



Eligibility Overview

Washington Apple Health (Medicaid) Programs





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What is Washington Apple Health (Medicaid)?

Medicaid is the federally matched medical aid programs under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children’s Health Insurance Plan) that covers the Categorically Needy (CN) and Medically Needy (MN) programs.

Washington Apple Health is an umbrella term or “brand name” for all Washington State medical assistance programs, including Medicaid. The brand name may be shortened to “Apple Health.”

The Health Care Authority (HCA) administers most Washington Apple Health programs. (The Department of Social and Health Services administers the Supplemental Security Income (SSI), SSI-related, State-funded Medical Care Services (MCS), and Medicare Savings programs.)

Medicaid expansion: Building on compassion

The Patient Protection and Affordable Care Act (ACA), enacted by Congress in 2010, created an unrivaled opportunity for increasing health coverage. States had the option to expand eligibility for Medicaid and Washington State said yes.

Before Medicaid expansion, coverage was essentially limited to low-income children, people with disabilities or devastating illnesses, and those whose incomes were far below the federal poverty level.

Today, Apple Health covers adults with incomes up to 138 percent of the federal poverty level. In April 2024 that translated to about \$20,784 for a single person or \$43,056 for a family of four.

Many low-income adults suffering from chronic conditions, such as diabetes, high blood pressure, asthma, and other diseases have better options than waiting until they are sick enough to go to the emergency room. People living on the edge financially don’t have to choose between going to the doctor and paying the electric bill. And people used to doing without are able to get regular doctor visits, including preventive care.

More people served today

The number of people eligible for Apple Health increased significantly with higher income limits. Others who had previously qualified but not enrolled also obtained coverage. By 2024, over 680,000 enrollees were receiving Apple Health for Adults coverage.



How to use this guide

This guide gives an overview of eligibility requirements for Washington Apple Health. It doesn’t include every requirement or consider every situation that might arise. The explanation of Scope of Care on page 3 is helpful in understanding the differences between the programs. Refer to the Definitions on page 16 if you are not familiar with some of the terms used in this guide.

Income levels, such as those based on Federal Poverty Level (FPL) and Cost of Living Adjustments (COLA), and specific program standards change yearly, but in different months. Please understand that, while the information in this publication is current at the time of publication, some of these standards will change before the next annual update. For the most current information, go to the Health Care Authority website hca.wa.gov/apple-health.





Scope of care

Scope of care describes which medical and health care services a particular Apple Health program covers. There are four categories of scope of care:

- **Categorically Needy (CN):** The broadest, most comprehensive scope of health care services covered.
- **Alternative Benefits Plan (ABP):** The same scope of care as CN, with the addition of habilitative services, applicable to the Apple Health for Adults program.
- **Medically Needy (MN):** This scope of care covers slightly fewer health care services than Categorically Needy. Medically Needy coverage is available to individuals who qualify for disability-based Apple Health, Apple Health for Long-Term Care, or Apple Health for Kids or Pregnant Individuals, except that their income and/or resources are above the applicable Apple Health program limits.

- **Medical Care Services (MCS):** This scope of care covers fewer health care services than Medically Needy. MCS is a state-funded medical program available to adults who are not eligible for Apple Health programs with CN, ABP, or MN scope of care and meet the eligibility criteria for either the Aged, Blind or Disabled–cash or the Housing Essential Needs (HEN) program.



Modified Adjusted Gross Income (MAGI) Programs

Adults

Adult Medical (N05):

Effective April 1, 2024	
Household Size	Monthly Income Limit
1	\$1,732
2	\$2,351
3	\$2,969
4	\$3,588
5	\$4,207
6	\$4,825

This program provides ABP coverage to adults with countable income at or below 138 percent of the FPL who are ages 19 up to 65, who are not incarcerated, and who are not entitled to Medicare.

Family Medical (N01):

Effective April 1, 2024	
Household Size	Monthly Income Limit
1	\$511
2	\$658
3	\$820
4	\$972
5	\$1,127
6	\$1,284

This program provides CN coverage to adults with countable income at or below the applicable Medicaid standard and who have dependent children living in their home who are under the age of 18.

