

# Long term Services and Supports (LTSS)

Aging and Long Term Supports Administration (ALTSA)

Home and Community Services (HCS)

Developmental Disabilities Administration (DDA)

February 2021

# Objectives

- Programs available through Washington Apple Health
- How to request Long term services and supports
- General eligibility criteria (income and resources)
- Eligibility determination outcomes
- Post eligibility treatment of income
- HCB Waiver vs HWD, which is the best program?

# Washington Apple Health Medicaid MAGI programs

- Modified Adjusted Gross income (MAGI) eligibility is determined by the Health Benefit Exchange (HBE)
- Long term services and supports (LTSS) can be authorized for those on MAGI under the Categorically Needy (CN) or Alternative Benefit Plan (ABP) benefit package if functionally eligible
- The MAGI Medicaid is not maintained by DDA or HCS even if on a LTSS service
- More information on the MAGI programs is located in the resource section of this presentation

## SSI programs

- Washington is a 1634 State. This means Washington has an agreement with Social Security to open SSI Medicaid for all active SSI recipients. This includes 1619b status.
- The automated interface will open categorically needy (CN) SSI medical for all SSI recipients.
- SSI recipients are responsible to report changes in income and resources to social security.
- SSI recipients may receive LTSS depending on their assessed needs

## SSI programs

- Once SSI eligibility ends, the SSA interface sends a code for Washington to redetermine eligibility. This starts the redetermination process.
- If a client's SSI closed in another state, the SSI termination date must be reported to the DSHS PBS for the correct SSI end date and reason in order for the eligibility system to do the correct Pickle/DAC/DWB exclusion.

## SSI deemed eligible group

### **Groups deemed to be receiving SSI/SSP for Medicaid Purposes**

- Medicaid rules are based on the SSI program. Countable resources must be at or below \$2,000.
- The SSI deemed eligible group receives categorically needy (CN) Medicaid and pays no participation/client responsibility toward the cost of care
- Annual renewal is done by DSHS staff

## SSI deemed eligible group examples. Group Activity

- 1.** Client has \$1000 DAC income. This client started receiving DAC benefits when they turned 18 on 7/31/1990. Has never been on SSI.
- 2.** Client has \$1000 DAC income. Their SSI was closed on 7/31/2000 due to the receipt of DAC. The client also has \$2000 in earnings.
- 3.** Client has \$1000 DAC income and \$800 earnings. Their SSI was closed on 7/31/1990 due to the receipt of DAC.
- 4.** Client has \$1000 DAC income and \$750 earnings. Their SSI was closed 7/31/1985.

# Answers to SSI deemed eligible group

Example 1: No this client is not a protected DAC. The client was not on SSI.

Example 2: No this client is not a protected DAC, after the \$65 and ½ deduction from the earnings and the \$20 disregard, their countable income is over the FBR SSI standard

Example 3: Yes this client is a protected DAC. After the DAC exclusion and the 65 and ½ earnings deduction, the countable income is under the FBR SSI standard.

Example 4: This client is not a protected DAC. The SSI closed prior to 7/1/1988, however, since the SSI closed after due to the Pickle/COLA exclusion, \$556.50 of the DAC income is excluded =  $\$443.50 - \$20 = \$423.50$  countable unearned income.  $\$800 - 65$  divided by 2 = 342.50 countable earned income. \$766 total earned and unearned income. In Example #4, the Pickle exclusion brings the income down below the SSI standard of \$794.



## SSI deemed eligible group

A common question from Benefit Planners is checking to make sure the correct DAC/DWB/Pickle exclusion is being applied correctly to a case. If a client was an SSI recipient and you believe the exclusion is not being applied correctly contact:

HCS [Lori.Rolley@dshs.wa.gov](mailto:Lori.Rolley@dshs.wa.gov)

DDA [Marcell.Birdsall@dshs.wa.gov](mailto:Marcell.Birdsall@dshs.wa.gov)

CSD [CSDListmaster@dshs.wa.gov](mailto:CSDListmaster@dshs.wa.gov)

# Apple Health – SSI related programs

- A person who is age 65 and older, blind or disabled
- There is a variety of terms that describe this Medicaid group. Some of the terms used are:
  - Classic
  - Aged/Blind/Disabled
  - Non-MAGI
  - The eligibility for this group is done by DSHS staff. (CSD, HCS or DDA). HCS and DDA refer to this group as SSI-related because the rules are based on the SSI program.

# Apple Health SSI related programs

SSI related Medicaid and includes:

- Categorically Needy (CN) with countable income under the CNIL
- SSI deemed eligible group (DAC, DWB, Pickle disregard)
- Apple Health for Workers with Disabilities (HWD)
- Medically Needy (MN) Spenddown
- Medicare Savings Program (MSP)
- Home and Community Based (HCB) Waiver programs
- Hospice as a program (based on HCB Waiver rules if living in the community or institutional rules if in a medical institution)
- SSI related residing in medical institutions (institutional)

# DDA LTC Specialty unit

- Developmental Disabilities Administration (DDA) LTC specialty unit does the financial eligibility for:
  - DDA HCB Waiver, Community First Choice (CFC) and Medicaid Personal Care (MPC)
  - DDA RHC and ICF-ID facilities
  - Hospice as a program \* (Not a DDA service, but the eligibility is currently handled by the DDA LTC team)
  - Statewide Healthcare for Workers with Disabilities (HWD) not on HCS services. HWD toll free number is 1-800-871-9275

# Navigating the Medicaid system – HCS

- Home and Community Services (HCS) completes both the financial and functional eligibility for individuals applying or receiving services from HCS HWD receiving HCS services
- The exception is Medicaid eligibility when a client is eligible for CN Medicaid under MAGI rules (for MPC or CFC).

# HCS Social Service Intake for an assessment

- Social Service central intake lines are divided by Regions in the State of Washington. This is used to request a social service assessment for home and community services (in-home care, care in a residential facility, nursing facility coverage).
- Contact the HCS social service intake when personal care, HCB Waiver or long term services is needed.

# Long Term Services and Supports (LTSS)

Long term services and supports (LTSS) is a broad term describing a range of services authorized by Home and Community Services (HCS) and Developmental Disabilities Administration (DDA). HCS and DDA Public Benefit Specialists (PBS) staff determines the eligibility for those on their services.

