



## WASHINGTON STATE VETERANS HOMES (WSVH) COVERED AND NON-COVERED ITEMS AND SERVICES

### CONTENTS

<b>Private Pay</b> .....	1
<b>Private Pay: Non-Covered</b> .....	3
<b>Medicare Part A</b> .....	5
<b>Medicare Part A: Non-Covered</b> .....	6
<b>Medicare Part C / Medicare Advantage</b> .....	7
<b>Medicare Part C / Medicare Advantage: Non-Covered</b> .....	8
<b>U.S. Department of Veterans Affairs (USDVA) Enhanced Per Diem Grant Program</b> .....	9
<b>U.S. Department of Veterans Affairs (USDVA) Enhanced Per Diem Grant Program: Non-Covered</b> .....	10
<b>Medicaid</b> .....	12
<b>Medicaid: Non-Covered</b> .....	13
<b>Washington Apple Health / Managed Medicaid</b> .....	14
<b>Washington Apple Health/Managed Medicaid: Non-Covered</b> .....	15
<b>Medicare Part B</b> .....	16



## **PRIVATE PAY**

A resident is considered Private Pay when there is no state or federal program paying for their stay. The Private Daily Rate is paid by the resident, long term care coverage, or private insurance.

### **Daily Rates:**

**Semi-private Room: \$407/day**

**Private Room: \$417/day**

Effective 7/1/2025 – Rate reviewed annually – Subject to change with 60 days advance notice

### **Covered Items and Services:**

- ✓ Room and Board
- ✓ Nursing Services
- ✓ Dining Services
- ✓ Social Services
- ✓ Activities Services
- ✓ Room/Bed Maintenance
- ✓ Basic Linen Services
- ✓ Laundry Services
- ✓ Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.
- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
  - Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Annual dental inspection in accordance with federal regulations
- ✓ Co-Pays assigned by the Federal VA
- ✓ Up to 10 free bed hold days during a hospital stay

## **Private Pay: Non-Covered**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ WSVH Primary Physician Services
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary physician visits
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ Rehab Services
  - Physical and Occupational Therapy. Speech-language pathology services
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary therapy services
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ Oxygen
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary oxygen
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ X-Ray/Labs
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary labs and x-ray
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ Podiatry
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary services
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ Transportation by ambulance
  - Medicare Part B will pay 80% of approved ambulance transportation charges if the ride meets Medicare requirements
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance
- ✓ Prescription Medications
  - If a resident of the WSVH does not have a Medicare Part D plan, the Admission Coordinator/VBS will assist with signing the resident up for a Medicare Part D plan.
  - Medicare Part D plans assign a copay amount for the prescription
- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services described in the covered services section. A list of charges can be found at the facility beauty/barber shop.
- ✓ Durable Medical Equipment (DME)
  - Medicare B will pay 80% of approved DME charges for DME registered vendors
  - Medicare B designates 20% of Medicare approved charges as coinsurance
- ✓ Specialty Physicians Services
  - Medicare Part B will pay 80% of Medicare approved charges for medically necessary services
  - Medicare Part B designates 20% of Medicare approved charges as coinsurance

**Coinsurance/Co-Pays/Deductibles**

- ✓ The daily rate does not cover coinsurance, co-pay, or deductible amounts designated by Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D or any other insurance coverage.
- ✓ Medicare Part A requires a daily coinsurance charge from days 21-100; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Medicare Part B requires 20% coinsurance; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Coinsurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) and Medicare Part D plan. Contact the insurance provider to determine the amount that will be assigned.

**Washington State Veterans Homes do not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent) \*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.

## MEDICARE PART A

Medicare Part A covers skilled nursing care provided in a nursing facility under certain conditions on a short-term basis if all of these conditions are met:

- ✓ Resident has Medicare Part A and has days left in their benefit period; and
- ✓ Resident has a qualifying hospital stay; and
- ✓ Resident's doctor has decided they need daily skilled care. It must be given by, or under the supervision of, skilled nursing or therapy staff; and
- ✓ Resident needs these skilled services for a medical condition that's either:
  - A hospital-related medical condition; or
  - A condition that started while receiving care in the Nursing Facility for a hospital-related medical condition.

