



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	078
Chapter / Section	Long-term services and Supports (LTSS)
Issued Date	November 1, 2023
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[Long-term services and supports manual | Washington State Health Care Authority](#)

Summary of Revision: This section describes the Presumptive Eligibility (PE) Process for Home and Community (HCS) Long-term Services and Supports described in WAC 182-182-1110, WAC 388-106-1810 and 388-106-1820.

Create New Manual Page Put new link to new manual page here:

Title of Manual Page:

Presumptive eligibility Home and Community Services (HCS) Long-term Services and Supports (LTSS)

Effective date:

Purpose Statement: This section describes the presumptive eligibility (PE) process used by Home and Community Services (HCS) for Long-term Services and Supports (LTSS) for discharges from acute care or community psychiatric hospital to a home setting or an alternate living facility.

Since this is new manual page, Put WAC in the box here: WAC 182-513-1110

Clarifying Information

When a person applies for Long Term Services and Supports (LTSS) in their own home they may be found Presumptively Eligible (PE). If eligible, services may be approved pending completion of the application process.

LTSS PE allows services to be authorized based on a brief screening of financial and functional eligibility criteria. The screening is completed by Home and Community Services (HCS) social service staff. The goal of LTSS PE is to provide individuals with expedited access to home and community-based services. Those under PE receive Apple Health coverage while eligibility is being determined. Individuals already determined financially eligible for Medicaid state plan medical benefits will only require a functional PE determination. If the person is found PE, services can be received for a period of up to 60 days while financial and functional eligibility is being determined.

If a financial application has been filed, the PE period continues until the last day of the month that the final eligibility determination is made.

If an application isn't filed within 10 calendar days of PE determination, the PE period stops at the end of the month following the month services were first authorized.

If the client is active on an S01, S02, S08 program, the PE process and a new application is not required. If the client is in their review month, the renewal for the S02 and S08 follows regular renewal procedures. Follow regular change of circumstance procedures when changing the program to an L track when services are authorized by the HCS social worker/case manager.

If the client is active on a MAGI CN or Alternate Benefit Plan (ABP) program, the PE process is not needed if the client's needs are covered under CFC or MPC.

If the MAGI client needs HCBS Waiver services, the MAGI medical program will continue until an application for HCBS is received and eligibility for the L22 is determined.

For example:

Mary is currently hospitalized and would like to discharge to her own home. She will need access to caregiving services immediately upon discharge. Mary is found Presumptively Eligible for LTSS services on 3/1 and is discharging home with both a

caregiver, and medicaid coverage in place. Mary has until 3/11 to file an application for LTSS if she wishes to continue to receive services. If she doesn't apply by that date, the LTSS PE will end on 4/30.

Mary filed the application by 3/11 and will continue to receive services until a final eligibility decision is made on her application.

If it is later determined that Mary wasn't eligible for services, there is no requirement to repay any of the services that were received during the PE period. LTSS PE can't be backdated and won't cover services provided before the date of the authorization.

Worker Responsibilities

The PE process is determined and authorized by HCS social services staff. The PE determination will be for both functional and financial eligibility criteria. Unlike Fast Track, financial staff don't need to send a 07-104 communication to the authorizing case manager, approving PE.

Social services staff will send a 14-443 authorizing LTSS PE. The PBS will immediately screen in and open a workaround S02. Indicate under HCBS "I" 1915(i) as a workaround. Set a tickler for 10 days to check for application. Once an LTSS application is received, the PBS will leave the S02 open while financial eligibility for the L-track is being determined. Once the LTSS application is approved or denied, send another 07-104 communication to social services to notify them of the final decision.

When the final L-track approval or denial is processed and the letter is sent, close the workaround S02 with ACES reason code 599 and suppress the letter.

Once ACES supports this process, the ACES program will be a S32.

S02 workaround:

- Screen S02 for the month PE starts.
- Reduce the income to the MNIL using the [MAGI redetermination](#) workaround process, coding the difference as CI.
 - If the client applies and/or is approved for food assistance, the amount the income is reduced by CI needs to be coded as unearned income type: Other Countable-Food Assistance (OF).
 - Document the correct remark in ACES remarks and narrative stating: **Due to the Presumptive Eligibility workaround, S02 is used to open client on CN medical.**

Revision writer notes, delete highlighted yellow when sending to HCA :
See the remarks/notes re tying the page in to the LTSS index and application section.
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