# Long Term Care (LTC)

- Long term care (LTC) is a term within the LTSS range of services that is specific to the institutional Medicaid group:
  - Those living in a medical institution such as a nursing facility, Hospice Care Center or DDA Residential Habilitation Center (RHC) 30 days or more.
  - Those living in the community and on a Home and Community Based Waiver.
  - The institutional and HCB Waiver programs have initial and post-eligibility. This means client's may need to pay toward their cost of care.
  - LTC programs are subject to a 5 year look back for transfers, excess home equity and annuity disclosure.



# What are some of the HCS services?

- Home and Community Based Waivers
  - COPES
  - New Freedom
  - Residential Support Waiver
- Nursing Facility Services
- Community First Choice (CFC)
- Medicaid Personal Care (MPC)
- Program of all-inclusive care for the elderly (PACE)
- Roads to Community Living (RCL) This program has been extended
- Tailored Supports for Older Adults (TSOA)
- Medicaid Alternative Care (MAC)

## What will be requested as part of the application process for LTSS?

- ID and citizenship verification if not on SSA benefits.
- Verification of gross income and deductions from gross income
- Verification of assets (not needed for HWD)
- Verification of transfers during the look back period
- Verification of out of pocket medical expenses
- Information on Health Insurance coverage

## Financial and Functionally eligibility

- Nursing facility services can be retroactive up to three months prior to the date of the application if financial eligibility is established.
- Non-institutional medical can be retroactive up to 3 months prior to the date of application if financial eligibility is established.
- HCB Waivers start on the date both financial and functional eligibility is established and can't be backdated.

# LTSS Services – Vocabulary

SIL: Special Income Level – 300% of the FBR. The difference between CN & MN. HCS has combined CN and MN HCB Waivers which allows a higher income level based on the average monthly statewide nursing facility rate. DDA Waivers must meet the SIL test unless eligible for HWD. Currently the SIL is \$2,382 FBR:

Federal Benefit Rate. The SSI standard. Currently it is \$794

CNIL: Categorically Needy Income Level. Currently it is \$794

MNIL: Medically Needy Income Level. Currently it is \$794

CN: Categorically Needy. The highest level of Medicaid coverage. For the purposes of institutional Medicaid, (residing in a medical institution), it means income at or below the SIL.

MN: Medically Needy. For the purposes of institutional this means income over the SIL (only applies in a medical institution) or refers to the spenddown program.

ABP: Alternate Benefit Plan. The scope of care for the expanded adult MAGI group. In ACES this group is called the N05 program.

# LTSS Services Vocabulary

- MPC: Medicaid Personal Care- eligibility is based on eligibility for a non-institutional Categorically Needy (CN) program or alternate benefit plan (ABP) and provides personal care services.
- PNA: Personal Needs Allowance-What an individual gets to keep for personal needs.

# LTSS Services

## What does LTSS provide for clients?

- Pays for personal care & other services to clients who meet functional criteria.
- DDA waivers also pay for job supports so clients with disabilities can work.
- Pays for residential placements where extra support is needed (alternate living facility placements)
- Clients must meet the functional criteria for to be eligible – this requires an assessment by HCS social worker or the DDA case manager.

# LTSS Services

## ***Services for In-Home***

- Personal Care
- Home Delivered Meals
- Skilled Nursing
- Client Training
- Transportation
- In-Home Nurse Delegation
- Home Health Aide
- Environmental Modifications
- Specialized Medical Equipment
- Adult Day Care
- Community Transition Service

# LTSS Services

## ***Services for Residential***

- Personal Care
- Skilled Nursing\*
- Specialized Medical Equipment
- Client Training
- Transportation\*
- Community Transition Services

\* If not required by contract

Think about clients you work with – would any of these extra services help them stay independent?



## Is the client financially and functionally eligible?

- If yes, financial will communicate with Social Services to coordinate approval dates and send approval notice to all parties.
- CFC + COPES (HCB Waivers) is not retroactive. The Public Benefit Specialist (PBS) will process CFC + COPES eligibility based on the following:

## Functionally and Financially eligible

- Date CFC + COPES services approval by Social Services or
- Date the Public Benefit Specialist (PBS) receives all the needed verification to determine eligibility whichever is the latest unless social services did a Fast Track agreement. If a fast track is signed, financial can open COPES waiver medical retroactively back to the date when the agreement was signed as long as verification is received and financial eligibility is met.

# Community First Choice (CFC)

- Most personal care services are under the Community First Choice 1915k program.
- State plan service
- Clients who are eligible for CN or ABP scope of Medicaid can receive CFC if functionally eligible.
- CFC only clients do not pay participation
- CFC only clients do not have a 5 year look back for transfers
- CFC only clients do pay room and board if in a residential setting.
- CFC is subject to excess home equity
- Spousal impoverishment for this group has been extended by Congress to 9/30/2023

# HCB Waivers

## WHAT ARE THE BENEFITS?

- DDA Waiver :Higher income limit – SIL (Special Income Level). This is a Gross income test with no deductions
- HCS Waiver: Higher income limit- those over the Medicaid SIL can have income up to the statewide NF rate of \$7,149 per month
- Other household members income is not counted
- Provides CN medical coverage
- Higher resource limit for married couples. Spousal impoverishment provisions apply.
- Enables clients to live independently in their own homes or in an alternate living facility

# HCBS Waivers

## **Eligibility Requirements WAC 182-513-1315, WAC 182-503-0505**

- Must meet SSI-related criteria (aged, blind or disabled)
- Attain Institutional status per WAC 182-513-1320
- Meet functional eligibility
- Citizenship and residency requirements
- Not be subject to a penalty period of ineligibility
- No home equity in excess of the home equity standard
- Annuity disclosure

# HCB Waivers

## What medical groups are covered in the HCB Waivers?

- SSI recipients (includes 1619b)
- SSI deemed eligible group. (Countable income is at or below the CNIL standard)
- Apple Health for Workers with Disabilities (HWD)
- Medicaid Special Income Level (SIL) group. This is also called the 300% group. This group is subject to post eligibility treatment of income which means they may need to participate toward their cost of care.

# HCB Waivers

## Initial Eligibility

- DDA Waivers, gross income must be at or below the SIL
- HCS Waivers, if the gross income is above the SIL, an additional medically needy calculation is done by reducing the income by the monthly statewide nursing home rate

# HCB Waivers

## Examples of what can't be excluded when doing the initial eligibility gross income SIL test

- Impairment Related Work Expenses - IRWEs
- Blind Work Expenses -BWEs
- \$20 disregard
- 65 and ½ deduction

Gross earnings are counted in the SIL test.



