# Long-Term Services and Supports, Presumptive Eligibility (LTSS PE)

Chapter 30e describes LTSS PE as part of the 1115 Medicaid Transformation Project waiver. LTSS PE will establish presumptive eligibility for individuals in need of long-term services and supports under Medicaid state plan and 1915(c) waiver authorities and Medicaid medical coverage and will be implemented in three phases. The first phase will include individuals who are discharging from an acute care hospital or community psychiatric hospital stay or diverting from one of these facilities and need in-home services. Home and Community Services (HCS) hospital assessments for individuals eligible for Medicaid MUST follow policy established in the [Long-term Care Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) Chapter 3, *Assessment and Care Planning*, and Chapter 9a, *Acute Care Hospital Assessments*.

#### Ask the Expert

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## Long-Term Services and Supports Presumptive Eligibility (LTSS PE) Overview

### What is LTSS PE?

Approved under the 1115 waiver called Medicaid Transformation Project (MTP), Long-Term Services and Supports Presumptive Eligibility (LTSS PE) is package of services that allows the state to *waive* certain Medicaid requirements. LTSS PE provides individuals an opportunity for expedited access to both home and community-based services in their own home and Medicaid (Apple Health) medical coverage benefits while full functional and financial eligibility are being determined.

The Presumptive Eligibility assessment will be used in CARE to gather preliminary information for LTSS PE eligibility. For PE-eligible recipients, ALTSA/HCS will provide a limited benefit package during the PE period for individuals discharging or diverting from an acute care or community psychiatric hospital setting to their own home, and who plan to enroll in one of the following Washington State programs:

* Medicaid Personal Care (MPC)
* Community First Choice (CFC)
* CFC + Community Options Program Entry System (COPES)

Services included in the limited benefit package are described in subsequent sections. Rules governing LTSS PE can be found in WAC 388-106-1800 and WAC 182-533.

### Who is an LTSS PE client?

LTSS PE is a service option for clients who meet the below criteria:

1. Specific to Phase 1:

* Will be discharging or diverting from an acute care hospital or a community psychiatric hospital; or
* Have discharged or diverted from an acute care hospital or community psychiatric hospital in the last 30 days; and

1. Required in Phase 1 & 2

* Live in your own home as defined in WAC 388-106-0010; and
* Are not receiving any other Medicaid funded long-term services and supports.

An LTSS PE recipient can receive LTSS Medicaid Personal Care (MPC) PE or LTSS Nursing Facility Level of Care (NFLOC) PE services.

To be eligible for LTSS MPC PE, the above criteria noted in (1) and (2) for LTSS PE will be met in addition to the following requirements:

* Functional eligibility requirements as defined in WAC 388-106-0210; and
* Financial eligibility requirements as defined in WAC 182-513-1225.

To be eligible for LTSS NFLOC PE services, the above criteria noted in (1) and (2) for LTSS PE will be met in addition to the following requirements:

* Functional eligibility requirements as defined in WAC 388-106-0355(1)(a), (b), (c), or (d); an. d
* Financial eligibility requirements as defined in WAC 182-513-1315.

### When will LTSS PE start?

LTSS PE will be rolled out statewide in phases. Phase 1 starts in December 2023. In the spring of 2025, Phase 2 will expand and LTSS PE services will be offered to applicants who choose to receive services in their own home. Phase 3 is under review by CMS and if approved, will roll out statewide in the later part of 2025. More details will be provided later.

### Where will LTSS PE services be provided?

LTSS PE services will be provided in home and community-based settings. To be eligible to receive LTSS PE services, the client must live in their own home as defined in WAC 388-106-0010. Examples of own home include:

* In an apartment building that the client rents from.
* In an established home residence that the client owns.
* In a relative's established home residence.
* In the home of another where rent is not charged.
* In a motel, where the client pays an established weekly/monthly rate of pay to reside (i.e., rent).

