

WAC 484-20-065 Use of residents' income and resources. (1)

Monthly payments. Each month residents shall pay his or her resident contribution as defined in WAC 484-20-010 on the department established payment due date. The amount paid shall not exceed the private rate for the program/service area in which the resident resides. Subsections (3) and (5) of this section list exceptions.

(2) Personal needs allowance.

(a) **Single residents.** If the resident's monthly income equals or exceeds the established personal needs allowance, he/she may retain the established personal needs allowance. If the individual's monthly income is less than the established personal needs allowance, his/her personal needs allowance shall be limited to:

(i) For residents who are medicaid recipients, the personal needs allowance authorized by the appropriate department of social and health services community service office; or

(ii) For residents who are not medicaid recipients to the income which he/she receives.

(b) **Married residents or registered domestic partners, both residing in the state veterans home.** If each individual's income equals or exceeds the established personal needs allowance, each may retain the established personal needs allowance. If one of the individual's monthly income is less than the established personal needs allowance, his/her personal needs allowance shall be limited to:

(i) For residents who are medicaid recipients, the personal needs allowance authorized by the appropriate department of social and health services community service office; or

(ii) For residents who are not medicaid recipients, to the income to which he/she has an individual right.

(3) **Exceptions to monthly payments.** (Note: This subsection (3) only applies to residents who are not medicaid recipients. The department of social and health services makes these determinations for residents who are medicaid recipients in accordance with applicable medicaid rules.) Residents may be authorized to retain (in addition to their personal needs allowance) monthly therapeutic employment earnings, if the resident is participating in a therapeutic employment program and it is documented in his/her plan of care. The amount retained shall not exceed limits established under medical assistance eligibility rules.

(4) Application for benefits/entitlements.

(a) Residents are required to apply for any and all entitlements or benefits as soon as they become eligible. Residents and/or their representative must fully disclose all information required for determining eligibility for all entitlements and benefits.

(b) Agency veterans benefit staff shall assist residents to make application for entitlements and benefits.

(c) Residents who apply for medicaid and meet medical need requirements but are over the resource limits outlined in chapter 182-513 WAC, shall be advised of their options and the consequences of being over medicaid resource limits. Residents shall be billed at the private rate until medicaid resource limits are met.

(5) Support of a nonresident spouse.

(a) If a resident is a medicaid recipient and has a community spouse, the provisions of chapter 182-513 WAC apply; except where preempted by federal law; shall apply to income and resources.

(b) If a resident is not a medicaid recipient and has a community spouse, the provisions of chapter 182-513 WAC apply; except where preempted by federal law; shall be used to determine:

- (i) Available and exempt income and resources with regard to eligibility and resident participation;
- (ii) Ownership of income and resources; and
- (iii) Participation by the community spouse.

(6) Only subsection (4)(a) and (b) of this section applies to residents of the colony at the Washington soldiers home.

(7) Resource limits.

(a) For residents who are medicaid recipients, resource limits are in accordance with medicaid rules found at chapter 182-513 WAC.

(b) For residents who are not medicaid recipients, resource limits shall be established by the facility using the medicaid resource limit for a single or a married individual; whichever is applicable.

(c) If a resident who is a medicaid recipient receives or accumulates funds in excess of resource limits in (a) of this subsection, the case shall be referred to the appropriate department of social and health services community service office to adjust the resident contribution and/or determine continuing medicaid eligibility. If the community service office determines the resident is no longer eligible to receive medicaid benefits, the resident shall pay at the private rate until medicaid eligibility is reestablished.

(d) If a resident who is not a medicaid recipient receives or accumulates funds in excess of resource limits in (b) of this subsection, the resident shall pay at the private rate until accumulated funds are reduced to the resource limit.

(e) Exceptions to the resource limits in (b) of this subsection may be granted on a case-by-case basis if a resident has an approved discharge plan which includes a goal to reestablish independent community living through either an approved rehabilitation leave or participation in an approved vocational rehabilitation program.

(8) Retroactive, lump sum benefits.

(a) If a medicaid recipient receives a retroactive, lump sum award of benefits, he/she shall be required to report the award to the appropriate department of social and health services community service office. If the resident continues to be eligible for medicaid, the community service office will issue a new medicaid award letter which adjusts the resident contribution if appropriate. If the community service office determines the resident is no longer medicaid eligible, the award shall be counted as income for the month(s) in which moneys would have been received and the resident shall pay retroactively the resident contribution due from date of admission to date of receipt of the retroactive lump sum award; except the resident contribution will not be collected for those months during which the resident received medicaid benefits. If the resident's resources still exceed medicaid resource limits, the resident shall pay at the private rate until medicaid eligibility is reestablished.

(b) If a resident who is not a medicaid recipient receives a retroactive lump sum award, the award shall be counted as income for the month(s) in which moneys would have been received and the resident shall pay retroactively the resident contribution due from date of admission to date of receipt of the retroactive lump sum award.

(9) The estate of any individual who is a resident at the time of death will be charged for the balance of any cost of care which the resident did not pay during his/her residency in the state veterans home. The state veterans home shall inform the resident of the total amount of any past due cost of care. For residents who are medicaid recipients, recovery shall be in accordance with chapter 182-527 WAC.

For any resident who is not a medicaid recipient, recovery shall be in accordance with a written agreement made at the time of admission.

(10) For any partial months of residency the resident's contribution shall apply first.

[Statutory Authority: Chapter 72.36 RCW and 2014 c 184. WSR 16-20-105, § 484-20-065, filed 10/5/16, effective 11/5/16. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. WSR 04-19-026, § 484-20-065, filed 9/9/04, effective 10/10/04; WSR 95-07-082, § 484-20-065, filed 3/16/95, effective 4/16/95. Statutory Authority: RCW 43.60A.070 and 72.36.120. WSR 94-04-001, § 484-20-065, filed 1/20/94, effective 2/20/94. Statutory Authority: RCW 43.60A.070. WSR 92-17-046, § 484-20-065, filed 8/14/92, effective 9/14/92; WSR 85-20-099 (Order 85-01), § 484-20-065, filed 10/1/85; WSR 80-09-069 (Order 80-01), § 484-20-065, filed 7/17/80; Order 7659, § 484-20-065, filed 7/28/77.]