# HCB Waivers

## Initial Eligibility

- If employed, Substantial Gainful Activity (SGA) criteria does apply. If the client isn't currently receiving SSDI and have earnings over SGA, we do not use HCB Waiver rules for eligibility
- HCS and DDA have included HWD eligibility group in their HCB Waivers. A redetermination under HWD is done for individuals that do not meet the SGA test.

# HCB Waivers. The difference between DDA and HCS Waivers

## **What are the some of the eligibility differences between HCS & DDA HCB Waivers?**

- DDA Waivers services are created for the population they serve.  
(Birth to Death)
- HCS serves 18 years or older
- DDA in-home Waivers allow up to the Medicaid SIL as the PNA.
- HCS in-home Waivers allow the FPL for single and MNIL for married individual as the PNA

## HCB Waivers. The difference between DDA and HCS Waivers

- HCS Waiver has a higher income threshold in initial eligibility based on the statewide average NF rate.
- Initial eligibility for the DDA Waiver is the Medicaid SIL, or 300% of the FBR.
- DDA does not have waiver eligibility for those with gross income over the SIL unless on HWD.

# HCB Waivers – Who does not pay toward cost of care?

## Participation – Who doesn't pay? (WAC 182-515-1507 for HCS and WAC 182-515-1512 for DDA Waivers)

- SSI clients including 1619B status
- SSI “deemed eligible” clients
- SSI related with countable income at or below the CNIL.
- HWD clients do not pay participation, but do pay a monthly premium.

(If they live in a residential setting they do pay room and board) Room and board is considered rent and is not considered “participation” toward personal care.

# What is Post Eligibility Treatment of Income?

- This is the process of determining if the client pays toward the cost of care. This is also called client participation or client responsibility. The rules are in:
  - WAC 182-513-1380 for the institutional group
  - WAC 182-515-1509 for the HCS HCB Waivers
  - WAC 182-515-1514 for the DDA HCB Waivers

# HCB Waivers – Post eligibility treatment of income (PETI)

## **How is the Personal Needs Allowance (PNA) determined?**

- The PNA is based on the service and where the client lives.
- The client receives the highest PNA based upon where they have lived during the month if in multiple settings in a month.

# Personal Needs Allowance

- At Home HCS:
  - Single FPL (\$1,064)
  - Married MNIL (\$794)
- At Home DDA special income level(SIL) (\$2,382)
- Residential setting \$794 MNIL minus \$71.12 PNA = \$722.88  
room and board standard
- Institutional Medical \$71.12 PNA

# HCB Waivers – Post eligibility treatment of income

## What income does the client get to keep?

- Personal Needs Allowance (PNA)
- \$65 & ½ of earned income (deduction is not allowed in a medical institution)
- Guardianship fees
- Court ordered child support
- Community spouse allocation & excess shelter costs
- Allocation to dependent children or dependent adults
- Incurred medical expenses and health insurance premiums not covered by Medicare or the Medicaid state plan



## LTSS, What is an ALF?

- An alternate living facility (ALF) is a type of assisted living, adult family home, DDA group home or behavioral health contracted residential facility.
- Some ALFs contract just with HCS, or just with DDA or just with the Behavioral Health
- All ALF's charge room and board (rent) for a client to reside there.
- To check if an ALF is contracted with ALISA go to the website at: <http://adsaweb/afhb/>

# ALF/Residential Services

## Why do I need to know?

- Where your client lives makes a difference to their benefits. Most clients who live in an alternate living facility receive services through HCS or DDA
- Are usually not eligible for basic food
  - Clients who reside in certain DDA group homes may receive food benefits
- Pay the room and board standard

# ALF/Residential Services

## *Residential placements*

### *Room & Board – What is it and how much?*

- Rent amount payable to an ALF for a client in a residential setting.
- Room and board calculation is the Effective one-person MNIL (\$794 minus the \$71.12 PNA = \$722.88 room and board standard).
- If countable income is over \$794 per month, clients pay their 'rent' (R&B) plus participation (payment towards the cost of care) unless they are on SSI, SSI deemed eligible, HWD or MAGI since these groups do not pay participation toward cost of care.

## Example #1 Single in an AFH

Millie has \$1000 SSDI income. She lives in an adult family home (AFH). Her only expense is a \$100 premium for her Part C managed care plan. Millie is not eligible for any other CN or ABP Medicaid so we will use HCB Waiver rules for eligibility.

## Example #1 Single in an AFH

- Millie keeps PNA of \$71.12
- She pays \$722.88 for room & board. ( $\$1000 - \$71.12 - 722.88 = \$206$ )
- \$100 is deducted so she can pay her insurance premium. ( $\$217 - \$100 \text{ insurance} = \$106$ )
- Millie pays \$106 toward the cost of her cost of care. This is called participation.
- Her total client responsibility to the AFH is \$722.88 room and board plus \$106 participation = \$828.88.

## Example #2 – Protected DAC in an ALF

### *Room & Board Example ( SSI Deemed eligible)*

What if Millie's income is \$1,500 in SSDI Disabled Adult Child (DAC). She is eligible for the DAC disregard because her SSI was closed due to the receipt of DAC benefits after July 1, 1988.

- Millie will keep \$71.12 PNA and pay \$722.88 R&B. She gets to keep the additional income and does not pay participation.
- Watch resource levels for clients in this situation. Millie may want to look into an ABLE account or a trust if resources continue to be an issue.

# HCB Waivers and Institutional Programs – Spousal Impoverishment

Some terms:

- Community Spouse (CS) the “non-institutional” spouse
- Institutional Spouse (IS) the “institutional” spouse
- Dependent means a child, parent or sibling that is claimed as a dependent with IRS

# Spousal Impoverishment-Resources Eligibility

- The spousal impoverishment (SI) provisions apply to institutional and HCB Waiver programs when one member of a couple:
  - Enters a medical facility for 30 days or more; or
  - Approved for a HCB Waiver Service; or
  - Approved for Hospice as a program
- Currently SI has been extended for CFC only through 9/30/2023.



# Spousal Impoverishment- Resources

Once eligibility for LTC is established, any resources belonging to the community spouse are no longer considered available to the institutionalized spouse unless there is a 30 day break in institutional services.