### Daily Rate

- ✓ Days 1-20: Medicare Part A allowable services are covered in full
- ✓ Days 21-100: Medicare Part A requires a daily coinsurance charge. If the resident has no Medicaid coverage, no supplemental or secondary insurance to cover the charge, it is due from the resident.
- ✓ Current Medicare Part A coinsurance rate: **See Rate Sheet**

### Covered Items and Services:

- Room and Board
- Nursing Services
- Dining Services
- Social Services
- Activities Services
- Room/Bed Maintenance
- Basic Linen Services
- Laundry Services
- Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- Medications
- Oxygen
- X-Ray/Labs
- WSVH Primary Physician Services
- Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.

- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
  - Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Co-Pays assigned by the Federal VA
- ✓ Up to 10 free bed hold days during a hospital stay

### **MEDICARE PART A: NON-COVERED**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services. A list of charges can be found at the facility beauty/barber shop.

### **Coinurance/Co-Pays/Deductibles**

- ✓ The daily rate does not cover coinsurance, co-pay, or deductible amounts designated by Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D or any other insurance coverage.
- ✓ Medicare Part A requires a daily coinsurance charge from days 21-100; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Medicare Part B requires 20% coinsurance; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Coinsurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) and Medicare Part D plan. Contact the insurance provider to determine the amount that will be assigned.

### **Washington State Veterans Homes will not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent)\*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures.
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.

## MEDICARE PART C / MEDICARE ADVANTAGE

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an "all in one" alternative to Original Medicare. They are offered by private companies approved by Medicare. These "bundled" plans include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), and usually Medicare prescription drug (Part D). Medicare Advantage Plans cover all Medicare services. Some Medicare Advantage Plans also offer extra coverage, like vision, hearing and dental coverage.

### Daily Rate:

Coinurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) plan. Contact the insurance provider to determine the amount that will be assigned.

### Covered Items and Services

- ✓ Room and Board
- ✓ Nursing Services
- ✓ Dining Services
- ✓ Social Services
- ✓ Activities Services
- ✓ Room/Bed Maintenance
- ✓ Basic Linen Services
- ✓ Laundry Services
- ✓ Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- ✓ Medications
- ✓ Oxygen
- ✓ X-Ray/Labs
- ✓ WSVH Primary Physician Services
- ✓ Most Medicare Part C plans include prescription drug coverage
- ✓ Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.
- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

- Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Co-Pays Assigned by the Federal VA
- ✓ Up to 10 free bed hold days during a hospital stay

### **MEDICARE PART C / MEDICARE ADVANTAGE: NON-COVERED**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services described in the covered services section. A list of charges can be found at the facility beauty/barber shop.

### **Coinsurance/Co-Pays/Deductibles**

- ✓ The daily rate does not cover coinsurance, co-pay, or deductible amounts designated by Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D or any other insurance coverage.
- ✓ Medicare Part A requires a daily coinsurance charge from days 21-100; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Medicare Part B requires 20% coinsurance; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Coinsurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) and Medicare Part D plan. Contact the insurance provider to determine the amount that will be assigned.

### **Washington State Veterans Homes will not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent)\*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures.
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.



## **U.S. DEPARTMENT OF VETERANS AFFAIRS (USDVA) ENHANCED PER DIEM GRANT PROGRAM**

Veterans eligible for coverage under the USDVA State Veterans Home Enhanced Per Diem Grant program:

- ✓ Veterans needing nursing home care for a USDVA adjudicated service-connected disability
- ✓ Veterans who have a singular or combined rating of 70% or greater based on one or more service-connected disabilities
- ✓ Veterans with a rating of total disability based on individual un-employability

**Daily Rate: \$0/Day**

### **Covered Items and Services**

- ✓ Room and Board
- ✓ Nursing Services
- ✓ Dining Services
- ✓ Social Services
- ✓ Activities Services
- ✓ Room/Bed Maintenance
- ✓ Basic Linen Services
- ✓ Laundry Services
- ✓ Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.
- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
  - Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Annual dental inspection in accordance with federal regulations
- ✓ Co-Pays Assigned by the Federal VA
- ✓ Up to 10 free bed hold days during a hospital stay

If the following items or services are provided in the WSVH, there is no additional cost to the resident. If the following items or services are provided outside of the WSVH, the resident will be responsible for the costs or applicable coinsurance.