### Why LTSS PE?

The goal of LTSS PE is to provide individuals with expedited access to home and community-based services. By doing so, LTSS PE will provide services to assist clients to live as independently as possible in their home.

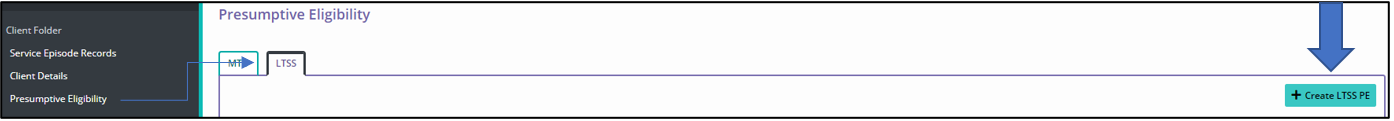
Presumptive Eligibility allows individuals to access to Medicaid Apple Health medical coverage and a reduced package of services while full functional and financial eligibility is being determined. Individuals already determined financially eligible for Medicaid state plan medical benefits will only require a functional PE determination.

## Determining eligibility for LTSS PE

ALTSA HCS Social Service Specialist (SSS) staff will use the LTSS Presumptive Eligibility assessment in CARE to gather preliminary information that will determine both financial and functional presumptive eligibility for applicants. Similarly to MAC & TSOA PE screenings, the LTSS PE assessment may be conducted telephonically. To determine full functional eligibility, the CARE assessment will continue to be conducted via an in-person interview process. See [Chapter 3](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) on *Assessment and Care Planning* for more information on the functions of an assessment.

### Accessing the LTSS PE assessment in CARE Web

The LTSS PE assessment can be accessed via the *Client Folder* > *Presumptive Eligibility* > *LTSS* tab > *+ Create LTSS PE*:



The LTSS PE assessment will have 3 sections, Financial, Functional, and Care Plan. Each section of the assessment is dynamic, meaning, once all required fields in the Financial section have been completed, the PE assessment will display the Financial indicator as Eligible or Ineligible. When displayed as Eligible, then the PE Functional section will enable. When the Functional section is displayed as Eligible, then the PE Care Plan will enable to complete the assessment.

### LTSS PE Financial Eligibility Overview

LTSS PE applicants who plan to enroll in either Community First Choice (CFC), CFC+COPES, or Medicaid Personal Care (MPC) program are either already financially eligible for Medicaid State Plan medical benefits or will self-attest to financial eligibility. When self-attestation is done, the below criteria must be met to establish LTSS PE financial eligibility:

#### Financial Eligibility for LTSS NFLOC or MPC PE is met when the:

Applicant is a current recipient of:

* Categorically Needy (CN); **or**
* Alternative Benefit Plan (ABP) Medicaid coverage.

Applicant is financially eligible for LTSS NFLOC PE when #1-#3 and either #4 or #5 apply:

1. Has Washington State residency; **and**
2. Social Security Number (SSN); **and**
3. Is Aged, Blind, or Self-Attests to Disability; **and**
4. If *single*: the single individual’s non-excluded monthly income is equal to or less than the Categorically Needy Income Level (CNIL), and the individual’s separate non-excluded resources are at or below $2,000; **or**
5. If *married*: for a married couple with a non-institutional spouse, the individual’s non-excluded income is equal to or less than the CNIL with spousal impoverishment protections, and that non-excluded resources (calculated as of the first point at which the individual is deemed to have the status of an “institutionalized spouse”) are at or below a combination of $2,000, plus the current state Community Spouse Resource Allowance, based on the individual’s self-attested statement of their household resources.

#### Defining “Resources”

A “resource” is any cash, other personal property, or real property that an applicant, recipient or other financially responsible person owns, can to convert to cash (if not already cash), and has the legal right to use for support and maintenance (see [WAC 182-512-0200](https://app.leg.wa.gov/wac/default.aspx?cite=182-512-0200)). Any asset that does not meet this criterion is not a resource. Resources examples: checking accounts, stocks, bonds, annuities, pensions, vacation property, multiple cars, and cash in a safe.

