# 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.

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

### What is LTSS PE?

Medicaid Transformation Project (MTP), Long-Term Services and Supports Presumptive Eligibility (LTSS PE), approved under the 1115 waiver, 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 LTSS PE assessment will be used in CARE to gather preliminary information for LTSS PE eligibility. For PE-eligible recipients, HCLA/HCS will provide a limited benefit package during the PE period, through phases, for individuals residing in 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](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-1800) thru 388-106-1855.

### 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](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0010); and
* Are not receiving any other Medicaid funded long-term services and supports.

Note: If a client was discharged from the hospital to a skilled nursing facility (SNF) for less than 30 days before discharging to an in-home setting and did not have contact with the NFCM, they could still be considered for LTSS PE.

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) or (2) for LTSS PE will be met in addition to the following requirements:

* Functional eligibility requirements as defined in [WAC 388-106-0210](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0210); and
* Financial eligibility requirements as defined in [WAC 182-513-1225](https://app.leg.wa.gov/wac/default.aspx?cite=182-513-1225).

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

* Functional eligibility requirements as defined in [WAC 388-106-0355](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0355)(1)(a), (b), (c), or (d); an. d
* Financial eligibility requirements as defined in [WAC 182-513-1315](https://app.leg.wa.gov/WAC/default.aspx?cite=182-513-1315).

### When will LTSS PE Start?

LTSS PE will be rolled out statewide in phases. Phase 1 began December 2023. In the Summer of 2025, Phase 2 is anticipated to 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 at a later date. Additional details will be provided at that time.

### 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](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0010). Examples of own home include:

* In an apartment that the client rents.
* In an established home that the client owns.
* In a relative's established home.
* 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.

LTSS PE allows individuals 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 LTSS PE determination.

## Determining Eligibility for LTSS PE

HCS Social Service Specialist (SSS) or Area Agencies on Aging (AAA) staff will use the LTSS PE assessment in CARE to gather preliminary information that will determine both financial and functional LTSS PE 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 three (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 LTSS PE Functional section will enable. When the Functional section is displayed as Eligible, then the LTSS PE Care Plan will be enabled to complete the assessment process.

### LTSS PE Financial Eligibility Overview

LTSS PE applicants who plan to enroll in either CFC, CFC+COPES, or 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-#4 **and** either #5 **or** #6 apply:

1. Has Washington State residency; **and**
2. Is a U.S. citizen, U.S. national, or eligible immigrant.
3. Social Security Number (SSN); **and**
4. Is Aged, Blind, or Self-Attests to Disability; **and**
5. 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**
6. 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.

If the applicant attests to resources over the allowable limits both as a single person or married person, they do not meet the criteria for LTSS PE services. They can still pursue LTSS services; however, through our traditional avenues.

#### 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](https://app.leg.wa.gov/wac/default.aspx?cite=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 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](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) is required for LTSS PE financial eligibility. The [#19-0054 form](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) will be needed before the LTSS PE period is over and full financial and functional eligibility is determined. SSS/AAA 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](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) 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](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) presumptive disability form when the client is already receiving Medicaid coverage at the time LTSS PE is requested?

A:  No, for clients who are already Medicaid eligible (on MAGI or classic Medicaid coverage) and functionally eligible for LTSS PE services, no [19-0054 form](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) is required. Proceed with opening LTSS PE services if the client is functionally eligible*.*

Scenario 2

Q:  If the client is already Medicaid eligible under MAGI and receiving LTSS PE services and is found to need waiver services when the full assessment is completed, do I still need to get the [19-0054](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf)?

A:  No, you don’t need to have the [19-0054 form](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) 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 (see [Chapter 7h](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207h.docx)) to get disability approved following existing processes.  If eligible, the client can be approved for CFC only. You can end LTSS 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 LTSS PE services, do I need to get the [19-0054 form](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf)?

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](https://www.hca.wa.gov/assets/billers-and-providers/19-0054-hospital-certification-disabling-condition.pdf) 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 CN or 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](https://app.leg.wa.gov/wac/default.aspx?cite=182-515-1509)).

To calculate Client Responsibility, SSS/AAA 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 LTSS 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 MPC or NFLOC full functional eligibility through an assessment:

* [WAC 388-106-0355](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0355) (1)(a), (b), (c), and (d), Am I eligible for nursing facility care services; **or**
* [WAC 388-106-0210](https://app.leg.wa.gov/WAC/default.aspx?cite=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 are ineligible. 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 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.

**Note:** A client cannot access Fast Track when accessing LTSS PE.

If the client meets full financial eligibility for Medicaid state plan medical benefits but has not yet received 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 process uses 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:
	1. next action steps to make a full financial and functional determination,
	2. inform the client of their rights and responsibilities, and
	3. estate recovery.

