

**SUMMARY OF MAJOR DSHS MEDICAL BENEFIT CATEGORIES,
BASIC HEALTH PLAN, AND SUBSIDIZED INSURANCE POOLS IN WASHINGTON
STATE AS OF NOVEMBER 1, 2009**

Introductory Notes

Medicaid redetermination: Before termination of medical assistance benefits, DSHS must determine whether eligibility for any other type of medical benefits exists. The client remains eligible for medical assistance pending a full redetermination. WAC 388-416-0010(2); -418-0025; -434-0005(12), -503-0505(6); -503-0510(4); -503-0515. See also 388-474-0015.

Immigrants: Immigrants may or may not be eligible for programs in this chart. Eligibility rules for immigrants are complex and particularly subject to change. On page 8 are the state and federal medical programs with no or limited immigrant status requirements. Northwest Justice Project's Refugee and Immigrant Advocacy Project is available for consultation regarding immigrants' medical eligibility (206-464-1519, ext 245).

Medicaid/Medicare dual eligibles: Medicare enrollees who also receive Categorically Needy or Medically Needy Medicaid (most are in Categories A6 through A9, A14, A15, and B) are required to receive their prescription drugs through Medicare Part D prescription drug plans; DSHS pays their drug copayments. People receiving Medicaid payment for Medicare premiums and/or cost-sharing (Medicare Savings Plan categories A10 through A13) usually receive their prescription drugs through Medicare Part D plans but DSHS does not pay these copayments. WAC 388-517-0500; 388-530-7700.

DSHS financial standards for medical programs: Chart of DSHS "Medical Income and Resource Standards" is available at <http://hrsa.dshs.wa.gov/Eligibility/Index.html> . Long term care standards are available at <http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTCstandardspna.shtml> . Use caution; the charts do not describe whether gross or countable income is applied to the relevant standard. See program rules for details.

Other DSHS interpretive materials: The "Eligibility A-Z" user manual contains instructions to DSHS staff on implementing the regulations: <http://www.dshs.wa.gov/manuals/eaz/index.shtml>. Provider billing instructions and other resources can be found on the DSHS Health and Recovery Services Administration website: <http://hrsa.dshs.wa.gov> .

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
A. <u>CATEGORICALLY NEEDED MEDICAID (CN)</u>		
1. TANF-CN Family Medical	Eligible to receive TANF or Tribal TANF (even if diversion assistance or no financial assistance is chosen)	503-0515(1); 505-0220

*If not otherwise indicated, reference is to Chapter 388 of the Washington Administrative Code (for DSHS programs).