A “countable resource” is something that meets the definition of a resource, is not excluded as a resource, and is available to convert into cash (if not already cash). A resource that ordinarily cannot be converted to cash within 20 working days is considered unavailable as long as a reasonable effort is being made to convert the resource to cash (WAC 182-512-0250). A person may provide evidence showing that a resource is unavailable. A resource is not counted if the person shows sufficient evidence that the resource is unavailable.

An “excludable resource” can be:

* The home, household goods, certain other property ([WAC 182-512-0350](https://apps.leg.wa.gov/WAC/default.aspx?cite=182-512-0350)).
* One vehicle used for transportation ([WAC 182-512-0400](https://app.leg.wa.gov/WAC/default.aspx?cite=182-512-0400)).
* Life insurance up to $1,500, but the rule can get complex ([WAC 182-512-0450](https://apps.leg.wa.gov/WAC/default.aspx?cite=182-512-0450)).
* Burial fund up to $1,500, but the rule can get complex ([WAC 182-512-0500](https://apps.leg.wa.gov/wac/default.aspx?cite=182-512-0500)).
* Other resources excluded by federal law ([WAC 182-512-0550](https://apps.leg.wa.gov/wac/default.aspx?cite=182-512-0550)).
* Certain American Indian or Alaska Native resources ([WAC 182-512-0770:](https://app.leg.wa.gov/WAC/default.aspx?cite=182-512-0770)).

#### HCA Form #19-0054 Hospital Certification of Potentially Disabling Condition

Clients must be determined Aged, Blind, or Disabled. If the client is not determined Aged, Blind, or Disabled, and there is no open S02, S95, or S99 ACES code open for a first-time client, then the HCA #19-0054 form is required for LTSS PE financial eligibility. The #19-0054 form will be needed before the PE period is over and full financial and functional eligibility is determined. SSS staff will support the client to have this form completed by a licensed medical professional (as described in [WAC 388-449-0010](https://apps.leg.wa.gov/wac/default.aspx?cite=388-449-0010)) to confirm a disabling condition for the client on long-term services and supports.

The #19-0054 form would not be required for clients 65 years and older or already active on a DSHS Classic Medical program (S01, S02, S95, S99 ACES code) because they would have already been determined Aged, Blind or Disabled in order to be active on a DSHS Classic Medical.

Scenario 1

Q:  Do I need to get a 19-0054 presumptive disability form when the client is already receiving Medicaid coverage at the time PE is requested?

A:  No, for clients who are already Medicaid eligible (On MAGI or classic Medicaid coverage) and functionally eligible for PE services, no 19-0054 form is required. Proceed with opening PE services if the client is functionally eligible*.*

Scenario 2

Q:  If the client is already Medicaid eligible under (MAGI) and receiving PE services and is found to need waiver services when the full assessment is completed, do I still need to get the 19-0054?

A:  No, you don’t need to have the 19-0054 form completed.  You will need to communicate with financial and let them know waiver services are required so they can request an application and start the NGMA process to get disability approved following existing processes.  If eligible, the client can be approved for CFC only. You can end PE services and authorize CFC services pending the eligibility determination for waiver services. Once a disability has been determined, the client may move to CFC + COPES if needed.

Scenario 3

Q:  If the client is not already Medicaid eligible (under any program) and is determined financially and functionally eligible for PE services, do I need to get the 19-0054 form?

A:  Yes.  Under the terms of the 1115 waiver, a person applying for COPES or CFC may self-attest to disability status.  If the client self-attests to having a disability, we must get the 19-0054 form completed by their health care professional to confirm presumptive disability status.

#### LTSS PE Client Responsibility / Participation / Cost of Care

A client financially eligible for a Categorically Needy (CN) or Alternative Benefit Plan (ABP) Medicaid coverage program does not pay toward the cost of care in an in-home setting.