SSS/AAA staff should review with the client and obtain the client/authorized representative’s signature.

1. 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.
2. The “Presumptive Eligibility Care Plan,” is used as the plan of care, to be signed by the client, SSS/AAA staff/assessor, and the paid provider responsible for implementing the plan of care.

SSS/A staff should continue to include the Consent Form ([DSHS Form #14-012](https://www.dshs.wa.gov/sites/default/files/forms/word/14-012.docx)) and obtain client/authorized representative’s signature.

## Period of Presumptive Eligibility

The period of LTSS PE is the duration of time that begins on the date that an applicant is determined LTSS 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](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0010));
* The date the client was determined by a CARE assessment to not meet functional eligibility (see [WAC 388-106-0355](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0355) or [388-106-0210](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0210)) at which time the in-home SSS will close the PE authorizations and notify the providers to stop service; **or**
* If the client does not submit an application, then the LTSS PE period and all LTSS PE services will end on the last day of the month following the month in which the client’s LTSS PE services were authorized.
* The date client voluntarily withdraws.
* If the in-home worker was not able to contact the LTSS PE client for a full assessment and a 10-day letter has been issued.

SSS/AAA staff should discuss with the client that LTSS PE is not a final eligibility decision. LTSS PE services are temporary, unless the client takes action to apply for LTSS, respond to functional determination (CARE assessment), and respond to financial determination (telephone interview and providing necessary verifications after review of the submitted application). SSS/AAA 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 LTSS PE period will end on the last day of the month following the month in which the client’s LTSS PE services were authorized. For example, when a client is found LTSS presumptively eligible in October, then initially, the LTSS PE period will end the last day of November.

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

When an application is submitted, then the LTSS PE period can be maintained and extended beyond the initial end date set, until the earlier date of:

* Full functional and financial eligibility has been determined.
* An ineligible decision was made on the client’s application.
* The date the client was determined by a CARE assessment to not meet functional eligibility. (*When found functionally ineligible, it is the responsibility of the in-home worker to close the PE authorizations and contact the providers to stop services)*

### 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/AAA 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/AAA will contact the client and let them know that services will end the date the decision was made on client’s application. The LTSS PE Denial Notice applies to *initial* denial of LTSS PE services before a LTSS PE period were to begin, and therefore, would not be used for this purpose. The LTSS PE Approval Notice serves as the notice for when LTSS 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.

If the client fails to cooperate with providing the requested information needed to determine financial eligibility or provides information which indicates they are not financially eligible, the application decision would be to deny LTSS and they are no longer eligible for LTSS PE as of that date. The client does have a 30-day reconsideration period for their LTSS application, but that does not apply to LTSS PE.

### LTSS Presumptive Eligibility Limitation

Applicants who are approved for LTSS PE and receive services during the LTSS PE period will be allowed only one (1) LTSS PE period every 24 months. This will be calculated from the time the previous LTSS PE ended. Applicants who are approved for LTSS PE during Phase 1 but did not receive services during the LTSS 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 LTSS.

## Identifying LTSS PE Service Options

A client may receive a combination of LTSS PE services once the LTSS PE assessment indicates LTSS MPC PE or LTSS NFLOC PE functional and financial eligibility, the client provides verbal consent and approval for their LTSS PE plan of care, and the client’s choice of care provider meets DSHS qualifications (*see* [*WAC 388-71-0510*](https://app.leg.wa.gov/wac/default.aspx?cite=388-71-0510)).

Clients may receive LTSS PE services in their own home (*see* [*WAC 388-106-0010*](https://app.leg.wa.gov/wac/default.aspx?cite=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*](https://app.leg.wa.gov/wac/default.aspx?cite=182-501-0175)).

The client’s choice of services under LTSS PE 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*](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-1855)).
* Applicants do not have an administrative hearing right to LTSS PE eligibility or services (*see* [*WAC 388-106-1850*](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-1850)).

### LTSS MPC PE Service Option ([WAC 388-106-1820](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-1820))

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

### LTSS NFLOC PE Service Options ([WAC 388-106-1810](https://app.leg.wa.gov/wac/default.aspx?cite=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.