# Spousal Impoverishment - Resources

For applications when the client is not in a medical facility the rule of thumb is:

- State spousal resource standard of \$58,075 for the community spouse.
- \$2,000 for the applicant
- Once Medicaid is approved the applicant has 1 year from the date of opening to transfer resources in excess of \$2,000 to the community spouse.

## Spousal Impoverishment – Resources residing in a medical institution

- If the Medicaid applicant is residing in a medical institution, it is possible for the community spouse to have a higher resource standard up to the federal spousal resource maximum of \$130,380.
- The PBS does a calculation to determine the spousal share. It is based on the total resources owned by the couple in the month of institutionalization.
- This is described in WAC 182-513-1355 Allocating resources to a community spouse when determining resource eligibility for SSI-related long-term care services.

# Spousal Impoverishment – Income Overview

- The community spouse's income is not considered available.
- Spouse's income is only requested to do a spousal allocation

# Spousal Impoverishment Income

Spousal allocation from the institutional spouse's income to the community spouse's income is allowed:

- Up to CS and dependent allowance standard
- If there is excess shelter costs, the CS maximum maintenance allowance standard is used.
- Excess shelter is based on the CS shelter costs + the utility standard. The excess shelter standard is subtracted from this sum. The balance is excess shelter.

# Spousal Impoverishment Income

## Dependents

- **Living with the CS**
  - Subtract non-excluded income of the dependent from the [family allocation standard](#). (\$2,156)
  - Divide that amount by three
  - This computation is done separately per child.

# Spousal Impoverishment Income

## Dependents

- **Not living with the CS**

Subtract the dependents' total non-excluded income from the [MNIL standard](#) for the number of legal dependents living in the home.

## Example #3 HCS HCB Waiver with spouse

Client Jack Daniels is living at home with his spouse Jenny. His income is \$2000 per month. Jenny has \$1000 per month. Their rent is \$900/mo.

Jack keeps the MNIL (\$794) as his PNA.

Jack has \$1,206 remaining to potentially allocate to his spouse Jenny.

Jenny's income is under the \$2,156 CS allowance



## Example #3 Calculation CS allowance

- \$2,156 CS allowance
- - \$1,000 Jenny's income
- = \$1,156.00 maximum CS allowance that can be deemed from Jack's income to Jenny.
- \$1,206 Jack's available income after the PNA
- - 1,156.00 maximum CS allowance
- = \$50 leftover.
- Now we do a 2<sup>nd</sup> calculation to see if we can go up to the CS Maintenance maximum of \$3,260 due to excess shelter.

## Example #3 CS Maintenance Maximum and Excess Shelter calculation

- \$900 rent
- + \$449 standard utility allowance
- = \$1,349 Shelter costs
- - \$647 CS Excess Shelter Standard
- = \$702 We can allocate this additional amount to Jenny from Jack's income up to the CS maintenance allowance maximum of \$3,260

## Example #3 Result

The result of the 2 calculations means Jack has no HCS HCB Waiver client responsibility (participation) toward the cost of care.

\$2,000 Jack's income

- \$794 PNA
  - \$1,156 CS allowance
  - \$50 additional allowance to CS due to excess shelter
- = 0 client responsibility/participation

## Example #4 HCB Waiver in an AFH

- At home Jack kept \$794.00
- In an adult family home Jack is responsible to pay the ALTSA room and board rate of \$722.88 He is allowed to keep \$71.12 for his PNA.
- There are no deductions from room and board without an exception to rule (ETR). Room and Board is the non federal match (Medicaid) portion. An ETR request can be done to allow a community spouse more income to live on if their income is less than the CS allowance and CS maintenance allowance maximum.

## Example #5 Jack goes to work

- Jack lives at home with Jenny. His SSDI is \$2,000 per month. Jenny's SSDI is \$1,000 per month. Their rent is \$900 per month. Jack starts a part time job at a call center. His earnings will be \$1000 per month.
- Question, will Jack be better off on HWD or L22/HCB Waiver rules?

## Example #5 HCB Waiver calculation

\$2,000 SSDI

\$1,000 earnings

- 65 earned income deduction

- 467.50  $\frac{1}{2}$  of remainder earned income deduction

= \$2,467.50 Countable income

- \$794.00 PNA in home HCS HCB Waiver married

= \$1,673.50

## Example #5 Waiver calculation, spousal allocation

\$1,673.50

- \$1,156.00 CS allowance (\$2,156 – Jenny’s \$1,000 income)

= \$517.50

- \$702 We can allocate up to \$702.00 because of the excess shelter calculation. The maximum CS allowance is \$3,216.

= -0- Client responsibility/participation for Jack using HCB Waiver rules.

In this example, Jack has -0- participation using HCB Waiver rules. The HWD premium would be \$225/mo.

In this example, Jack is likely better off using the HCB Waiver rules.

If Jack gets close to the \$2,000 resource limit, he is able to transfer funds to Jenny without a penalty.

# Example #5 HWD Premium

Effective 1-person MNIL			\$794.00
Unearned income			
	Source 1		\$2,000.00 (1)
Earned income			
	Source 1		\$1,000.00 (2)
	Calculated premium		\$726.00
	7.5% cap		\$225.00
	Actual premium		\$225.00



## Example #6 dependent not living with a community spouse

Jack Daniels has a 15 year old son Dave.

Dave receives \$500 per month social security from his mother's claim.

Dave's mother Susie lives with Jack and Dave. Jack is not married to Susie.

## Example #6 Dependent Dave's income

- Because Jack and Susie are not married, we do not use spousal impoverishment provisions. The income allocation is based on the **Not living with the CS**
- Subtract Dave's \$500 month income from the MNIL.  $\$794 - \$500 = \$294$  that can be allocated from Jack's income to Dave.

## Example #6 Jack's income

\$2,000 SSDI

\$1,000 earnings

- 65 earned income deduction
- 467.50 ½ of remainder earned income deduction

= \$2,467.50 Countable income

- \$1,064.00 PNA in home HCS HCB Waiver single
- \$294.00 Dependent allocation

= \$1,109.00 Jack's participation/client responsibility toward the cost of care

7.5% of Jack's income = \$225/mo.