1. Clients receiving LTSS MPC PE services do not pay toward the cost of care for those services.
2. Clients receiving LTSS NFLOC PE services **may** need to pay toward the cost of care as outlined (see WAC 182-515-1509).

To calculate Client Responsibility, SSS staff will use the LTSS PE Participation Calculator to enter/complete:

1. Client’s gross earned income (income a client receives when being employed)
2. Client’s gross unearned income (such as a pension, SSA income, VA income, etc.)
3. Client Has a Payee? (Check box Yes or No options)
4. Does client pay a guardianship fee? (Check box Yes or No options)
5. Medical Deductions (such as old medical bills, premiums, out-of-pocket expenses, etc.)

#### Post-Eligibility Treatment of Income (PETI)

LTSS PE applicants are subject to Post-Eligibility Treatment of Income (PETI) based on self-attested available income and allowable deductions, including a Personal Needs Allowance (PNA) during the PE period. The cost of care applied during the PE period will not be adjusted when full eligibility is determined. If applicable, an updated PETI will be applied the first of the month following determination, based on completion of the client’s final financial and functional eligibility determinations.

#### Estate Recovery

LTSS PE applicants are subject to Medicaid estate recovery rules. Estate recovery is the department's process of recouping the cost of Medicaid and long-term services and supports benefit payments from the estate of the deceased client. Information on estate recovery will be provided to an LTSS PE-eligible client via the LTSS PE Approval Notice.

### LTSS PE Functional Eligibility

LTSS PE functional eligibility rules will follow the same eligibility rules used when determining Medicaid Personal Care (MPC) or Nursing Facility Level of Care (NFLOC) full functional eligibility through an assessment:

* WAC 388-106-0355 (1)(a), (b), (c), and (d), Am I eligible for nursing facility care services; **and**
* WAC 388-106-0210, Am I eligible for Medicaid Personal Care (MPC) services?

LTSS PE applicants who self-attest and plan to enroll in either Washington State’s CFC, CFC+COPES, or MPC program will be screened to determine if they appear to meet MPC eligibility, NFLOC eligibility, or ineligibility. The LTSS PE assessment in CARE captures the individual’s self-attestation.

### Full Financial or Functional Eligibility Are Already Determined, can LTSS PE be accessed?

Most often, full financial and full functional eligibility determinations for LTSS will be done concurrently.

If the client received a full functional CARE assessment and financial eligibility is not yet determined, the LTSS PE functional ~~screen~~ assessment cannot be retroactively accessed during the interim. Consider Fast Track, a process that allows the authorization of HCS services prior to a financial eligibility determination, when staff can reasonably conclude that the applicant will be financially eligible. See [Chapter 7a](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual), *Financial Eligibility for Core Programs* for an overview on Fast Track.

If the client meets full financial eligibility for Medicaid state plan medical benefits but did not yet receive a CARE assessment to determine full functional eligibility, then the LTSS PE functional assessment can be accessed (given the circumstances that the client has an established home setting).

## LTSS PE Notices

LTSS PE has three forms:

1. The “Long-Term Services and Supports Presumptive Eligibility Approval Notice” (LTSS PE Approval Notice) is used when the client is determined LTSS MPC PE or LTSS NFLOC PE eligible. The notice informs the client of eligibility, and that once a final determination is made, the client may be eligible for different services, more or fewer monthly personal care hours, or be determined not eligible for any services. The notice informs the client of next action steps to make a full financial and functional determination, inform the client of their rights and responsibilities, and estate recovery. SSS staff should review with the client and obtain the client/authorized representative’s signature.
2. The “Long-Term Services and Supports Presumptive Eligibility Denial Notice” (LTSS PE Denial Notice) is used when the client is determined ineligible for LTSS MPC PE or LTSS NFLOC PE. The notice informs the client of the reason(s) for ineligibility and informs them of their rights.
3. The “Presumptive Eligibility Care Plan,” is used as the plan of care, to be signed the client, SSS staff/assessor, and the paid provider responsible for implementing the plan of care.