- ✓ Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- ✓ Medications
- ✓ Oxygen
- ✓ X-Ray/Labs
- ✓ Podiatry
- ✓ WSVH Primary Physician Services

#### **U.S. DEPARTMENT OF VETERANS AFFAIRS (USDVA) ENHANCED PER DIEM GRANT PROGRAM: NON-COVERED**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services. A list of charges can be found at the facility beauty/barber shop.

If the following items or services are provided in the WSVH, there is no additional cost to the resident. If the following items or services are provided outside of the WSVH, the resident will be responsible for the costs or applicable coinsurance.

- ✓ Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- ✓ Medications
- ✓ Oxygen
- ✓ X-Ray/Labs
- ✓ Podiatry
- ✓ Services billable to Medicare Part B

#### **Coinsurance/Co-Pays/Deductibles**

- ✓ The daily rate does not cover coinsurance, co-pay, or deductible amounts designated by Medicare Part B, Medicare Part C, Medicare Part D or any other insurance coverage.
- ✓ Medicare Part B requires 20% coinsurance; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from the resident.
- ✓ Coinsurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) and Medicare Part D plan. Contact the insurance provider to determine the amount that will be assigned.

**Washington State Veterans Homes will not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent)\*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures.
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.

## MEDICAID

Medicaid is a government program that pays for medical services including nursing home care. It is administered by Health Care Authority (HCA) - the Washington State Department of Social and Health Services (DSHS) is the designee of the HCA in administering the nursing facility program. To get Medicaid payment for nursing home care, a resident must be financially eligible and meet the requirements for the level of care provided in a nursing home.

**Resident Participation** - The monthly amount a resident must pay to the WSVH. If the resident is a Medicaid recipient, the resident participation is determined by the appropriate DSHS community service office. DSHS will recalculate resident contribution with any change in the resident's monthly income. Residents with Medicaid coverage are required to report all income and resources annually and within 14 days of any change in income or lump-sum payments.

Resident Participation = Monthly Income - Allowable Expenses - Personal Needs Allowance  
Current Personal Needs Allowance (PNA): up to **\$160/Month** depending on income

### Covered Items and Services

- ✓ Room and Board
- ✓ Nursing Services
- ✓ Dining Services
- ✓ Social Services
- ✓ Activities Services
- ✓ Room/Bed Maintenance
- ✓ Basic Linen Services
- ✓ Laundry Services
- ✓ Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- ✓ Oxygen
- ✓ X-Ray/Labs
- ✓ WSVH Primary Physician Services
- ✓ Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.
- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and

- treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
- Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Annual dental inspection in accordance with federal regulations
  - ✓ Co-Pays Assigned by the Federal VA
  - ✓ Up to 10 free bed hold days during a hospital stay
  - ✓ Residents with Medicaid coverage are not responsible for coinsurance designated by Medicare Part A and Medicare Part B

### **MEDICAID: NON-COVERED**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services. A list of charges can be found at the facility beauty/barber shop.

**Washington State Veterans Homes will not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent)\*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures.
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.

## WASHINGTON APPLE HEALTH / MANAGED MEDICAID

The Washington Apple Health (AH) managed care organization/Managed Medicaid plan is responsible to pay for nursing facility (NF) days that are considered qualifying rehabilitative and skilled nursing services.

**Resident Participation - \$0/Day** until expiration of Managed Medicaid authorization. If resident no longer has authorization for skilled services through Managed Medicaid, standard Medicaid Resident Participation may apply

Resident Participation = Monthly Income - Allowable Expenses - Personal Needs Allowance  
Current Personal Needs Allowance (PNA): up to **\$160/Month** depending on income

### Covered Items and Services

- ✓ Room and Board
- ✓ Nursing Services
- ✓ Dining Services
- ✓ Social Services
- ✓ Activities Services
- ✓ Room/Bed Maintenance
- ✓ Basic Linen Services
- ✓ Laundry Services
- ✓ Rehab Services
  - Physical and occupational therapy, if ordered by physician to meet resident's health goal
  - Speech-language pathology services, if ordered by physician to meet resident's health goal
- ✓ Oxygen
- ✓ X-Ray/Labs
- ✓ WSVH Primary Physician Services
- ✓ Routine Personal Hygiene Items
  - Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs in accordance with physician orders, hair and nail hygiene services, bathing, and basic personal laundry. Also includes simple haircuts and trims, nail trimming, and nail cleaning.
- ✓ Transportation: Medically Necessary
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
  - Medically necessary transportation provided by the WSVH, is available, and can be utilized at no cost, if space is available. If the resident chooses to schedule an

- appointment not considered medically necessary, the WSVH will assist with transportation arrangements, however the resident will be responsible for the cost.
- ✓ Annual dental inspection in accordance with federal regulations
  - ✓ Co-Pays Assigned by the Federal VA
  - ✓ Up to 10 free bed hold days during a hospital stay

#### **WASHINGTON APPLE HEALTH/MANAGED MEDICAID: NON-COVERED**

The WSVH will bill the resident, insurer, or other entity that will cover the following services if determined medically necessary by the WSVH clinical interdisciplinary team.

