

**WAC 182-514-0240 General eligibility.** (1) To be eligible for modified adjusted gross income (MAGI)-based long-term care (LTC) coverage under this section, a person must:

- (a) Meet institutional status under WAC 182-513-1320;
- (b) Meet the general eligibility requirements under WAC 182-503-0505, unless the applicant is a noncitizen, in which case WAC 182-503-0505 (3) (c) and (d) do not apply;
- (c) Have countable income below the applicable standard described in WAC 182-514-0250(2) or 182-514-0260(3), unless the applicant is eligible as medically needy;
- (d) Satisfy the program requirements in WAC 182-514-0250 and 182-514-0260; and
- (e) Meet the nursing facility level of care under WAC 388-106-0355 if admitted to a nursing facility for nonhospice care. Hospice patients are exempt from this requirement.

(2) A person age nineteen or older who does not meet the citizenship or immigration requirements under WAC 182-503-0535 to qualify for medicaid must meet the criteria in subsection (1) of this section and:

- (a) Have a qualifying emergency condition and meet the requirements under WAC 182-507-0115 and 182-507-0120; or
- (b) Meet the requirements under WAC 182-507-0125 if the person needs LTC coverage in a nursing facility.

(3) If a person meets institutional status, the medicaid agency counts only income received by the person or on behalf of the person when determining eligibility.

(4) A person who meets the federal aged, blind, or disabled criteria may qualify for coverage under chapter 182-513 WAC.

(5) A person who receives supplemental security income (SSI) is not eligible for the MAGI-based LTC program.

(6) If a person does not meet institutional status, the agency determines the person's eligibility for a noninstitutional medical program.

(7) A person eligible for categorically needy or medically needy coverage under a noninstitutional program who is admitted to a nursing facility for fewer than thirty days is only approved for coverage for the nursing facility room and board costs if the person meets the nursing facility level of care as described under WAC 388-106-0355.

(8) A MAGI-based LTC recipient is not required to pay toward the cost of care.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-04-087, § 182-514-0240, filed 1/29/16, effective 2/29/16. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-514-0240, filed 2/28/14, effective 3/31/14. WSR 12-02-034, recodified as § 182-514-0240, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.055, 74.04.057, 74.08.090, 74.09.530, and 42 C.F.R. 441.151. WSR 09-06-029, § 388-505-0240, filed 2/24/09, effective 3/27/09.]