2. AFDC-CN Family Medical	Meets the AFDC eligibility criteria in effect July 16, 1996; the more liberal TANF income and resource rules are used. (Rare group.)	505-0220(1)(e)
3. Family Medical – Other		
3a. TANF-ineligible situations	Would receive TANF but for: WorkFirst sanction, lack of school attendance, expired time limit, unmarried minor parent in non-approved living situation, unreported child absence, fleeing felon or violating probation/parole, gross income exceeding TANF standard. <i>Resource limits do not apply to Medicaid recipients, only to applicants.</i>	505-0220(3)
3b. <u>Sneede v. Kizer</u>	Eligible for family medical when the income and resources of a person not financially responsible for the client (e.g., the client's child, sibling, or unmarried partner) are not counted. WAC and EAZ manual explain how DSHS creates separate "medical assistance units" to determine eligibility.	408-0055
c. 4-month extension	Became ineligible for Medicaid due to increased child or spousal support.	523-0100
d. 12-month extension	Earnings increased, resulting in income exceeding the TANF payment standard. Premium payments may be required in the second half year.	523-0100 through – 0130
e. Hospice	Meets TANF/SFA categorical requirements.	513-1315(5)
4. Pregnant women		
4a. Pregnant women (with or without other children)	Countable family income below 185% of poverty. No resource limit or immigration status requirement. Unborn is counted as member of assistance unit. Changes in income or living situation during pregnancy or 60 days postpartum do not affect eligibility. Note special rules for pregnant minors.	462-0015 408-0055(2),(3)
4b. Post-partum women	2-month extension for women eligible for Medicaid at any time prior to end of pregnancy.	462-0015(11)
4c. Post-pregnancy Family Planning Extension	Family planning services only for 12 months. When this expires, women may receive Take Charge (see A-16 below).	462-0015(12), 532-510
5. Children		
<ul style="list-style-type: none"> • These programs are now collectively referred to as "Children's Healthcare Programs" • The programs in 5a, 5b and 5e are collectively referred to as "Apple Health for Kids" • Some programs include adults under age 21 		
5a. Newborn up to one year	Up to one year and living in Washington with mother who was eligible for and receiving Medicaid on child's birth date. No other requirements.	505-0210(1)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
5b. Children under age 19	Child under 19 with countable family income up to 200% of poverty, residing in Washington. No resource limit. 12 month continuous eligibility. No premium payments are required. Note: CN (federal) Medicaid has citizenship/immigration status, entry date, and Social Security Number requirements but noncitizen children qualify for Apple Health without meeting these.	505-0210(2), (3) 418-0025(4), (5)
5c. Inpatient and institutionalized, under age 21	Under 21; reside or expect to reside in a medical institution, intermediate care facility for the mentally retarded, hospice care center, nursing home facility or psychiatric facility <i>may</i> be eligible. Special income deeming rules apply.	505-0210(6); 505-0230 through -0270; 513-1315(13); 513-1320 (institutional status for children)
5d. Foster care and subsidized adoption	Under 21; in foster care or receive subsidized adoption services.	505-0210(7), (8)
5e. Premium-based health insurance	Uninsured child under 19, with countable income under 300% of poverty. Premiums for 200-250% of poverty: \$20/month per child up to \$40 per household. Premiums for 250%-300% of poverty: \$30/month per child up to \$60 per household.	505-0210(4); 505-0211; 542-0150, 542-0300
5f. <u>Sneede v. Kizer</u>	Eligible for children's medical when the income and resources of a person not financially responsible for the child (anyone other than a parent, step-parent or spouse living in the home) are not counted. WAC and EAZ manual explain how DSHS creates separate "medical assistance units" to determine eligibility.	408-0055
Aged, Blind, Disabled CN		
6. Supplemental Security Income (SSI) - CN	Eligible to receive SSI.	503-0515(1); 475-0050; 474-0005
7. GA-X (CN)	Receiving state General Assistance cash benefits, and DSHS determines person should qualify for SSI/SSA. Includes some immigrants ineligible for SSI cash due to immigration status or sponsor deeming issues.	505-0110(6); 475-0100(1)(b)
8. SSI-related CN (defined at 388-503-0510(1) and 475-0050(1))		
8a. Meeting SSI criteria	Meets SSI eligibility criteria as determined by SSA or DSHS, though not receiving SSI cash.	475-0100(1)(a); 505-0110(1); see 505-0210(2)(f)
8b. Aged, Blind or Disabled and institutionalized	Institutionalized with gross income under a "special income level" (SIL) set at 300% of the SSI federal benefits standard. More liberal rules for deeming of income and resources than for non-institutional; transfer of asset restrictions.	513-1315; level of care standard 106-0355; transfer of asset 513-1363-1367

