



Association of Senior Referral
Professionals of Washington

Medicaid Supplementation General Requirements

Licensed under state chapters RCW (Revised Code of Washington) and WAC (Washington Administrative Code) Medicaid Supplementation to providers (Adult Family Homes; AFH, Adult Residential Care; ARC, Enhanced Adult Residential Care; EARC and Assisted Living Communities; AL) from Medicaid recipient (the senior) or a third-party payer.

The AFH, ARC, EARC or AL contract MAY NOT request supplemental payment of a Medicaid recipient's daily rate for services or items that are covered in the daily rate, and the contractor (provider) is required to provide: In accordance with provider contract with DSHS – Medicaid rate is payment in full for services, items, activities, to include room and board under WAC. It is very difficult to get services, items or activities approved for supplemental payments. Most of the time supplementation is based on the room size.

ADDITIONAL SECTION AS of December 4 2006 WSR 06-24-065

WAC 388-105-0055 **Supplementation - Unit or Bedroom.** When the AFH, ARC, EARC, or AL contractor only has one type of unit or all private bedrooms, the contractor may not request supplementation from the Medicaid applicant/resident or a third party, unless the unit or private bedroom has an amenity that some or all of the other units or private bedrooms lack e.g., a bathroom in private.

Before provider/contractor may request supplemental payments, there must have a policy that has been approved by the WA State Licenser and given to ALL of the applicants for admittance and CURRENT RESIDENTS (to include a signature of acknowledgement of disclosure of the supplementation policy).

The Policy Must Include:

- (a) Units and/or bedrooms for which the provider/contractor may request supplementation;
- (b) Action the provider/contractor will take when a private pay resident converts to Medicaid and the resident or a third party is unwilling or unable to pay a supplemental payment in order for the resident to remain in his or her unit or bedroom. When the only units or bedrooms available are those for which the contractor charges a supplemental payment, the contractor's policy may require the Medicaid resident to move from the facility. However, the contractor must give the Medicaid resident thirty days' notice before requiring the Medicaid resident to move.

The Medicaid Resident's Record Must Include:

- (a) Unit or bedroom for which the contractor is receiving a supplemental payment;
- (b) Services, items, or activities for which the contractor is receiving supplemental payments;

Continued...The Medicaid Resident's Record Must Include:

- (c) Who is making the supplemental payments?
- (d) Amount of the supplemental payments; and
- (e) Private pay charge for the unit or bedroom for which the contractor is receiving a supplemental payment.

Notify the Medicaid Resident's Case Manager:

When the provider/contractor receives supplemental payment for a unit or bedroom, the contractor must notify the Medicaid resident's case manager of the supplemental payment.

This information sheet has been provided by ASRP of WA.

Association of Senior Referral Professionals of Washington (ASRP of WA); is committed to establishing and promoting professional and ethical standards within the senior housing and care referral industry; as well as to those who provide supportive and ancillary services for older and other frail adults within the state of Washington. A common business interest of all members is to create a unified and consistent voice which promotes, develops and facilitates:

- 1) Ethical standards which create a quality experience for seniors, frail adults, and the people who support them.
- 2) Recommended best practices and the education of members, with a shared goal of improving consumer awareness of options and increasing the ability of consumers to make informed decisions.
- 3) Education to increase the knowledge and skills of members regarding aging, aging related products and services, communication, decision-making and conflict resolution.
- 4) Education to increase consumer awareness of aging, senior housing and care options, effective processes for making life transition decisions, and to improve communication amongst family members, and with health care professionals and insurance carriers.
- 5) A means for consumers, senior housing and care providers, health care professionals, other professionals or community members to provide feedback to the entire referral industry.
- 6) The use of referral professionals as a means of making effective use of time, energy and resources for consumers and senior housing and care providers.
- 7) Transparency, disclosure, accuracy of information, and effective, recommended business practices within the senior housing and care referral industry.
- 8) Protection of consumers by communicating residents' rights, current and future RCWs & WACs impacting consumers.
- 9) Collaborative opportunities for consumers and members of the association to have a voice in future legislation and regulation regarding senior housing and care services.
- 10) Protection of consumers by communicating the option to file complaints to the Ombudsman, The Department of Social & Health Services, Adult Protective Services, The Attorney General, and other regulatory or social service agencies.



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Web site: www.asrpwa.org

1567 Highlands DR NE, Ste. 110, Issaquah, WA 98029