A resident will be responsible for charges incurred if there is no insurer or other entity that will cover the following services:

- ✓ Hairdresser/Barber Services
  - Hairdresser services beyond personal hygiene services. A list of charges can be found at the facility beauty/barber shop.

#### **Washington State Veterans Homes will not cover the following items or services for any resident:**

- ✓ Dental Services (Non-Routine/Non-Emergent)\*
- ✓ Dentures\*
- ✓ Hearing aids\*
- ✓ Glasses\*
- ✓ Prosthetics\*
- ✓ Hospitalizations/Emergency Room visits and any associated treatments/procedures.
- ✓ Outside Physician/Specialist visits and any associated treatments/procedures
- ✓ Alternative medical treatments such as massage therapy and acupuncture
- ✓ Insurance Premiums

\*If loss or damage is found to be the fault of the facility, the facility will pay for repair or replacement.

## MEDICARE PART B

Medicare Part B is part of original Medicare and covers medical services and supplies that are medically necessary to treat the resident's health conditions. This can include outpatient care, preventive services, emergency ambulance services, and durable medical equipment. It also covers part-time or intermittent home health and rehab services, such as physical therapy, if ordered by a physician.

### Medicare Part B premiums

- ✓ Medicare Part B premiums may change from year to year, and the amount can vary depending on the situation of the resident. For many people, the premium is automatically deducted from their Social Security benefits.
- ✓ The current standard monthly Part B premium is: **See Rate Sheet**

### Medicare Part B deductible and coinsurance amounts

- ✓ The annual deductible for Medicare Part B is currently **See Rate Sheet**. Residents will also be responsible for a 20% coinsurance for many covered services. If a physician or health care provider accepts assignment for a covered service, the resident would pay the Part B deductible along with 20% of the Medicare-approved amount for services rendered. Accepting assignment means that a physician or health care provider will not charge more than the Medicare-approved amount for the covered service. The resident would still be responsible for cost-sharing

### Medicare Part B-covered services

Medicare Part B provides outpatient/medical coverage. The list below provides a summary of Medicare Part B covered services and coverage rules:

- ✓ Provider services: Medically necessary services provided by a licensed health professional.
  - Medically Necessary as defined by the Centers for Medicare and Medicaid Services (CMS): Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.
- ✓ Durable medical equipment (DME): This is equipment that serves a medical purpose, is able to withstand repeated use, and is appropriate for use in the WSVH. Examples include walkers, wheelchairs, and oxygen tanks.
- ✓ Ambulance services: This is emergency transportation, typically to and from hospitals. Coverage for non-emergency ambulance/ambulette transportation is limited to situations in which there is no safe alternative transportation available, and where the transportation is medically necessary.
- ✓ Preventive services: These are screenings and counseling intended to prevent illness, detect conditions and keep residents healthy.
- ✓ Rehab services: Physical, Speech, and Occupational Therapy services provided by a Medicare-certified therapist
- ✓ X-rays and lab tests
- ✓ Select prescription drugs, including immunosuppressant drugs, some anti-cancer drugs, some anti-emetic drugs, some dialysis drugs, and drugs that are typically administered by a physician.



**Coinsurance/Co-Pays/Deductibles**

- ✓ The daily rate does not cover coinsurance, co-pay, or deductible amounts designated by Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D or any other insurance coverage.
- ✓ Medicare Part A requires a daily coinsurance charge from days 21-100; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from personal funds.
- ✓ Medicare Part B requires 20% coinsurance; if the resident has no Medicaid coverage, no supplemental, or secondary insurance to cover the charge, it is due from personal funds.
- ✓ Coinsurance and deductible amounts vary if the resident is enrolled in a Medicare Part C (Medicare Advantage) plan. Contact your insurance to determine the amount that will be assigned.