Health Care Extension (N02):

This program provides CN coverage to individuals who lost eligibility for Family Medical because of an increase in their earned income after they received Family Medical coverage for at least 3 of the last 6 months. These individuals are eligible for up to 12 months extended CN medical benefits.

Pregnancy and Family Planning

Pregnancy Medical (N03, N23):

This program provides CN coverage to pregnant

Effective April 1, 2024	
Household Size	Monthly Income Limit
1	N/A
2	\$3,373
3	\$4,260
4	\$5,148
5	\$6,036
6	\$6,923

individuals with countable income at or below 198 percent of the FPL without regard to citizenship or immigration status. Once enrolled in Apple Health for Pregnant Individuals, the individual is covered regardless of any change in income for 12 months after the pregnancy ends through the After-Pregnancy Coverage (APC) program.

To determine the pregnant individual's family size, include the number of unborn children with the number of household members (e.g., an individual living alone and pregnant with twins is considered a three-person household).

Medically Needy Pregnant Individuals (P99):

This program provides MN coverage to pregnant individuals with income above 198 percent of the FPL. Individuals who qualify are eligible for MN

After-Pregnancy Coverage

After-Pregnancy Coverage (APC) is comprehensive Apple Health coverage for individuals to access health care services any time in the 12 months after their pregnancy ends.

Effective April 1, 2024	
Household Size	Monthly Income Limit
1	\$2,485
2	\$3,373
3	\$4,260
4	\$5,148
5	\$6,036
6	\$6,923

This program provides CN coverage to individuals with income at or below 198 percent of the FPL, regardless of immigration status.

- Already enrolled in Apple Health at end of pregnancy (N04, N24)
- Not enrolled in Apple Health at end of pregnancy (N07, N27)

coverage after incurring medical costs equal to the amount of the household income that is above the 198 percent FPL standard.

Family Planning Only (P06):

This program provides coverage for pre-pregnancy family planning services to help participants, regardless of gender, take charge of their lives and prevent unintended pregnancies.

Family Planning Only:

- One comprehensive preventive family planning visit every year (365 days).
- Counseling, education, and/or risk reduction.
- Education and supplies for Food and Drug Administration (FDA) approved contraceptives, natural family planning, and/or abstinence.
- Permanent methods such as tubal ligations (tubes tied), hysteroscopic sterilization, or vasectomy.
- When appropriate, pregnancy testing and cervical cancer screening.
- Sexually transmitted infection screening, testing, and treatment.
- Human papillomavirus (HPV) vaccinations.

Clients access Family Planning Only services through local family planning clinics that participate in the program.

Find additional information at hca.wa.gov/family-planning.

Apple Health for Kids

Apple Health for Kids coverage is free to children in households with income at or below 215 percent of the FPL and available for a monthly premium to children in households with income at or below 317 percent of the FPL.

Effective April 1, 2024

Household Size	Monthly Income Limit 215% FPL (No Cost)	Monthly Income Limit 265% FPL (\$20 Premium/Child, \$40 Family Maximum)	Monthly Income Limit 317% FPL (\$30 Premium/Child, \$60 Family Maximum)
1	\$2,698	\$3,326	\$3,978
2	\$3,662	\$4,514	\$5,400
3	\$4,626	\$5,702	\$6,821
4	\$5,590	\$6,890	\$8,242
5	\$6,554	\$8,078	\$9,663
6	\$7,518	\$9,266	\$11,084

Apple Health for Newborns (N10):

This program provides 12 months of CN coverage if the mother was enrolled in an Apple Health program when the child was born. There is no resource or income limit for this program.

Apple Health for Kids (N11, N31):

This program provides CN coverage to children under age 19 whose families have income at or below 215 percent of the FPL. Children who would have been eligible for Apple Health for Kids had they met immigration status requirements receive CN coverage under state-funded Apple Health for Kids.

Apple Health for Kids with Premiums (N13, N33):

This program provides CN coverage to children under age 19 whose families have income above 215 percent and at or below 317 percent of the FPL. Participants pay a low-cost monthly premium.

Children who would have been eligible for Apple Health for Kids with Premiums had they met immigration status requirements receive CN coverage under state-funded Apple Health for Kids with Premiums.