SSS staff should continue to include the Consent Form (DSHS Form #14-012) and obtain client/authorized representative’s signature.

## Period of Presumptive Eligibility

The period of presumptive eligibility is the duration of time that begins on the date that an applicant is determined presumptively eligible and ends with the earlier date of:

* The date the decision was made on the client’s application (see WAC 388-106-0010);
* The date the client was determined by a CARE assessment to not meet functional eligibility (see WAC 388-106-0355 or 388-106-0210); **or**
* If the client did not submit application, then the PE period and all LTSS PE services will end on the last day of the month following the month in which the client’s presumptive eligibility services were authorized.

SSS staff should discuss with the client that Presumptive Eligibility is not a final eligibility decision. PE services are temporary, unless the client takes action to apply for Long-Term Services and Supports, respond to functional determination (CARE assessment), and respond to a financial determination (telephone interview and providing necessary verifications after review of the submitted application). SSS staff may explain that once a final determination is made, the client may be eligible for different services, more or fewer monthly personal care hours, or be determined not eligible for any services.

Initially, the PE period end will end on the last day of the month following the month in which the client’s presumptive eligibility services were authorized. For example, when a client is found presumptively eligible in October, then initially, the PE period will end the last day of November.

Ideally, a Medicaid application should be submitted within 10 days from the PE assessment completion date. But, in the instance when the client does not submit their application at all, then PE services will end the last day of following month that PE eligibility was determined.

When an application is submitted, then the PE period can be maintained and extended beyond the initial end date set, until the earlier date of an ineligible decision was made on the client’s application or the date the client was determined by a CARE assessment to not meet functional eligibility.

### LTSS PE Notices & Financial Ineligibility

When the client submits their application, the Public Benefits Specialist (PBS) will determine a client to be financially eligible or ineligible. When determined financially ineligible, the PBS sends a denial letter to the client. SSS staff do not need to send additional notice following the PBS worker’s financial ineligibility notice, in order to close services. Best practice is that the SSS will contact the client and let them know that services will end the date the decision was made on client’s application. The PE Denial Notice applies to *initial* denial of PE services before a PE period were to begin, and therefore, would not be used for this purpose. The PE Approval Notice serves as the notice for when PE services will be initially end-dated to inform the client that once a final determination is made, they may be eligible for different services, more or fewer monthly personal care hours, or be determined not eligible for any services.

### Presumptive Eligibility Limitation

Applicants who are approved for presumptive eligibility and receive services during the PE period will be allowed only one PE period every 24 months. This will be calculated from the time the previous PE ended. Applicants who are approved for presumptive eligibility during Phase 1 but did not receive services during the PE period could reapply for an LTSS PE assessment when discharging/diverting from an appropriate setting or have discharged/diverted in the last 30 days, returned to their established home setting, and are not receiving any other Medicaid funded long-term services and supports.

## Identifying LTSS PE service options

Once the LTSS PE assessment completed in CARE indicates LTSS MPC PE or LTSS NFLOC PE functional and financial eligibility, the client provides verbal consent and approval for their LTSS plan of care, and the client’s choice of care provider meets DSHS qualifications (*see WAC 388-71-0510*), the client may receive a combination of LTSS PE services.

Clients may receive LTSS PE services in their own home (*see WAC 388-106-0010*). Clients may also receive LTSS PE services while they are out of their home accessing the community or working while:

1. Within Washington State; **or**
2. In a recognized out-of-state bordering city (*see WAC 182-501-0175*).

Services offered and the client’s choice of services under this benefit cannot duplicate services covered under private insurance, Medicare, state plan Medicaid, or through other federal or state programs.

