSA determines the individual's stay in the institution is not likely to exceed three months and the individual has expenses for maintaining a home. When SSA makes this determination, the full SSI benefit/State supplementary payment (SSP) is continued and is excluded in the post-eligibility process.

## Personal Needs Allowance (PNA):

Clients are allowed the highest [PNA](#) in a given month based on living arrangement, authorized service, and marital status. If a client resides at home at least one moment in the month and admits into a nursing facility (NF) we would allow the in home PNA.



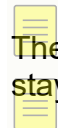
## Dependent and Family Allocation Calculation:



[Family and dependent allocation](#)



## Home Maintenance Allowance (HMA):



The HMA is income that the client can keep to maintain their residence during their NF stay. The HMA is approved by the social worker/case manager.



HMA can be approved for up to 6 months when it is determined the client is likely to return home within 6 months.

The monthly HMA amount is the current Federal Poverty Level (FPL).



There is no limit to HMA for multiple admissions and discharges to a NF. It is not allowed for more than 6 consecutive months.

## Hospice:

[Hospice index](#)

Participation in the cost of care for hospice services received in a medical facility is determined according to WAC [182-513-1380](#). The client pays their participation amount to the hospice agency.



Changes in Income and Deductions Use Method 1 and 2 for Institutional Cases. For further information see [LTC change of circumstance](#).

## Worker Responsibilities

1. To reduce excess resources, deduct amounts for medical expenses for which the client is liable. WAC [182-513-1350](#). See [Allowable medical expenses](#).
2. To reduce participation, deduct medical expenses not already used to reduce excess resources as described in WAC [182-513-1350](#). See [Allowable medical expenses](#).
3. Allocate the income of a client to a former spouse when the Court has ordered a spousal maintenance amount to be paid. These orders can be called Qualified Domestic Relations Order (QDRO) or alimony.
4. Allocate the income of the client with a spouse or dependent. See [Family and dependent allocation](#).
5. Treat hospice revocation or discharge like any other change from one nursing facility to another. See [Hospice](#).
6. Clients receiving the \$90 from Veteran's Administration are allowed to keep the \$90 plus their PNA indicated under all other PNA Med Inst of the Washington Apple Health Income and Resource standard chart. The \$90 is to be coded as VA Non-Countable as unearned income.
7. Approved wages are coded as Rehabilitation Income in ACES as earned income.
8. The social worker/case manager notifies the Public Benefit Specialist (PBS) of the start date of the HMA when it has been approved. The PBS indicates the FPL as the HMA amount and codes the starting month in ACES.
9. When a client changes providers or facilities during the month, code the discharge and admit dates. ACES will recalculate the participation between the 2 medical institutions.
10. When changes in the participation amount are made and confirmed within ACES, the system automatically generates a notice to the client/ representative. Since some notices do not contain enough information, add sufficient freeform text to explain what changes are being made and the reason for them.

11. Advance notice is not required to change a client's participation in the cost of care, since no reduction, suspension, or termination of services will result. A change in the participation amount is not considered an adverse action.