## Developing the LTSS PE Plan of Care

* After the LTSS PE 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](#_Which_Program_to). 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](https://www.dshs.wa.gov/sites/default/files/forms/word/14-012.docx)).
* 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/AAA staff complete the LTSS PE assessment in CARE, SSS/AAA staff will communicate eligibility with financial/PBS team. SSS/AAA staff will email (1115PresumptiveEligibility@dshs.wa.gov) the PBS team of the LTSS PE program start date, regardless if the client has an ACES ID or not. If the client is not assigned an ACES ID, SSS/AAA 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/AAA staff will also submit a [14-443](https://www.dshs.wa.gov/sites/default/files/forms/word/14-443.docx) communication via Barcode to inform the PBS team of the LTSS 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) 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](https://app.leg.wa.gov/WAC/default.aspx?cite=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 LTSS PE period. The initial LTSS PE period will end on the last day of the month following the month in which the client’s LTSS PE was determined. For instance, when a client is found LTSS presumptively eligible in October, then initially, the LTSS 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 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/AAA conducts an *Initial* CARE Assessment on October 1. The Public Benefits Specialist determined full financial eligibility on October 5. The SSS/AAA 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 *(authorized hours used under PE up till the 14th then end LTSS PE. There is no carryover of unused hours)*

•Full Eligibility RAC start date = 10/15 *(If the client is eligible for a core program (MPC/CFC/CFC+COPES), the client will be authorized the full benefit of that program to include the personal care hours for the remainder of that month and each month thereafter through the plan period).* ***If case-sharing with the AAAs, this is when case-sharing ends.***

•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 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 hospitalization). Applicable home care agencies are ones licensed under [chapter 70.127 RCW](https://app.leg.wa.gov/rcw/default.aspx?cite=70.127) and [chapter 246-335 WAC](https://app.leg.wa.gov/wac/default.aspx?cite=246-335) 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 LTSS PE services and notify the PBS.

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

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

PBS will close the S02.  S02 will continue through the end of the month if closure is 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 LTSS PE AU for an admission under 30 days.

Notify HCS/AAA staff when the client has discharged from the SNF.

## Addressing a Waitlist 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.

## Resources

### 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%2C%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 the 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).

|  |  |
| --- | --- |
| AAA | Area Agency on Aging |
| ABP | Alternative Benefit Plan |
| 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 |
| HCLAHCBS | Home and Community Living AdministrationHome 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 |
| SMESNF | Specialized Medical EquipmentSkilled Nursing Facility |
| SSS | Social Service Specialist |
| WAC | Washington Administration Code |

### Revision History

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **MADE BY** | **CHANGE(S)** | **MB #** |
| 8/2025 | Rhonda Widhalm | Improved guidance |  |
| 5/10/2025 | Rhonda Widhalm | • Language clarification• Improved guidance | [H25-010](https://intra.altsa.dshs.wa.gov/docufind/MB/HCS/HCSMB2025/H25-010%20Revisions%20to%20Long-Term%20Care%20Manual.docx) |
| 11/08/24 | Rhonda Widhalm | Language clarification | [H24-062](https://intra.altsa.dshs.wa.gov/docufind/MB/HCS/HCSMB2024/H24-062%20Revisions%20to%20LTC%20Manual%20Chapters%204%2C%205%2C%205a%2C%205b%2C%206%2C%207a%2C%207g%2C%207h%2C%208%2C%209a%2C%2010%2C%2011%2C%2022b%2C%2029%2C%2030d%2C%2030e.docx) |
| 7/30/24 | Rhonda Widhalm | Language clarification | [H24-044](https://intra.altsa.dshs.wa.gov/docufind/MB/HCS/HCSMB2024/H24-044%20Revisions%20to%20LTC%20Manual%20Chapters%203%2C%205%2C%205a%2C%205b%2C%207b%2C%207c%2C%207d%2C%208%2C%209b%2C%2010%2C11%2C%2022a%2C%2029%2C%2030a%2C%2030e.docx) |
| 12/2023 | Dru Aubert | Initial Draft | [H23-081](https://fortress.wa.gov/dshs/adsaapps/Professional/MB/Default.aspx?year=2023) |

### Appendix

**Certification of Potentially Disabling Condition**

[19-0054-hospital-certification-disabling.pdf](https://stateofwa.sharepoint.com/%3Ab%3A/r/sites/DSHS-ALT-HCS/LTC%20Manual%20Attachments/19-0054-hospital-certification-disabling.pdf?csf=1&web=1&e=HAet71)

**Voice signature instructions**

[Voice Signature Chapter 30E Attachment.docx](https://stateofwa.sharepoint.com/%3Aw%3A/r/sites/DSHS-ALT-HCS/LTC%20Manual%20Attachments/Voice%20Signature%20Chapter%2030E%20Attachment.docx?d=w7d00e0d70e2a41ef8cd60b833613ace3&csf=1&web=1&e=nvyLFH)

**GOSH and Supportive Housing**

[Brochure](https://stateofwa.sharepoint.com/sites/DSHS-ALT-HCS/LTC%20Manual%20Attachments/Forms/AllItems.aspx?id=%2Fsites%2FDSHS%2DALT%2DHCS%2FLTC%20Manual%20Attachments%2FGOSH%20and%20Supportive%20Housing%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DHCS%2FLTC%20Manual%20Attachments)