HWD is the better option for Jack over HCB Waiver rules

## Example #7 Jack is married with a dependent

- In this example Jack is married to Jenny and they have a 15 year old child Dave. Jenny has \$1000 SSDI and Dave has \$500 from Jenny's claim. Their rent is \$900/mo. Jack has \$1000 earnings and \$2000 SSDI

# Example #7 Jack's HCB Waiver calculation

2,000 SSDI

\$1,000 earnings

- 65 earned income deduction
- 467.50 ½ of remainder earned income deduction

= \$2,467.50 Countable income

- \$794 PNA in home HCS HCB Waiver single
- 1,156.00 Spousal allocation CS allowance (\$2,156 – Jenny's \$1,000 income)
- \$702 We can allocate an addition amount up to \$702.00 because of the excess shelter calculation. The maximum CS allowance is \$3,216.
- \$552 Dependent allocation (\$2,156 dependent allowance - \$500 Dave's SSA and divide result by 3

= \$-0- Jack's participation/client responsibility toward the cost of care

7.5% of Jacks income = \$225/mo.

In this example, Jack would be better off using HCB Waiver rules over HWD

# Transfer of Assets

- HCB Waiver and Institutional eligibility require a 5 year look back for transfer of assets
- The transfer is reviewed to see if it is an allowable transfer under WAC 182-513-1363
- If not, a penalty period is established based on the daily private NF rate.

## Excess Home Equity

- This rule applies to CFC, HCB Waiver or Institutional
- If home equity exceeds \$603,000, there is no eligibility for CFC, HCB Waiver or Institutional
- If there is a spouse or a dependent living in the home, this rule does not apply

# Working clients and HCB Waiver Services

Ask these questions for clients when thinking about HWD vs. HCB Waiver rule comparison.

- Does the client have HCB Waiver participation?
- Is there a spousal or dependent allocation?
- Are resources near the \$2,000 limit?
- Does the client have earned income over the substantial gainful employment (SGA) standard and not receiving SSDI?

Then:

- Refer the client to the HWD specialist for a HCB Waiver vs HWD comparison



## Working clients and HCB Waivers

- HWD can start on the first of the following month if the client is active on L22 or another Medicaid program
- At initial eligibility, HWD clients have a choice what month to start the eligibility. But there is an exception...

# Working Clients and Waiver Services

- If a client that is receiving an HCB Waiver and they are not eligible for L22; they must have eligibility determined under the HWD program.
  - In this scenario, if HCB Waiver services have been authorized, we must start HWD eligibility based on the authorization date/month.

Example: HWD application received in May, client has been fast-tracked services by HCS effective June 2. Case is processed on June 10<sup>th</sup>. The client does not want the HWD premium to start in May, but because services were authorized in June, we must start HWD in June.

# HWD Premium vs HCB Waiver Participation comparison

## HWD Premium – Step 1

Income	Calculation	Premium
Unearned	\$1500	
Earned	\$1,200	
Premium calculation		
(Unearned -\$794) = \$706 divided by 2 (50% of unearned income above the MN standard)	\$353.00	
5.0% x Unearned	\$75.00	
2.5% x (Earned - \$65 x 2.5%)	\$28.375	
Premium amount		\$456.00

## HWD Premium – Step 2

Income	Calculation	Premium
Unearned	\$1,500	
Earned	\$1,200	
Premium calculation		
Total income	\$2,700	
7.5% of income	$.075 \times 2,700$	\$202.00
Compare to formula	$x+y+z$	\$461.00
Premium amount (lesser of the two)		\$202.00

## HWD vs HCS Waiver Participation (at home)

Income	Calculation	Participation
Unearned	\$1,500	
Earned	\$1,200	
Participation calculation	Gross Income \$2,700	
Personal Needs Allowance in a home setting HCS HCB Waiver (DDA Waiver at home PNA is \$2,382)		- \$1,064
(Earned - 65) – ½		-\$65 -\$567.50
Participation/client responsibility		\$1,003.50

## HWD vs Waiver Participation (ALF) using HCB Waiver rules

Income	Calculation	Participation
Unearned	\$1,500	
Earned	\$1,200	
Participation calculation	Gross Income \$2,700	
MNIL (see room and board calculation below	\$794	
(Earned - 65) – ½ of the remainder.	-\$65 -\$567.50	
Participation	\$1,273.50	\$1,273.50
Room and Board (\$794.00 MNIL - \$71.12 PNA = \$722.88 room and board)		+ \$722.88
Total client responsibility toward the cost of care	R&B + participation	\$1,996.38

## HWD vs Waiver Participation

- Using HCB Waiver rules, the client pays \$1,996.38
- Using HWD rules, the client pays
  - \$202.00 HWD premium
  - \$722.88 room and board
  - = \$924.88 total out of pocket

And under HWD, can save more than the \$2,000 resource limit allowed under the HCB Waiver rules

# HWD – Earned Income Only

Income	Calculation	Premium
Unearned	-0-	
Earned	\$2,700	
Premium calculation		
	$\$2,700 - \$65 = \$2,635 \times 2.5\% = \$65.87$	\$65.00
	$\$2,700 \times 7.5\%$	\$202.00
Premium amount		\$65.00



# HWD premium calculation earned income only

In this example, \$2,700 gross earned income is over the SGA of \$1,310 therefore HWD is the only Medicaid option because it is the only SSI-related Medicaid program where substantial gainful activity (SGA) is waived

## Example #6 HWD and living in an AFH

Millie is working and on HWD. She lives in the AFH and is receiving CFC. Her Social Security is \$1000/mo. She has \$2,000 per month in earnings.

What does Millie pay?

## Example #6 AFH services on HWD

Answer:

- Millie will pay her \$201 HWD premium to Office of Financial Recovery (OFR)
- She pays \$722.88 to the AFH provider for room and board.

## HWD Premiums

If the client does not pay 4 consecutive monthly premiums:

- They are not eligible for HWD coverage for the next 4 months; and
- They must pay all premium amounts owed before HWD coverage can be approved again.

## Example #7 What happens when a LTSS client gets behind in HWD premiums?

Quadriplegic client has \$3,600 per month in earnings and high personal care needs.

- Premium is \$88 per month; receives 120 hours per month in personal care
- Gets behind on paying premiums; 4 months overdue in paying the \$352.00 in outstanding premiums.
- HWD closes once the client owes 4 months of HWD premiums, PLUS there is a 4 month penalty.

