

Department of Social and Health Services
Olympia, Washington

ELIGIBILITY A-Z MANUAL REVISION

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<http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTCmedicare.shtml>

Medicare and Long-term care

Additional information on Medicare D has been added to this section of the EAZ manual

Effective 1/1/2012, individuals receiving Home and Community Based Waivers are no longer have Medicare D co-payments.

Health Care Authority (HCA) sends information to Centers for Medicare and Medicaid Services (CMS) regarding a FBDE status. CMS sends this information to the PDP.

Payment level 1: QMB, SLMB only

Payment level 2: FBDE client not institutionalized

Payment level 3: Institutional group. Effective 1/1/2012 this will include Home and Community based waiver eligibles authorized by DDD or HCS.

If the PDP indicates to the pharmacy that a client is still not showing up as a payment level 3, the client must present an award letter showing institutional medical eligibility as "best available evidence" in order for the Medicare D co-payments to be waived. A social service planned action notice (PAN) showing institutional or waiver eligibility can also be used.