* LTSS PE services may not supplement the reimbursement rate from other resources.
* ETRs are not allowed for LTSS PE services (*see WAC 388-106-1855*).
* Applicants do not have an administrative hearing right to PE eligibility or services (*see WAC 388-106-1850*).

### LTSS MPC PE Service Option (WAC 388-106-1820)

The LTSS MPC PE benefits include 34 hours of authorized personal care services per month.

### LTSS NFLOC PE Service Options (WAC 388-106-1810)

1. Personal care services, ~~up to~~ 103 hours authorized per month.
2. Nurse Delegation.
3. Personal Emergency Response System (PERS).
4. Home Delivered Meals (HDM). When authorizing Home Delivered Meals (HDM), there is no deduction of personal care hours for each meal.
5. Specialized Medical Equipment and Supplies.
6. Assistive/Adaptive technology and equipment.
7. Community transition or Sustainability Services (CTSS): goods and services which are nonrecurring set-up items and services to assist with expenses to move from an acute care hospital or diversion from a psychiatric hospital stay to an in-home setting and may include:
8. Security deposits that are required to lease an apartment or home;
9. Activities to assess need, arrange for, and obtain needed resources, including essential household furnishings;
10. Set-up fees or deposits for utility or services access, including telephone, electricity, heating, water, and garbage;
11. Services necessary for your health and safety such as pest eradication, and one-time cleaning prior to occupancy;
12. Moving expenses; and
13. Minor home accessibility modifications necessary for hospital discharge.
14. Community Choice Guide (CCG): Specialty services which provide assistance and support to ensure an individual’s successful transition to the community and/or maintenance of independent living.
15. Supportive Housing.

“Isn’t a person experiencing homelessness ineligible for Presumptive Eligibility?”
GOSH clients are eligible to utilize the Motel for Interim Stay Transition (MIST) program. MIST can be authorized for up to 6 months. If the ALTSA client qualifies for presumptive eligibility, desires GOSH, and has no safe place to stay or resources to pay for a place, the HCS/AAA case manager can utilize MIST. When a GOSH recipients are paired with MIST, they are not considered homeless and can then access the PE benefits. 



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## Developing the LTSS PE plan of care

* After the PE eligibility is completed in CARE, a brief plan of care will be generated based on the level of care (LTSS MPC PE or LTSS NFLOC PE) and services selected. Before identifying and authorizing a service indicated in the client’s LTSS PE plan of care, the client must have verbally approved the plan of care. Utilizing voice signature would replace the need to obtain verbal approval prior to obtaining the signature. See attachment in Appendix. Contact the client to obtain verbal approval for the LTSS PE plan of care.
  + In CARE, use Service Episode Record (SER) Purpose code, *Plan Approval*, to document verbal approval.
  + Review with the client and send the LTSS PE Approval Notice, LTSS PE Care Plan, and Consent Form (DSHS Form 14-012).
* Work with the client to identify qualified providers and authorize payment for services consistent with the procedures for other programs like CFC, COPES, or MPC.
* Send plan of care to home care agency or CDWA per client’s choice.
* If discharging from a hospital at the time of the LTSS PE assessment, use the designation “Discharged with HCS services pending” for Phase 1.

**Social Services Communication to Public Benefits Specialist (PBS)**

When SSS staff complete the LTSS PE assessment in CARE, SSS staff will communicate eligibility with financial/PBS team. SSS staff will email ([1115PresumptiveEligibility@dshs.wa.gov](mailto:1115PresumptiveEligibility@dshs.wa.gov)) the PBS team of the PE program start date, regardless if the client has an ACES ID or not. If the client is not assigned an ACES ID, SSS staff should request an ACES ID be established. The PBS team will respond that the email and requested information was received.

When the client has an ACES ID, SSS staff will also submit an 14-443 communication via Barcode to inform the PBS team of the PE program start date. Check “LTSS Presumptive Eligibility (PE)” as a program option, and identify the LTSS MPC PE or LTSS NFLOC PE program start date.

