

**Desk Aid – Medical Coverage Groups Used in LTSS**

<b>Program Category and what agency usually maintains the program</b>	<b>ACES</b>	<b>Description</b>	<b>Scope</b>	<b>HCW Waiver</b>	<b>CFC</b>	<b>MPC</b>	<b>MAC<sup>d</sup></b>	<b>TSOA<sup>e</sup></b>	<b>NF short stay<sup>b</sup></b> (If not managed care or Medicare days).	<b>Institutional<sup>b</sup></b> 30 days or more
<p><b>SSI and SSI-related (non-institutional)</b> Aged/Blind/Disabled (ABD) category</p> <p>Disability is determined by SSA, or by NGMA referral to DDDS</p> <p>CSD financial staff manage S track cases unless the client is receiving LTSS through DDA or HCS.</p> <p>See below for S08/HWD</p>	<b>S01</b>	SSI Recipients Categorically Needy (CN)	CN		a	a	x		x	
	<b>S02</b>	SSI-related	CN		a	a	x		x	
	<b>S03</b>	QMB Medicare Savings Program (MSP). Medicare premiums, copayments, coinsurance, deductibles.	MSP						Pays Medicare co-insurance days as a claim if QMB eligible. No application required for NF if medicare co-insurance days only, on QMB & no other service is needed. No NFLOC is needed to submit a claim for Medicare days in a NF. If on QMB only, must have an application for NF coverage.	
	<b>S04</b>	Qualified disabled working individual (QDWI). Medicare Part A premiums.	MSP							
	<b>S05</b>	Specific low-income Medicare beneficiary (SLMB). Medicare Part B premiums.	MSP							
	<b>S06</b>	Qualified individual (QI-1). Medicare Part B premiums.	MSP							
	<b>S07</b>	SSI-related Alien Emergency Medical (AEM). Emergency Related Service Only (ERSO).	ERSO							Hospital, cancer, or end stage renal
	<b>S95</b>	SSI-related Medically Needy (MN) no spenddown.	MN						x	
	<b>S99</b>	SSI-related with spenddown.	MN						If SD met and shows active.	

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<b>SSI-related (non-institutional)</b> Living in an alternate living facility (ALF) - AFH, AL or DDA group home. G03 Maintained by HCS or DDA LTC staff.	<b>G03</b>	Income under the special income level (SIL) & under state rate x 31 days + \$38.84. Only used for MPC and BHO placements.	CN		a	x				
	<b>G95</b>	ALF private pay no spenddown. Income under the SIL, and under the private rate.	MN						x	
	<b>G99</b>	ALF private pay with spenddown. Income under the SIL, but over the private rate.	MN						If SD met	
<b>SSI-related/ABD (non-institutional)</b> Healthcare for Workers with Disabilities (HWD)  Maintained by HCS if on HCS services or DDA LTC team if not on HCS services.	<b>S08</b>	Premium based program. Substantial Gainful Activity (SGA) not a factor in disability determination.	CN	x	x	x	x		x	

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<b>HCW Waiver (institutional)</b> SSI or SSI-related 1915(c) waivers authorized by HCS or DDA Aged/Blind/Disabled (ABD) category  Disability is determined by SSA, or by NGMA referral to DDDS  HCS/DDA LTC financial staff maintain L track cases.	<b>L21</b>	SSI recipients	CN	x	x				x	
	<b>L22</b>	SSI-related. DDA – income at or below SIL HCS – income ≤ effective MNIL (182-515-1508)	CN	x	x				x	
	<b>L24</b>	Undocumented Alien / Non-Citizen LTC. Must be preapproved by HCS ( <a href="mailto:Natalie.Lehl@dshs.wa.gov">Natalie.Lehl@dshs.wa.gov</a> ). State-funded CN (SFCN) scope. Community component of SFCN program.	SFCN						State-funded personal care based on NFLOC criteria. Financial Eligibility based on HCW Waiver rules. In home or state funded services in an ALF. If in NF 30 days or more, change to L04 program. WAC 182-507-0125. Natalie Lehl must pre approve the state funded long-term care for non-citizen program. <b>NGMA IS NEEDED IF NOT AGED/BLIND</b>	
<b>SSI and SSI-related (non-institutional) PACE, or Hospice</b>  HCS/DDA LTC financial staff maintain L track cases.	<b>L31</b>	SSI recipient on PACE; or SSI recipient in institution on hospice (do not change S01 to L31 for hospice outside of an institution).	CN						NF services included in PACE. Hospice services provided in institutions.	
	<b>L32</b>	SSI-related PACE or hospice as a program. PACE is managed care (no CFC or HCW waiver with PACE). CFC or HCW waiver with hospice only. Hospice + HCW waiver will trickle to L22 as priority program.	CN	x	x		x hospice only		NF services included in PACE Hospice services provided in institutions.	
<b>SSI and SSI-related Roads to Community Living (RCL)</b> HCS/DDA LTC financial staff maintain L track cases.	<b>L41</b>	SSI recipient on RCL.	CN						x	
	<b>L42</b>	SSI-related RCL. 365 day medical upon approval by social services. Must be receiving Medicaid on day of institutional discharge.	CN						x	