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8c. Home and community Based Waiver programs: COPES/DDD	Home and community based alternatives for people who otherwise would be hospitalized or in a nursing home. Must be SSI-relatable, meet level of care requirements, and meet applicable income and resource standards. COPES is for disabled/aged adults, DDD for developmentally disabled children and adults. Transfer of asset restrictions apply.	513-1315, Ch 515 re specific waiver programs; level of care assessments by ADSA 388-106 or DDD 388-845; transfer of asset 513-1363-1367.
8d. SSI-terminated children	Received SSI for 8/96 and qualify using the prior disability definition	505-0210(2)(e)
8e. Up to 4-month automatic extension	Terminated SSI - disability ended, redetermination of eligibility pending.	474-0015(1),(2)
8f. "Pickle" people	Former SSI/SSP recipient now entitled only to OASDI (also called Social Security) but would be eligible for SSI/SSP if subsequent COLA increases for self plus family are disregarded from income; only applies if recipient formerly was entitled to both SSI/SSP and OASDI in a previous month after April 1977 and received at least SSI/SSP (not necessarily OASDI) in that month. NOTE: rules slightly misstate the standard but DSHS agrees to apply the correct one.	505-0110(2)(a), 475-0880(1)(a). See 42 CFR 435.135; preamble to rules at 51 Fed Reg 12326 (April 10, 1986); Lynch v. Rank, 747 F.2d, 528 (9 th Cir. 1984)
8g. Qualified Severely Impaired persons ("1619(b)" workers)	Former SSI recipients who work, continue to be blind/disabled, and meet all SSI requirements except their earnings exceed income limit; but income is insufficient to replace SSI/Medicaid. These people are treated as though they receive SSI.	505-0110(2)(b), 475-0880(3) 42 U.S.C. 1382h(b); 475-0050(3); 474-0005.
8h. Disabled widows/widowers aged 50-59 in Dec 1983	Social Security Disabled Widows Benefits recipients since Dec. 1983, who became ineligible for SSI due to COLA increases. (Rare group.)	505-0110(2)(c), 475-0880(1)(b)
8i. Widows/widowers/surviving divorced spouses	Social Security Disabled Widows Benefits recipients, Medicare Part A ineligible, who received SSI prior to receiving Soc. Sec. but lost it due to receipt of or increase in Soc. Sec., and would otherwise be SSI eligible. (Rare group.)	505-0110(2)(d), 475-0880(1)(c)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
8j. Disabled adult child (DAC)	A Social Security recipient who lost SSI on or after 7/1/88 due to receipt of or increase in "Disabled Adult Child" benefits and who would otherwise still be eligible for SSI. The person is eligible for Medicaid through a "disregard" of the DAC income. Social Security refers to this income as "Childhood Disability Benefits" (CDB) rather than "DAC." These Child's benefits are received under the SS account of a parent or a grandparent of a disabled adult whose disability began before age 22 (a developmental disability). DSHS should automatically apply the DAC income disregard if Social Security has correctly coded the income source.	505-0110(2)(e), 475-0880(2)
8k. Other "grandfatheres"	Certain SSDI recipients who in 1972 received a 20% SSDI increase. (Rare group.)	505-0110(2)(f)
9. Adults in Medical Institutions, Alternate Living Facilities, and Hospice		
9a. Adults Institutionalized in a Medical Facility (CN)	TANF-related or SSI-eligible or would be eligible if they were not institutionalized (see also 8b) (age 65 and older for patients in institutions for mental disease). See 42 CFR 435.211.	513-1315; 388-505-0230
9b. Adults in Alternate Living Facilities (Non-institutional CN)	Adults in department-contracted alternate living facilities can receive CN noninstitutional medical; requires income below a special SSP standard based on the cost of facility care for TANF or SSI-related clients, or below GA standards for GA clients.	513-1305
9c. Hospice patients (CN)	Hospice is a service available in Washington's Medicaid program and is also part of the COPES waiver. Patients qualifying medically for hospice services can attain Medicaid eligibility through multiple categories, including home and community based waiver programs and institutional programs with more liberal income and resource rules.	513-1315(5); Chapter 388-551
Medicare Savings Plan (cost-sharing and buy-in)		
10. QMB (Qualified Medicare Beneficiary) Cost-sharing	Medicare recipients with resources up to twice the SSI limits and income up to 100% of poverty. <i>Effective 1/1/2010, resource limit increases to the Medicare Part D Low Income Subsidy standard to be included on DSHS Medical standards chart.</i> DSHS pays Medicare Parts A and B premiums; and coinsurance, copays and deductibles for Parts A, B and C. DSHS may enroll clients outside the usual enrollment periods.	517-0300, -0310, -0320(1); 478-0085(1)