Email address ([1115PresumptiveEligibility@dshs.wa.gov](mailto:1115PresumptiveEligibility@dshs.wa.gov)) is specific to LTSS PE only and should not be used for Medicaid Alternative Care (MAC) or Tailored Supports for Older Adults (TSOA) inquiries or needs.

## Implementing the Plan of Care

Prior to authorizing services in CARE, all services must be indicated in the client’s LTSS PE plan of care, and the paid supports must be qualified:

* Home care agencies or service vendors: ensure the home care agency or service vendors of LTSS PE services are qualified and contracted through the local [Area Agency on Aging](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/AAA%20Directory.docx) (AAA). Each local AAA maintains a list of contracted, eligible providers for HCS and AAA.
* CDWA Individual Provider (IP): clients may also choose personal care services be provided by one or more CDWA Individual Providers (IPs), as defined in WAC 388-115-0503.

### LTSS PE Program RACs

Before authorizing an LTSS PE service, a RAC must be established. The RAC start date must be on or after the LTSS PE assessment was completed/locked in CARE. When establishing services to implement the plan of care, the RAC end date must not be greater than the initial PE period. The initial PE period end will end on the last day of the month following the month in which the client’s presumptive eligibility was determined. For instance, when a client is found presumptively eligible in October, then initially, the PE period will end the last day of the following month, being the last day in November.

LTSS PE has two program RACs:

* LTSS MPC PE RAC: 3209
* LTSS NFLOC PE RAC: 3208

### Authorizing Service(s)

The LTSS NFLOC PE or LTSS MPC PE service authorization(s) start date may begin when:

* verbal approval and consent are obtained from the client/authorized representative for the LTSS PE plan of care,
* LTSS NFLOC PE or LTSS MPC PE eligibility assessment is completed and locked, and
* the appropriate RAC is determined.

The service authorization end date must not exceed the LTSS PE RAC end date.

Example: The LTSS PE assessment determined the client was eligible for LTSS PE MPC services on August 19, and the client’s verbal approval and consent to services was obtained this same date. Client submitted their Medicaid application on September 21, and continued to receive LTSS PE MPC services. The SSS conducts an *Initial* CARE Assessment on October 1. The Public Benefits Specialist determined full financial eligibility on October 5. The SSS obtains verbal plan approval for the CARE Assessment on October 15.

LTSS MPC PE RAC start date = 08/19

LTSS MPC PE RAC end date = 10/14

Full Eligibility RAC start date = 10/15

Full Eligibility RAC end date = 10/31 of the following year (to match the assessment Plan Period End date)

### What if the LTSS PE client is hospitalized?

Service authorizations should be adjusted as applicable, when the service intended for the home setting cannot be provided in the client’s own home (due to reasons such as a hospitalization/admit). This includes long-term care services provided by CDWA Individual Providers (IPs) and/or home care agencies, who may be authorized to provide services to clients in the client’s own home, but cannot while the client is not home (such as a hospitalization/admit). Applicable home care agencies are ones licensed under chapter 70.127 RCW and chapter 246-335 WAC and contracted with the department. If the client does go to the hospital or SNF on a short-term basis, authorizations should be suspended under LTSS PE. If the client is staying longer than 14 days, close PE services and notify the PBS.

**Scenario**:  Client on PE S02 workaround enters a skilled nursing facility (SNF) during the PE period.

Once the client is in the SNF 14 days, social services will end the PE service authorization(s) and notify the PBS that client is in the SNF and the date PE services will be ending.

PBS will close the S02.  S02 will continue through the end of the month if closure completed prior to 10-day notice deadline.  PBS will suppress the termination letter.

If the PBS closes the S02 after 10-day notice deadline, the system will still show a paid through date through the following month.

If the client discharges from the SNF prior to the 30th day, a short stay letter can be issued off the S02 PE AU for an admission under 30 days.