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<b>SSI and SSI-related Community First Choice (CFC)</b> HCS/DDA LTC financial staff maintain L track cases.	<b>L51</b>	SSI recipient on CFC or MPC	CN		x	x			x	
	<b>L52</b>	SSI-related CFC or MPC. L52 includes S02 and G03 eligibility rules with and without spousal impoverishment.	CN		x	x			x	
<b>SSI and SSI-related (institutional)</b> In a medical institution for 30 days or more. Aged/Blind/Disabled (ABD) category  Disability is determined by SSA, or by NGMA referral to DDDS  HCS/DDA LTC financial staff maintain L track cases.	<b>L01</b>	SSI recipient	CN							x
	<b>L02</b>	SSI-related. Income under the SIL.	CN							x
	<b>L04</b>	Undocumented Alien / Non-Citizen LTC. Must be preapproved by HCS ( <a href="mailto:Natalie.Lehl@dshs.wa.gov">Natalie.Lehl@dshs.wa.gov</a> ) State-funded CN (SFCN) scope. Institutional component of SFCN program.	SFCN							x NGMA IS NEEDED IF NOT AGED/BLIND
	<b>L95</b>	SSI-related no spenddown Income over the SIL, but less than the state rate.	MN							x

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	<b>L99</b>	SSI-related with spenddown Income over the state rate, but under the private rate. Client participation locked to state rate.	MN							Eligible for services, but client pays all cost of care
<b>MAGI (institutional)</b> Only used for individuals not eligible under non-institutional MAGI through the HPF.  Maintained by HCA	<b>K01</b>	Categorically Needy Family in Medical Institution	CN							x
	<b>K03</b>	AEM in Medical Institution.	ERSO							Hospital, cancer or end stage renal.
	<b>K95</b>	LTC Medically Needy no Spenddown in Medical Institution	MN							x
	<b>K99</b>	LTC Medically Needy with Spenddown in Medical Institution	MN							If SD met
<b>Pregnancy/Family Planning</b>  Maintained by HCA	<b>P02</b>	Pregnant 185% FPL & Postpartum Extension	CN							
	<b>P04</b>	Undocumented Alien Pregnant Woman	CN							
	<b>P05</b>	Family Planning (FP) Service	FP							
	<b>P06</b>	Take Charge	FP							
	<b>P99</b>	Pregnant Women & Postpartum Extension	MN						If SD met	
<b>Refugee Medical Assistance (RMA)</b>	<b>R03</b>	Refugee medical is referred by HCA to CSD if the client is not eligible for a MAGI program due to income	CN		X	X	X		X	

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<b>Foster Care/JRA</b> Maintained by HCA	<b>D01</b>	SSI Recipient FC/AS/JRA Categorically Needy	CN	x	x	x			x	
	<b>D02</b>	FC/AS/JRA Categorically Needy	CN	x*	x	x			x	
	<b>D26</b>	Title IV-E federal foster care – under 26	CN	x*	x	x			x	
<b>MAGI</b> Maintained by HPF/HCA	<b>N01</b>	Parent / caretaker	CN		x	x	x		Pays as a claim (no award letter). Instructions in NF billing guide.	
	<b>N02</b>	12 month transitional parent / caretaker	CN		x	x	x			
	<b>N03</b>	Pregnancy	CN		x	x	x			
	<b>N05</b>	Adult alternative benefits plan (ABP) (age 19-64)	ABP		x	x	x			
	<b>N10</b>	Newborn medical birth to one year	CN		x	x				
	<b>N11</b>	Children's (age under 19)	CN		x	x				
	<b>N13</b>	Children's Health Insurance Program (CHIP) (age under 19)	CN		c	c				
	<b>N21</b>	AEM parent / caretaker	ERSO							Hospital, cancer or end stage renal
	<b>N23</b>	Pregnancy; not lawfully present – CHIP funded. Covers personal care through the end of the pregnancy	CN		***	No	Yes	No		Pays as a claim (no award letter)

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	<b>N25</b>	AEM (age 19-64)	ERSO							Hospital, cancer or end stage renal
	<b>N31</b>	Non-citizen children's (age under 19)	SFCN		x**	x**			Pays as a claim (no award letter)	
	<b>N33</b>	Non-citizen CHIP (age under 19)	SFCN		x**	x**				
<b>Medical Care Services (MCS)</b> Medical eligibility through eligibility for HEN or ABD Cash  Maintained by CSD unless client is on HCS LTSS. HCS takes over cases when in a NF 30 days or more or if in state funded residential.	<b>A01</b>	ABD legally admitted persons in their 5-year bar or otherwise ineligible due to their immigration status. LTSS include state-funded residential and NF.	MCS			x**			x	x
	<b>A05</b>	Incapacitated legally admitted persons in their 5-year bar or otherwise ineligible due to their immigration status. LTSS include state-funded residential and NF.	MCS			x**			x	x
<b>Breast and Cervical Cancer Program</b> HCA maintains	<b>S30</b>	Breast and Cervical Cancer (Health Department approval)	CN		x	x	x		X	