Apple Health for Medically Needy Kids (F99):

This program provides MN coverage to children under age 19 whose families have income above 317 percent of the FPL. Children who qualify and are enrolled in Apple Health for Medically Needy Kids become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the 317 percent FPL standard.





Classic Medicaid Programs

Breast and Cervical Cancer Treatment Program (BCCTP) (S30):

This federally-funded program provides health care coverage for individuals diagnosed with breast or cervical cancer or a related pre-cancerous condition. Eligibility is determined by the Breast, Cervical, and Colon Health Program (BCCHP) in the Washington State Department of Health (DOH). DOH is responsible for screening and eligibility, while HCA administers enrollment and provider payment. Coverage continues through the full course of treatment as certified by the BCCHP.

An individual is eligible if they meets all of the following criteria:

- Screened for breast or cervical cancer under the BCCHP.
- Requires treatment for either breast or cervical cancer or for a related pre-cancerous condition.
- Is under age 65.
- Is not covered for another CN (Categorically Needy) Apple Health program.
- Has no insurance or has insurance that is not creditable coverage.
- Meets residency requirements.
- Meets social security number requirements.
- Meets citizenship or immigration status requirements.
- Meets income limits set by the BCCHP.

For further information, go to the DOH website: doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth

Foster care and adoption support (D01, D02, D26):

This program provides CN coverage to children receiving foster care and adoption support. This program also provides CN coverage to individuals from the age of 18 up to 26 who age out of foster care in Washington State.

Medical Care Services (A01, A05, A24):

This state-funded program provides limited health care coverage to adults who are not eligible for Apple Health programs with CN, ABP, or MN scope of care and meet the eligibility criteria for either the Aged, Blind or Disabled–cash, the Housing Essential Needs (HEN) program, or the Survivors of Certain Crimes (SCC) program, which includes victims of human trafficking as described in RCW 74.04.005.

Refugee (R02, R03):

The Refugee Medical Assistance program (RMA) provides CN coverage to refugees who are not eligible for Apple Health programs with CN or ABP scope of care and who meet the income and resource standards for this program. RMA is a 100 percent federally funded program for persons granted asylum in the U.S. as refugees or asylees. Individuals enrolled in RMA are covered from the date they entered the U.S.

Eligibility for refugees/asylees that have been in the United States for more than twelve months is determined the same as for U.S. citizens.

Immigrants from Iraq and Afghanistan who were granted Special Immigrant status under Section 101(a)(27) of the Immigration and Nationality Act (INA) are eligible for Medicaid and Refugee Medical Assistance (RMA) the same as refugees.





Non-Citizen Programs

Alien Emergency Medical (AEM) (K03, N21, N25, S07):

This program covers health care services to treat qualifying emergency medical conditions. To be eligible for AEM, an individual must:

- Be categorically relatable to an Apple Health program but not eligible for the an Apple Health program solely due to immigration status requirements (which program an individual is related to determines whether they follow the MAGI or Classic Medicaid eligibility rules and application processing); and
- Have a qualifying emergency medical condition as described in WAC 182-507-0115, or 182-507-0120, that is approved by HCA's medical consultant team.
- Income and resource limits are the same as for the program to which the AEM applications are categorically relatable.

Below is a summary of the 3 WACs that cover the Alien Emergency Medical Programs:

- **182-507-0110: Alien Medical Programs:** This explains the eligibility requirements for the program.
- **182-507-0115: Alien Emergency Medical (AEM):** The qualifying services must be provided in a hospital setting (inpatient, outpatient surgery, emergency room) that includes evaluation and management visits by a physician and be needed to treat the emergency medical condition. Certification is limited to the dates on which the qualifying services were provided.
- **182-507-0120: Alien Medical for Dialysis and Cancer Treatment:** The qualifying services must be needed to treat the qualifying condition of cancer, acute renal failure, or end stage renal disease, or be anti-rejection medication. These services do not need to be provided in a hospital setting.