## Example #7 What happens when a client gets behind in HWD premiums?

HWD cannot be reopened until the 4 month penalty passes AND the premiums are paid

- Since HWD closes, the LTSS close.
- Client is not eligible for any other Medicaid program; their earnings are over the SGA for HCB Waiver (\$1,260) in earnings for disabled), over the Medicaid SIL (if DDA).

Without Medicaid coverage, there are no LTSS to meet the client's needs

## Premiums and OFR

- HWD Premiums are paid to Office of Financial Recovery (OFR)
- The HWD premium for the benefit month is sent out by OFR the end of the month and is due by the 15<sup>th</sup> of the following month.

Example: 8/19 benefit month premium goes out the end of August and is due on 9/15. So the 15<sup>th</sup> of the following month is when the HWD premium is due.

# Non-institutional Medicaid and NF admissions

- Non-institutional Medicaid which includes HWD will cover a NF admission under 30 days as a short stay
- A redetermination to an institutional program is required once the client is in a NF 30 days or more
- This scenario is a good example of the benefit of the new resource exclusion under WAC 182-512-0550 for someone that is enrolled in HWD



# What is the new resource exclusion in WAC 182-512-0550?

As of 1/1/2020 WAC 182-512-0550 SSI related medical – All other excluded resources states:

- Resources accumulated in a separate account, designated by the client, that result from work activity during the client's enrollment in HWD are excluded

## Example #8

Robin Chirper is on HWD. He falls and breaks his hip and ends up needing surgery and 90 days of rehab in a nursing facility. He has saved \$6,000 while on HWD. He has \$1,600 in his checking account. He will not be receiving any earnings or leave pay while off work. He expects to return to work in 6 months. His review is due in 9 months.

## Example #8

Before this new rule, Robin would need to spend down resources to qualify for nursing facility care under institutional rules that has a \$2,000 resource limit. Robin can designate his \$6,000 savings accumulated while working. This will exclude this account and Robin would be eligible to receive institutional Medicaid with no participation as he has no income. Robin must continue to pay his HWD premium. If Robin returns to work by his review month, he would continue to be eligible for HWD.

## Post eligibility in an Institution

- Post eligibility deductions for institutional cases are similar but not the same as HCB Waiver post eligibility deductions.
- Here are the post eligibility deductions allowed in institutional:

# Post Eligibility in an Institution Part 1

- The department allocates nonexcluded income in the following order and the **combined total of the PNA, Mandatory Taxes, Wage deduction, Guardianship can't exceed the effective one-person medically needy income level (MNIL):**
  - A personal needs allowance
  - Taxes
  - Wages when the employment is department approved. Department approved means HCS, DDA and DVR have approved the employment plan. All DDA clients have employment approved through their CARE plan automatically. For HCS clients in a NF an approval must come from the HCS social worker, Employment Specialist, or AAA case manager. If DVR is working with the HCS client, it can be approved by DVR.
  - Guardianship costs

# Post eligibility in an Institution part 2

- Child Support
- A monthly maintenance needs allowance for the community spouse
- A monthly maintenance needs amount for each dependent
- Medical expenses incurred by the institutional client and not used to reduce excess resources. Allowable medical expenses and reducing excess resources are described in WAC 182-513-1350.
- Maintenance of the home, also called the housing exemption. A doctor must certify the client is expected to return home within 6 months. This amount is up to the FPL.

# Introducing MAC and TSOA

- Medicaid Alternative Care (MAC)
  - Age 55 or older
  - Washington State Resident
  - Live at home
  - Have a qualified unpaid caregiver (aka: dyad)
  - The Care RECEIVER is eligible for Categorically Needy (CN) or Alternate Benefit Plan (ABP)

# Examples of Waived Financial Rules for MAC

- No home equity limit
- No Estate Recovery
- No transfer penalties
- No Participation
- No Disability requirement



# Tailored Supports for Older Adults (TSOA)

- Need to apply (HCA 18-008)
- Age 55 or older
- Resident and meets citizen/immigration status
- SSN
- Live at home
- Resources \$53,100 (plus spouse gets to keep up to the state spousal resource standard)
- Income must be at or below the Medicaid SIL

# Examples of Waived Financial Rules for TSOA

- No home equity limit
- No estate recovery
- No transfer penalties
- No participation
- No disability requirement
- Don't need to obtain all sources of income
- Don't need to sign away rights to settlements/subrogation

Note: TSOA does not provide Medicaid

# HCS Program Options

Level of Care	Pre-Medicaid Services		State Plan Services			1915(c) Waiver	State Plan Nursing facility
Application Needed?	Available to clients not eligible for TSOA, due to age, income or resources.	New non-Medicaid application required	Clients can transition between these programs without a financial application.			Financial application needed	Financial application needed, unless MAGI eligible
Nursing Facility Level of Care		Age: 55+ Participation: No Estate Recovery: No	Age: 55+ Participation: No Estate Recovery: No	Age: 18+ Participation: No Estate Recovery: Yes	Age: 18+ Participation: No Estate Recovery: Yes	Age: 18+ Participation: Yes Estate Recovery: Yes	Age: No age restriction Participation: Yes Estate Recovery: Yes
MPC Level of Care		Income: 300% FBR using Name on Check or 1/2 community income rules	Age: 18+ Participation: Yes Estate Recovery: Yes	Income: No specific limit. Must be CN or ABP eligible	Income: No specific limit. Must be CN or ABP eligible	Income: 300 % FBR or < average state monthly NF rate	Income: < state NF rate or spenddown
T'Care screen		Age: 18+ Participation: Copay for respite Estate Recovery: No Coverage: No medical coverage	Resources: 180 days private NF rate (\$53,100) \$111,175 couple Coverage: No medical coverage	Income/Resources: No specific limit. Coverage: CN or ABP	Resources: No specific limit. Coverage: CN or ABP	Resources: No specific limit. Coverage: CN or ABP	Resources: \$2000 single \$58,075 couple Coverage: CN only
	State-funded Family Caregiver Support	Tailored Support for Older Adults (TSOA)	Medicaid Personal Care (MPC)	Medicaid Alternative Care (MAC)	Community First Choice (CFC)	Home & Community Based Waivers (HCB)	Nursing Home

## ABD state funded cash and HEN

- Aged, Blind, or Disabled (ABD) is a state funded program that provides cash assistance and a referral to the Housing and Essential Needs (HEN) program to eligible low-income individuals who are age 65 or older, blind, or determined likely to meet Supplemental Security Income (SSI) disability criteria based on an impairment(s) expected to last at least 12 consecutive months.
- This program provides maximum monthly cash grant of \$197 for a single individual or \$248 for a married couple. ABD recipients are also eligible for assistance applying for SSI benefits (SSI Facilitation).