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11. SLMB (Low-Income Medicare Beneficiary) and QI-1 Cost-sharing	Medicare recipients with resources up to twice the SSI limits and income between 100% and 135% of poverty. <i>Effective 1/1/2010, resource limit increases to the Medicare Part D Low Income Subsidy standard to be included on DSHS Medical standards chart.</i> DSHS pays Medicare Part B premiums and can enroll clients outside the usual enrollment period.	517-0300, -0310, -0320 (2),(3); 478-0085(2),(3)
12. QDWI (Qualified Disabled Working Individual) Cost-sharing	Certain former Social Security recipients under age 65 with resources up to twice the SSI limits and income under 200% of poverty. <i>Effective 1/1/2010, resource limit increases to the Medicare Part D Low Income Subsidy standard to be included on DSHS Medical standards chart.</i> DSHS pays Medicare Part A premiums.	517-0300, -0310, -0320(4); 478-0085(4)
13. State-funded Medicare buy-in	Medicaid recipients who do not qualify for the federal Medicare savings programs (QMB, SLMB or QI-1). DSHS pays Medicare Part B premiums, and Parts A and B coinsurance, deductibles and copayments, and can enroll clients outside the usual enrollment periods.	517-0300, -0310(7), -0320(5)
Other CN		
14. Health for Workers with Disabilities (HWD)	Workers under 65 meeting federal disability requirements may buy into Medicaid by paying premiums based on income. No resource limits; net income below 220% of poverty.	475-1000 through 475-1250
15. Breast and Cervical Cancer treatment program	Uninsured women ages 40-64, with income up to 250% of poverty, screened through the Department of Health's early detection program and found to require treatment for breast or cervical cancer or for a related precancerous condition.	462-0020
16. Family Planning ("Take Charge")	Women and men with income below 200% FPL may receive family planning coverage under "Take Charge" if uninsured for family planning (exemptions for those with insurance under certain circumstances).	532-720; 532-790

B. MEDICALLY NEEDED MEDICAID (MN): Spenddown required if income above Medically Needy Income Level

1. Regular	Child, pregnant woman, or SSI-related individual who exceeds CN income limits.	519-0100; 505-0110(3); 505-0210(2)(f); 505-0210(5); 462-0015(4); 408-0055; 475-0150; Ch. 519
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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
2. SSI-related ineligible spouses	Spouse of SSI recipient who is not receiving SSI but is SSI-relatable (aged over 65, blind, or disabled).	505-0110(4); 519-0100(4)(d); 475-0150(1)(b); 408-0055(8)(c)
3. Institutional	Expected to be in nursing home or hospital 30 days; above SSI-CN resource limit OR income above 300% of SSI Federal benefit rate but under amount needed for private pay rate plus recurring medical expenses. More liberal deeming rules, transfer of asset restrictions.	513-1315(6), -1395
4. MNRW and MNIW--Home and Community Based Waiver programs for Medically Needy clients	Programs to cover long-term care expenses and MN covered services. For limited # of SSI-related people in alternate care facilities (MNRW) or at home (MNIW) ineligible for COPES because income exceeds 300% of the SSI federal benefit rate (see A.8.c). Must meet level of care requirements and spenddown. (Note: program does not provide spousal income protections used for nursing home and COPES clients.)	515-1540 (MNRW) 515-1550 (MNIW)
5. MN-Non-institutional for Alternate Facility residents	Special MN noninstitutional coverage for SSI-related people in contracted alternate facilities (e.g. Boarding Homes, Adult Family Homes); spenddown applies.	513-1305
6. Hospice patients (MN)	Hospice is a service for terminal patients available in Washington's Medicaid program and is also part of the COPES waiver. Patients qualifying medically for hospice services can attain Medicaid eligibility through multiple categories, including home and community based waiver programs and institutional programs with more liberal income and resource rules.	475-0150(1)(f); 513-1315(6); 513-1395; Chapter 388-551

C. OTHER STATE MEDICAL PROGRAMS

1. General Assistance – Unemployable (GA-U)	Incapacitated 90 days or more - receiving GA-U grant. Eligible for state-funded "medical care services."	505-0110(7); 556-0500
2. Alcohol & Drug Addiction Treatment and Support Act (ADATSA)	Incapacitated based on addiction - receiving ADATSA. Eligible for state-funded "medical care services."	505-0110(7); 556-0500

