

WAC 388-106-0705 Am I eligible for PACE services? To qualify for medicaid-funded PACE services, you must apply for an assessment by contacting your local home and community services office. The department will assess and determine whether you:

- (1) Are age:
 - (a) Fifty-five or older, and blind or have a disability, as defined in WAC 182-512-0050, SSI-related eligibility requirements; or
 - (b) Sixty-five or older.
- (2) Need nursing facility level of care as defined in WAC 388-106-0355;
- (3) Live within the designated service area of the PACE provider;
- (4) Meet financial eligibility requirements. This means the department will assess your finances, determine if your income and resources fall within the limits, and determine the amount you may be required to contribute, if any, toward the cost of your care as described in WAC 182-515-1505;
- (5) Not be enrolled in any other medicare or medicaid prepayment plan or optional benefit; and
- (6) Agree to receive services exclusively through the PACE provider and the PACE provider's network of contracted providers.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 15-03-038, § 388-106-0705, filed 1/12/15, effective 2/12/15. Statutory Authority: RCW 34.05.353 (2)(d), 74.08.090, and chapters 74.09, 74.04 RCW. WSR 08-11-047, § 388-106-0705, filed 5/15/08, effective 6/15/08. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-106-0705, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-106-0705, filed 5/17/05, effective 6/17/05.]