## HEN/ABD cash and LTSS

HCS has a small HEN/ABD cash caseload for client's that are on State Funded Nursing Facility or State Funded Residential program under the Medical Care Services (MCS) program. These are usually clients that are not eligible for MAGI because they are legally admitted but in their 5 year bar for federal Medicaid.

## State funded LTSS for non-citizens

- There is a small 45 slot program that provides state funded LTSS at home, in an ALF or in an NF.
- It must be pre-approved by HCS HQ
- There is currently a waiting list for slots
- This program is not the federally matched alien emergent medical program (AEM)

# Notices

- Clients should always receive a letter indicating how much should be paid to their provider.
- Clients do not pay more than the amount listed on the award letter.
- If the cost of care is less than the participation, the client pays the cost of care amount

# Questions?

## **Home and Community Services Financial Eligibility and Policy:**

- Lori Rolley [Lori.Rolley@dshs.wa.gov](mailto:Lori.Rolley@dshs.wa.gov)
- Mallori Woolnough [Mallori.Woolnough@dshs.wa.gov](mailto:Mallori.Woolnough@dshs.wa.gov)

## **Developmental Disabilities Administration**

- Marcie Birdsall, DDA LTC Specialty Unit Manager  
[Marcell.Birdsall@dshs.wa.gov](mailto:Marcell.Birdsall@dshs.wa.gov)



# Resources

**The following section is helpful resources with additional information and links**

## Find a local HCS or AAA office

- <http://www.aasa.dshs.wa.gov/Resources/clickmap.htm>
  - Home and Community Services (HCS)
  - Area Agency on Aging offices (case manage in home care cases)

## Where to send or FAX documents

All HCS and DDA documents are sent to the ALTSA imaging center:

- ALTSA HIU PO Box 45826 Olympia WA 98504
- FAX 1-855-635-8305
- Include full client name and client ID

## Where are the LTSS financial eligibility rules found?

Apple Health Manual <https://www.hca.wa.gov/health-care-services-supports/program-administration/apple-health-eligibility-manual>

Apple Health Manual- Long Term Services and Supports  
<https://www.hca.wa.gov/health-care-services-supports/program-administration/long-term-services-and-supports-ltss-manual>

# HWD Specialists

HCS and DDA HWD specialists are listed in the Apple Health manual under working clients on long-term care services and supports:

<https://www.hca.wa.gov/health-care-services-supports/program-administration/working-clients-long-term-care-programs>

# HCS Social Service Intake

- **Region 1 North HCS**-Pend Oreille, Stevens, Ferry Okanagan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams and Whitman: Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin. 509-568-3767 or 1-866-323-9409. FAX 509-568-3772
- **Region 2 North HCS** - Snohomish, Whatcom, Skagit, Island Counties 1-800-780-7094 or FAX 425-977-6579.
- **Region 2 South HCS** - King County 206-341-7750 or FAX 206-373-6855
- **Region 3 HCS**- Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson Counties 1-800-786-3799 or FAX 360-586-0499

# Application processes for LTSS

This link describes the application processes for LTSS and includes links to the application forms used in long term care.

<https://www.hca.wa.gov/health-care-services-supports/program-administration/applications-ltss>

# HCB Waivers and Institutional programs

**Spousal Impoverishment rules. What is it?**

[http://www.cms.gov/MedicaidEligibility/09\\_SpousalImpoverishment.asp](http://www.cms.gov/MedicaidEligibility/09_SpousalImpoverishment.asp)

Section 1924 of the Social Security Act; U.S. Code  
Reference 42 U.S.C. 1396 r-5



# HCS Personal Needs Allowance (PNA)

CFC + COPEs Home	CFC + COPEs Residential	Nursing Facility	MPC or CFC only
Single \$1,064	Single \$71.12	\$71.12	At home, keeps all of their income
Married both on COPEs \$1,064 each	Married both on COPEs \$71.12 each	Married, both on NF Medicaid \$71.12.00 each	Alternate Living Facility/Residential \$71.12
Married One on COPEs \$794 (plus spousal allocation)	Married One on COPEs \$71.12 (plus spousal allocation)	Married one on NF services, other spouse in the community \$71.12 (plus spousal allocation)	

# Reporting Changes

- Requirements WAC 182-504-0105 through WAC 182-504-0125
- Changes must be reported within 30 days of the change for medical. Attach verification of the change such as increase/decrease in pension, health insurance premium and out of pocket medical expenses
- Changes for cash and food must be reported by the 10<sup>th</sup> of the following month.

# What changes need to be reported?

## For Long-term care:

- Residence
- Marital Status
- Living Arrangement
- Income changes
- Resources
- Medical Expenses; and
- If we allow expenses for your spouse or dependents you must report changes in their income or shelter cost.

# Adult Protective Services (APS)

## Report Concerns Involving Vulnerable Adults

As of November 1, 2019, the Adult Protective Services (APS) Central Intake and some reporting methods have been streamlined statewide. This will provide a consistent reporter experience.

Reporters are encouraged to make a report online. Online reporting remains unchanged. The benefits of online reporting include a confirmation number and 24-hour availability to reporters, seven days a week. You may also report by:

- Phone: 1-877-734-6277
- Email: [apscentralintake@dshs.wa.gov](mailto:apscentralintake@dshs.wa.gov)
- Fax: 1-833-866-5590
- TTY: 1-833-866-5595

# Standards

- Washington Apple Health standard for income and resources including LTSS.
- <https://www.hca.wa.gov/health-care-services-supports/program-standard-income-and-resources>
- The standard chart is updated 4 times a year, so this link is important. Scroll down for the standard charts.

# Apple Health SSI related programs handled by CSD

DSHS Public Benefit Specialists (PBS) does the eligibility determination for SSI related Medicaid programs. (PBS was called financial service specialists (FSS) until 7/1/2019).