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3. Refugee Medical Assistance	Refugees, for the first 8 months they are in the U.S.	400-0035; 466-0005, -0010
4. Kidney Disease Program (KDP)	Dialysis, medications and other services for End Stage Renal Disease (ESRD) after other funding exhausted; nonexempt countable resources under \$15,000; countable income under 300% FPL.	540-015 through -065
<i>PROGRAMS FOR IMMIGRANTS NOT OTHERWISE QUALIFIED BASED ON IMMIGRANT STATUS See note regarding immigrants on page 1</i>		
5. Alien Emergency Medicaid	Immigrants with certain emergency medical conditions meeting CN or MN Medicaid eligibility requirements except immigrant status qualify regardless of date of arrival in U.S. Covers only services necessary to treat the emergency condition.	438-0110; 505-0210(10)
	Three types of coverage:	
	1. Alien Emergency Medical. Covers only services necessary to treat an emergency condition that are provided in a hospital setting (inpatient admission, emergency room, or outpatient surgery).	438-0115; 505-0210(10)
	2. Alien Medical for Dialysis and Cancer Treatment. Covers only services related to a previously diagnosed condition – renal disease, cancer, and organ transplant anti-rejection medications.	438-0120
	3. Alien Nursing Facility Program. Provides CN scope of care to individuals residing in a nursing facility. Requires pre-authorization by Aging & Disability Services Administration. Limited slots.	438-0125
6. Disabled Immigrants (GA-X medical or GA-U medical)	Ineligible for SSI due to immigration status or sponsor deeming. GA-U income and resource restrictions and GA-U scope of coverage may apply to those who arrived in the U.S. on or after 8/22/96.	505-0110(6)
• Children	See A. 5.b above.	
• Pregnant women	See A.4.a above.	
• Basic Health	See D below. Note: foreign students on temporary visas are ineligible for BH.	

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<u>D. STATE-SUBSIDIZED HEALTH INSURANCE: BASIC HEALTH (BH)</u>		
<p>The Washington State Health Care Authority's BH is managed care health coverage for state residents, with reduced premiums for those with income below 200% of poverty, and foster parents with income below 300% FPL. Excludes Medicare-eligibles and full-time students with temporary visas. As of 8/1/09, excludes DSHS medical assistance recipients.</p> <p>The minimum insurance premium is \$34 per month per individual but subject to increase. Premiums depend on income, age, and the managed care plan selected. \$150 annual deductible, 20% cost sharing for some services, and copayments for many services. There is a limited number of slots, and major budget reductions in 2009 have resulted in a waiting list of over 75,000 people. Coverage for pre-existing conditions is excluded for 9 months for enrollees not transferring from other insurance or public coverage. Many children under age 19 qualify for "BH Plus," which is Medicaid coverage offered through BH - see A.5.b. above; they have no waiting lists, premiums, copayments or pre-existing condition exclusions. Phone: 1-800-826-2444; http://www.hca.wa.gov/basichealth/index.shtml .</p>	WAC 182-25	
<u>E. WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)</u>		
<p>Residents who are not accepted by private individual health insurance plans because of their medical conditions may be able to purchase coverage through WSHIP, also called the "high risk pool." WSHIP is partially funded through assessments on commercial health plans but enrollee premiums can be costly. Premium discounts may apply for those with income less than 301% of the Federal Poverty Level. Information: www.wship.org, 1-800-877-5187. Assistance: Statewide Health Insurance Benefits Advisors, 1-800-562-6900.</p>	WAC 284-91-001	
<u>F. HIV/AIDS EARLY INTERVENTION PROGRAM (EIP)</u>		
<p>HIV/AIDS EARLY INTERVENTION PROGRAM (EIP): Dept. of Health offers assistance with insurance premium payments and covers some costs related to prescriptions, health care, dental care and meeting Medicaid spenddown for clients with HIV/AIDS. Income and asset limits; cost-sharing. Phone 360-236-3426 or 877-376-9316. http://www.doh.wa.gov/cfh/hiv_aids/client_svcs/ .</p>	WAC 246-130	
<p>EVERGREEN HEALTH INSURANCE PROGRAM: Evergreen pays health insurance premiums and COBRA for clients with HIV/AIDS, with certain income and asset limits. To qualify, clients must first enroll in the EIP. Phone 206-323-2834 or 800-945-4256. Additional info at www.ehip.org.</p>	RCW 43.70.670	

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