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<b>Tailored Supports for Older Adults (TSOA)</b>  HCS maintains TSOA cases.	<b>T02</b>	Pre-Medicaid benefit for the caregiver of a person 55 or older to support the caregiver. For those not eligible for a CN or ABP Medicaid program and not needing or eligible for other LTSS services because of resources. Must meet NFLOC. No Medicaid service card is issued with TSOA. <b>Program is effective 7/1/2017</b>						x		

**This is a desk tool used by Aging and Long Term Supports Administration (AL TSA) field staff that has all the medical coverage groups/programs in Washington and what Home and Community Service can be authorized under that medical program if functionally eligible.**

x – Service covered under the medical coverage group. Be sure to look at notes and comments.

a – This is provided under L51 for SSI recipients or L52 for SSI-related recipients. S01 and S02 clients are financially eligible for CFC or MPVC; and once financial is notified services have opened under CFC or MPC, the FSS will change the case to a L51 or L52. In addition, G03 rules are built into L52.

b – All NF admissions for skilled or rehabilitation are the responsibility of the managed care entity if enrolled and must be pre-approved by the managed care plan

c – CHIP is Title XXI, and not eligible for Title XIX CFC/MPC, or MAC due to age. There is a CFC/MPC “look-alike” service for Title XXI eligible individuals

d – MAC is Medicaid Alternative Care to provide supports for an unpaid caregiver. The financial requirement of this program are similar to MPC in that the client must be eligible for a CN or ABP medical program. A person cannot get MPC, CFC or HCB Waiver and MAC at the same time. A CN client can be on a MSP and receive MAC. The client must be age 55 or older.

e – Although TSOA is a separate coverage group – “T02” – a person can be MN/non-full scope Medicaid and receive T02. For example, S03 and T02 or S99 and T02. A client on CN or ABP can be considered for MAC if the client is not interested in CFC/MPC. The client must be age 55 or older.

\* Must have disability, resource, and income determination for HCB Waiver services. (HCB Waiver services can be used for individuals on cash assistance or foster care as long as a disability determination has been established and the financial worker must keep the assistance unit (AU) as a foster care AU. Until cash assistance is de-linked from the medical assistance, the cash AU must be used in ACES.

\*\* State funded program, not technically CFC/MPC, but does provider similar levels of personal care and services.



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\*\*\* N23 is a pregnancy medical program paid for under CHIP dollars for the unborn child and currently is not included in the inclusion table for CFC or MAC. 10/2019 clarification from HCA indicates N23 covers MPC but not MAC or CFC.

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Acronym	Definition
ABP	Alternative Benefits Plan – Scope of care for the N05/Expanded adult group
AH	Apple Health. Washington Apple Health. General term for all medical coverage including MAGI, Classic Medicaid, MCS, Institutional and HCB Waiver medical
Classic	Medicaid programs that are not determined by the Health Benefit Exchange. These programs did not change with the Affordable Care Act (ACA). Classic programs are those who are age 65 or older and those under age 65 who are disabled or blind and not on Medicare. It also includes foster care medical, institutional, Home and Community Based (HCB) Waiver and state funded Medical Care Services (MCS).
CN	Categorically Needy
ERSO	Emergency Related Services Only for Alien Emergency Medical (AEM)
FP	Family planning service
MAC	Medicaid Alternative Care Provide for unpaid caregivers who support a person on CN or ABP medicaid eligible but who do not currently access traditional LTSS services, (like MPC or CFC). Although the financial eligibility is the same as MPC, a person can't get both MPC and MAC at the same time. There is no state funded caregiver support program in ACES like there is for in P1/CARE for MPC. For someone who is not eligible for TSOA or MAC, refer to the AAA offices for the state funded program. The state funded caregiver support program is not in ACES or CARE. This program is effective 7/1/2017
MAGI	Modified Adjusted Gross Income. This is a methodology used by the Health Benefit Exchange
MCO	Managed Care Organization
MCS	Medical Care Services (state-funded medical assistance)
MN	Medically Needy
MPC	Medicaid Personal Care
MSP	Medicare Savings Program
NF	Nursing Facility
RMA	Refugee Medical Assistance
SD	Spenddown
SF	State-funded
SFCN	State-funded with state funded CN scope of care
TSOA	Tailored supports for older adults. This is a pre-medicaid CN/ABP medicaid benefit. A person cannot be on CN/ABP medicaid and get TSOA (we could considered MAC for those on CN/ABP). Medicaid coverage is not included in the TSOA medicaid package, although a person could be on a MSP or MN program and receive TSOA benefits. If not financially eligible for TSOA, there is a state funded program through the AAA offices. This program is effective 7/1/2017

Revision 5/2020

The current version of this chart is on the financial eligibility and policy (FEP) SharePoint under “for the field”

<https://teamshare.dshs.wa.gov/sites/hcs/FP/SitePages/default.aspx>