- WAC 182-513-1240 The hospice program. (1) General information.
- (a) The hospice program provides palliative care to people who elect to receive hospice services and are certified as terminally ill by their physician.
- (b) Program rules governing election of hospice services are under chapter 182-551 WAC.
- (c) A person may revoke an election to receive hospice services at any time by signing a revocation statement.
- (d) Transfer of asset rules under WAC 182-513-1363 do not apply to the hospice program in any setting, regardless of which apple health program the person is eligible to receive.
 - (2) When hospice is a covered service.
- (a) A person who receives coverage under a categorically needy (CN), medically needy (MN), or alternative benefits plan (ABP) program is eligible for hospice services as part of the program specific benefit package.
- (b) A person who receives coverage under the alien emergency medical (AEM) program under WAC 182-507-0110 may be eligible for payment for hospice services if preapproved by the agency.
- (c) A person who receives coverage under the medical care services (MCS) program is not eligible for coverage of hospice services.
- (3) When HCB waiver rules are used to determine eligibility for hospice.
- (a) A person who is not otherwise eligible for a CN, MN, or ABP noninstitutional program who does not reside in a medical institution, may be eligible for CN coverage under the hospice program by using home and community based (HCB) waiver rules under WAC 182-515-1505 to determine financial eligibility.
- (b) When HCB waiver rules are used, the following exceptions apply:
- (i) A person on the hospice program may reside in a medical institution, including a hospice care center, 30 days or longer and remain eligible for hospice services; and
- (ii) A person residing at home on the hospice program who has available income over the special income limit (SIL), defined under WAC 182-513-1100, is not eligible for CN coverage. If available income is over the SIL, the agency or its designee determines eligibility for medically needy coverage under WAC 182-519-0100.
- (c) When HCB waiver rules are used, a person may be required to pay income and third-party resources (TPR) as defined under WAC 182-513-1100 toward the cost of hospice services. The cost of care calculation is described under WAC 182-515-1509.
- (d) When a person already receives HCB waiver services and elects hospice, the person must pay any required cost of care towards the HCB waiver service provider first.
 - (4) Eligibility for hospice services in a medical institution:
- (a) A person who elects to receive hospice services, resides in a medical institution for 30 days or longer, and has income:
- (i) Equal to or less than the SIL is income eligible for CN coverage. Eligibility for institutional hospice is determined under WAC 182-513-1315; or
- (ii) Over the SIL may be eligible for MN coverage under WAC 182-513-1245.
- (b) A person eligible for hospice services in a medical institution may have to pay toward the cost of nursing facility or hospice care center services. The cost of care calculation is under WAC 182-513-1380.

- (5) Changes in coverage. The agency or its designee redetermines a person's eligibility under WAC 182-504-0125 if the person:
- (a) Revokes the election of hospice services and is eligible for coverage using HCB waiver rules only, described in subsection (3) of this section; or
 - (b) Loses CN, MN, or ABP eligibility.
- (6) Personal needs allowance and income and resource standards for hospice and home and community based (HCB) waiver programs are found at www.hca.wa.gov/free-or-low-cost-health-care/i-help-othersapply-and-access-apple-health/program-standard-income-and-resources.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 23-04-034, § 182-513-1240, filed 1/25/23, effective 2/25/23. Statutory Authority: RCW 41.05.021, 41.05.160, P.L. 111-148, 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 17-03-116, § 182-513-1240, filed 1/17/17, effective 2/17/17.]