State-funded long-term care services (L04, L24)

- This program provides in-home, residential, or nursing facility care for a limited number of individuals who are not eligible for an Apple Health due to immigration status who need long-term care services.
- **182-507-0125: State-funded long-term care services –** The applicant must meet all other eligibility factors for placement including receiving an assessment that the person meets nursing facility level of care, and receive prior authorization by the Aging & Long-Term Support Administration (AL TSA), Home and Community Services (HCS). This program is subject to caseload limits.





Supplemental Security Income (SSI) Related Programs

SSI Program (S01):

This program provides CN coverage to individuals receiving SSI (Supplemental Security Income) cash benefits.

SSI-Related Program (S02):

Effective January 1, 2024		
Household Size	Monthly Income Limit	Resource Limit
1	\$943	\$2,000
2	\$1,415	\$3,000

This program provides CN coverage to individuals who meet the SSI income and resource limits and at least one of the following requirements:

- 65 years old or older (aged).
- Blind (as defined by the Social Security Administration and determined by DSHS).
- Disabled (as defined by the Social Security Administration and determined by Disability Determination Services (DDS)).

SSI-Related MN Program (S95, S99):

Effective January 1, 2024	
Household Size	Monthly Income Limit
1	\$943
2	\$943
3	\$943
4	\$943
5	\$943
6	\$975

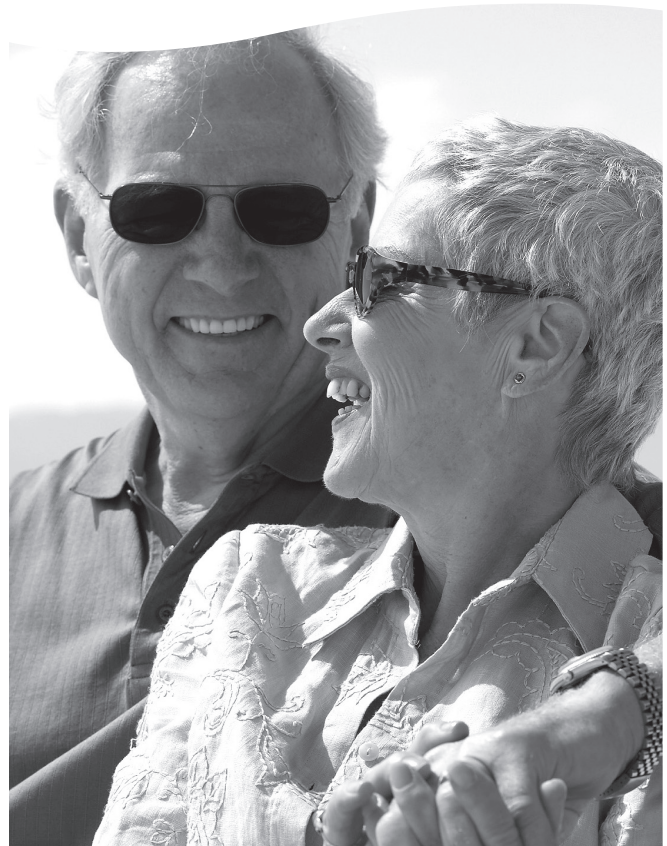
This program provides MN coverage to individuals with income above the SSI income limits. Individuals who qualify and enroll in the Apple Health SSI-Related MN Program become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the SSI income standard.

Apple Health for Workers with Disabilities (HWD) (S08):

This program provides CN coverage to adults with blindness or a disability (aged 16 and above) who are employed with earnings. Health care premiums are based on a sliding income scale.

HWD has no asset test and no upper income limit.

To be eligible, an individual must meet federal disability requirements, be employed (including self-employment) full or part time, and pay the monthly premium. To receive HWD benefits, enrollees pay a monthly premium determined as a percentage of their income. The premium will never exceed 7.5 percent of total income and may be less. American Indians and Alaska Natives are exempt from paying premiums for HWD. Also, while enrolled in HWD, a person may put earnings into a separate and designated account that will not be counted when determining eligibility for another program.





Medically Needy (MN) and Spenddown

Medically Needy (F99, G95, G99, K95, K99, L95, L99, P99, S95, S99):

The Medically Needy (MN) program is a federal and state-funded Apple Health program for individuals who are aged, blind, disabled, pregnant, or a child with income above the applicable CN limits. MN provides slightly less health care coverage than CN and requires greater financial participation by the individual.