Notify the HCS SW/CM the client has discharged from the SNF.

## Addressing a wait list for LTSS PE applicants

Should program expenditures or enrollment exceed funding availability, a statewide wait list will be implemented. If a wait list for LTSS NFLOC PE or LTSS MPC PE is implemented:

1. LTSS PE assessments will be put on hold; **and**
2. If additional funding becomes available, LTSS NFLOC PE or LTSS MPC PE applicants on the wait list will be considered on a first come first serve basis. This will be based on the applicant’s request date for LTSS NFLOC PE or LTSS MPC PE.

## Related WACs

Chapter 388-106 on Long-Term Services and Supports WAC Sections can be found [here](https://stateofwa-my.sharepoint.com/personal/dru_aubert_dshs_wa_gov/Documents/Documenting%20Language%20Details%20in%20CARE,%20final%206-12-23.docx?web=1).

|  |  |
| --- | --- |
| [WAC 388-106-1800](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1800) | What definitions apply to LTSS PE? |
| [WAC 388-106-1805](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1805) | Am I eligible for LTSS NFLOC PE services? |
| [WAC 388-106-1810](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1810) | What services may I receive under LTSS NFLOC PE? |
| [WAC 388-106-1815](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1815) | Am I eligible for LTSS MPC PE Services? |
| [WAC 388-106-1820](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1820) | What services may I receive under LTSS MPC PE? |
| [WAC 388-106-1825](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1825) | Who can provide long-term care services when I am eligible for LTSS NFLOC or LTSS MPC PE services? |
| [WAC 388-106-1830](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1830) | When will the department authorize my LTSS NFLOC or LTSS MPC PE services? |
| [WAC 388-106-1835](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1835) | When do LTSS NFLOC PE or LTSS MPC PE services end? |
| [WAC 388-106-1840](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1840) | Where can I receive LTSS NFLOC PE or LTSS MPC PE services? |
| [WAC 388-106-1845](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1845) | What do I pay for if I receive LTSS NFLOC PE or LTSS MPC PE services? |
| [WAC 388-106-1850](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1850) | Do I have a right to an administrative hearing on LTSS NFLOC PE or LTSS MPC PE determinations? |
| [WAC 388-106-1855](https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-1855) | Can an exception to rule (ETR) be granted for eligibility or service determinations? |
| [WAC 388-449-0010](https://apps.leg.wa.gov/wac/default.aspx?cite=388-449-0010) | What evidence do we consider to determine disability? |

## Acronyms

A complete list of Washington State DSHS acronyms can be found [here](https://www.dshs.wa.gov/sesa/office-communications/acronyms).

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| AAA Area Agency on Aging  ABP Alternative Benefit Plan  ALTSA Aging and Long-Term Support Administration  CARE Comprehensive Assessment Reporting Evaluation  CCG Community Choice Guide  CDWA Consumer Direct of Washington  CN Categorically needy  COPES Community Options Program Entry System  DSHS Department of Social and Health Services  ETR Exception to Rule  HCA Health Care Authority | HCBS Home and Community Based Services  HCS Home and Community Services  HQ Headquarters  LTSS Long-Term Services and Supports  MPC Medicaid Personal Care  PBS Public Benefit Specialist  RCW Revised Code of Washington  SER Service Episode Record  SME Specialized Medical Equipment  SSS Social Service Specialist  WAC Washington Administration Code |

## Revision History

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| --- | --- | --- | --- |
| **DATE** | **MADE BY** | **CHANGE(S)** | **MB #** |
| 12/2023 | Dru Aubert | Initial Draft | [H23-081](https://fortress.wa.gov/dshs/adsaapps/Professional/MB/Default.aspx?year=2023) |

## Appendix

**HCA Form #19-0054 Certification of Potentially Disabling Condition**

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**Voice signature instructions**



**Gosh and Supportive Housing**

