

LTSS Presumptive Eligibility Program

Under the 1115 Medicaid Transformation Project (MTP) waiver, Long-Term Services and Supports Presumptive Eligibility (LTSS PE) is a package of services that allows the state to waive certain Medicaid requirements. LTSS PE provides individuals an opportunity to access specific home and community-based services in their own home and Medicaid medical coverage more quickly, for a limited time, while full functional and financial eligibility are being determined.

Services that may be covered under the LTSS PE Program:

- Personal Care Services for clients with Medicaid Personal Care (MPC) level of care
 maximum of 34 hours/month; or
- Personal care services for clients with Nursing Facility Level of Care (NFLOC) maximum of 103 hours/month, and
- Nurse Delegation
- Personal Emergency Response System (PERS)
- Home delivered meals
- Specialized medical equipment and supplies
- Assistive/Adaptive technology & equipment
- Community transitions or sustainability services
 - o Security deposits that are required to lease an apartment or home
 - o Activities to assess need, arrange for, and obtain needed resources
 - Set-up fees or deposits for utilities, such as telephone, electricity, heating, water, & garbage
 - Services necessary for your health and safety such as pest eradication and one-time cleaning prior to occupancy
 - Moving expenses
 - Minor home accessibility modifications necessary for hospital discharge
- Community choice guide
- Supportive Housing

Who qualifies for LTSS Presumptive Eligibility?

You may qualify for presumptive eligibility for Medicaid if you meet all the following:

- You live in your own home.
- You are discharging from an acute care hospital or community psychiatric hospital or have discharged in the last 30 days.
- You attest that your income is below the monthly limit.
- You are a U.S. citizen, U.S. national, or eligible immigrant.
- You are not receiving any other Medicaid funded long-term services & supports.
- You have not had presumptive eligibility for Medicaid in the last 24 months.

How do I apply?

Call or visit your local HCS office to get a Washington Apple Health for Long-Term Care/Aged, Blind, Disabled Coverage application (18-005).

You may also apply for Health Care Coverage including Medicaid at <u>wahealthplanfinder.org.</u>

If you need help filling out your application, call your local HCS office or the Senior Information and Assistance office.