## **The Community Service Division (CSD) handles the following programs:**

- Basic food if not on HCS or DDA services
  - Note: If the client on DDA services is a child, food benefit eligibility remains with CSD.
- TANF cash
- Childcare
- ABD cash/HEN not on HCS or DDA services
- Non-institutional Classic Medicaid (not getting HCS or DDA services):
  - Spenddown
  - Medicare Savings Programs (MSP)
  - SSI and SSI related medical not on HCS or DDA services
- **Phone:** 1-877-501-2233 or 1-877-980-9220 (answer phone)
- **Online:** [www.washingtonconnection.org](http://www.washingtonconnection.org)

# Housing and Essential Needs (HEN)

- The Housing and Essential Needs (HEN) Referral program provides access to essential needs items and potential rental assistance for low-income individuals who are unable to work for at least 90 days due to a physical and/or mental incapacity.
- While DSHS/CSD determines eligibility for the referral to the HEN program, actual eligibility for rental assistance and essential needs items is determined by the Department of Commerce through a network of homeless and homeless prevention service providers.
- HEN may include:
  - Limited rent and utility assistance;
  - Move-in costs;
  - Personal health and hygiene items;
  - Cleaning supplies; and
  - Transportation assistance.

<https://www.wliha.org/resource/housing-and-essential-needs>

# MAGI programs

- Contact Health Care Authority or Health Benefit Exchange
- To apply:
  - **Online:**Healthplanfinder
  - **Paper:** HCA Form 18-001 (Application for Health Care Coverage), can be submitted via:
    - **Mail: Washington** Healthplanfinder, PO Box 946, Olympia WA 98507
    - **Fax:**1-855-867-4467
    - **Phone:**1-855-923-4633
- If an individual wants help applying for MAGI Medicaid, they can work with a Navigator or call Healthplanfinder Customer Support at 1-855-923-4633.



# Resources

**LTSS Ombudsman program which includes the 1-800 number:** <https://www.waombudsman.org/>

**Residential Care Services:** <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>

[AFH Locator](#) (adult family homes)

[ALF Locator](#) (assisted living facilities)

**Find local resources by county:** <https://www.dshs.wa.gov/AL TSA/resources>

[Medicaid and Options for Long-Term Services for Adults](#) (publication# 22-619) online or order a [printed copy](#).

# Resources

- Description of HWD from the HCA website  
<http://www.hca.wa.gov/medicaid/eligibility/Pages/hwd.aspx>
- Apple Health (Medicaid) manual. This manual is used by financial workers to determine HWD and it is good information on the program – <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/apple-health-workers-disabilities>
- Pathways to Employment website which includes a benefits estimator to determine premium amount for HWD. This is a good link to share with disabled persons inquiring about working or field staff that want to give an HWD premium estimate – [https://fortress.wa.gov/dshs/pathways/\(S\(c1udyushqeqf4bx5wd5twizp\)\)/p2emain.aspx](https://fortress.wa.gov/dshs/pathways/(S(c1udyushqeqf4bx5wd5twizp))/p2emain.aspx)
- Apple Health (Medicaid) manual. This is the section of the manual used by ALTSA financial staff that describes how HWD works with LTSS. – <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/working-clients-long-term-care-programs-waiver>

## Resources

- Social Security Red Book. A guide to work incentives. – <http://www.socialsecurity.gov/redbook/>
- HCA 22-333 Apple Health For Workers with Disabilities <https://www.hca.wa.gov/assets/free-or-low-cost/22-333.pdf>
- Information on services provided by Aging and Long-term supports Administration (AL TSA): <https://www.dshs.wa.gov/altsa/about-us>
- Information on services provided by Developmental Disabilities Administration (DDA): <https://www.dshs.wa.gov/dda/about-developmental-disabilities-administration>

## Resources - Forms

- HCA [18-005](#) Washington Apple Health Application for Long-Term Care/Aged, Blind, Disabled coverage.
- [DSHS 14-416](#) Eligibility Review for Long Term Services and Supports
- [14-454](#) Estate Recovery fact sheet. Repaying the State for Medical and Long Term Care (LTC)

# Resources – HCA pamphlets

[https://www.hca.wa.gov/health-care-services-supports/forms-and-publications?combine=&field\\_free\\_topic\\_tid=15611&field\\_free\\_document\\_type\\_value=1=All&sort=filename%20ASC&page=4Citizenship](https://www.hca.wa.gov/health-care-services-supports/forms-and-publications?combine=&field_free_topic_tid=15611&field_free_document_type_value=1=All&sort=filename%20ASC&page=4Citizenship)

**Citizenship and identification documents**

[https://www.hca.wa.gov/assets/free-or-low-cost/citizenship\\_alien\\_status\\_guide.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/citizenship_alien_status_guide.pdf)

**Citizen and Alien Status Guide**

<https://www.hca.wa.gov/assets/free-or-low-cost/citizenshipandimmigrationflowchart.pdf>

**Apple Health Programs based on citizenship/Alien Status**

<https://www.hca.wa.gov/assets/free-or-low-cost/19-032.pdf>

**HCA 19-032 Coverage options for seniors and individuals with disabilities**

<https://www.hca.wa.gov/assets/free-or-low-cost/19-024.pdf>

**HCA 19-024 First Timer's guide to Washington Apple Health**

<https://www.hca.wa.gov/assets/free-or-low-cost/19-041.pdf>

**HCA 19-041 First Timers' Guide to Washington Apple Health Part 2: Making your first health care appointment**

<https://www.hca.wa.gov/assets/free-or-low-cost/22-500.pdf>

**HCA 22-500 MSP Brochure**

<https://www.hca.wa.gov/assets/free-or-low-cost/MSP-desk-aid.pdf>

**Medicare Savings Programs Reference Guide/Desk Aid.**

# Resources – WashingtonLawHelp.org

Washington LawHelp <https://www.washingtonlawhelp.org/issues/aging-elder-law>

- [Key Medical Standards as of January, 2021](#)
- [Medicare Information for 2021](#)
- [Social Security Information for 2021](#)
- [2021 Supplemental Security Income \(SSI\) & State Supplemental Payment \(SSP\) Standards for Washington State](#)
- [Q and A on the Community First Choice Program](#)
- [Q and A on COPES](#)
- [Q and A on Medicaid for Nursing Homes](#)
- [Q and A on Tailored Supports for Older Adults \(TOSA\) and Medicaid-alternative Care \(MAC\) Programs](#)
- [Medically Needy Spenddown Program](#)