

**WAC 182-551-1200 Client eligibility for hospice care.** (1) Subject to the requirements and limitations in this chapter and other medicaid agency rules, a person who elects to receive hospice care must be eligible for:

(a) One of the Washington apple health programs listed in the table in WAC 182-501-0060 with hospice as a covered benefit; or

(b) The alien emergency medical (AEM) program (see WAC 182-507-0110).

(2) A client who is eligible for hospice under medicare part A is not eligible for hospice care through the medicaid agency's hospice program.

(3) The medicaid agency pays hospice nursing facility room and board if the client is:

(a) Admitted to a nursing facility or hospice care center (HCC); and

(b) Not receiving general inpatient care or inpatient respite care. See also WAC 182-551-1530.

(4) A client who meets the requirements in this section is eligible to receive hospice care through the medicaid agency's hospice program when all the following requirements are met:

(a) The client's physician certifies the client has a life expectancy of six months or less, which is supported by medical records, including documentation that the person's condition is declining;

(b) The client or an authorized health care representative on the client's behalf elects to receive hospice care and agrees to the conditions of the "election statement" as described in WAC 182-551-1310;

(c) The client's hospice agency must:

(i) Notify the medicaid agency's hospice program within five business days of the client's admission. The hospice agency must give notice for clients with the following types of eligibility:

(A) Medicaid-only;

(B) Medicaid-medicare dual eligible;

(C) Medicaid with third-party insurance; and

(D) Medicaid-medicare dual eligible with third-party insurance.

(ii) Meet the hospice agency requirements in WAC 182-551-1300 and 182-551-1305;

(d) The hospice agency provides additional information for a diagnosis when the medicaid agency requests and determines, on a case-by-case basis, the information that is needed for further review.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 25-16-015, s 182-551-1200, filed 7/25/25, effective 9/1/25. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (Public Law 111-148). WSR 14-07-042, § 182-551-1200, filed 3/12/14, effective 4/12/14. Statutory Authority: RCW 41.05.021. WSR 13-04-094, § 182-551-1200, filed 2/6/13, effective 3/9/13. Statutory Authority: RCW 41.05.021, Section 2302 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), and Section 1814 (a)(7) of the Social Security Act. WSR 12-09-079, § 182-551-1200, filed 4/17/12, effective 5/18/12. WSR 11-14-075, recodified as § 182-551-1200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-18-033, § 388-551-1200, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 74.09.520, 74.08.090, 42 C.F.R. 418.22 and 418.24. WSR 99-09-007, § 388-551-1200, filed 4/9/99, effective 5/10/99.]