Spenddown

An individual with income above the limits for the applicable CN program may enroll in the MN program. An enrollee is given a base period, typically three or six months, to spend down excess income—in other words, to incur financial obligations for medical expenses equal to their spenddown amount. (Spenddown is the amount of the individual's income minus the income limit for their particular program.) The enrollee is responsible for paying these medical expenses.

The enrollee receives MN health care coverage for the selected base period once the spenddown is met.



Example: Martha is 67 years of age and applies for Apple Health for MN coverage in April. Her monthly Social Security benefit is \$1,207. After disregarding \$20 from her Social Security benefit, which leaves \$1,187, she is over the SSI monthly income limit of \$943 by \$244.

Martha is found eligible for the MN spenddown program for the aged. She selects a six-month spenddown base period. Her spenddown amount is \$1,464 (\$244x 6 months) for April through September. This means that Martha is responsible for the first \$1,464 in medical costs she incurs.

On May 12, Martha has surgery. After Medicare pays the eligible 80 percent of the bill, there remains a balance of \$5,200 that Martha is responsible to pay. Based on her participation in the MN spenddown program, she is liable for \$1,464. Once her spenddown has been met, Apple Health will pay the remaining amount of the bill. Her certification period is May 12 to September 30.

If Martha's monthly income were below \$943, she would have qualified for the no-cost Apple Health for the Aged program for 12 months coverage.



Medicare Savings Program (MSP)

The Medicare Savings Program (MSP) can provide assistance with premium costs, copayments, deductibles, and co-insurance for individuals who are entitled to Medicare and meet program requirements.

Qualified Medicare Beneficiary (QMB) (S03)

- Pays Part A and Part B premiums.
- Pays deductibles.
- Pays copayments except for prescriptions.

Specified Low-Income Medicare Beneficiary (SLMB) (S05)

- Pays Part B premiums.

Qualified Individual (QI-1) (S06)

- Pays Part B premiums.

Qualified Disabled Working Individual (QDWI) (S04)

- Pays Part A premiums.

Income Limits—Effective April 1, 2024 (Below limits include a \$20 disregard allowed to all households)

Medicare Savings Program	Federal Poverty Level (FPL)	Monthly Income Limit – One Person	Monthly Income Limit – Two Persons
QMB	110%	\$1,401	\$1,894
SLMB	120%	\$1,526	\$2,064
QI-1	138%	\$1,752	\$2,371
QDWI	200%	\$2,530	\$3,427





Long-Term Services and Supports (LTSS) and Hospice

Hospice services

Apple Health benefits include hospice services for people who are eligible under categorically needy (CN), medically needy (MN), or alternative benefit plan (ABP) programs. If a person is not eligible for CN, MN, or ABP, a determination can be made using eligibility rules under a separate Hospice program. The hospice provider notifies the agency when hospice services are elected. The Hospice program pays for hospice care at home, a hospice care center, or hospice in a nursing facility.

Long-Term Services and Supports (LTSS)

Long-term Services and Supports (LTSS) are tailored to fit client individual needs and situations. Services may be authorized through the Department of Social and Health Services (DSHS) by Home and Community Services (HCS) or the Developmental Disabilities Administration (DDA). These services enable people to continue living in their homes with help meeting their physical, medical, and social needs. When these needs can't be met at home, care in a residential or nursing facility is available.

In HCS, there are also programs available that provide help to caregivers and people without a caregiver—Tailored Supports for Older Adults and Medicaid Alternative Care. The person in need of care must be age 55 or older and meet financial eligibility criteria.

Different income standards are used to determine eligibility for CN or MN coverage for LTSS. To be eligible for most LTSS programs, a person must file an application and meet financial eligibility criteria and functional eligibility criteria (based on a comprehensive assessment).

For more information about nursing home care, or home & community based services offered by HCS,

contact a local HCS office. To locate the closest HCS office: visit dshs.wa.gov/ALTSA/resources.

For information about financial eligibility for the DDA services, contact the LTC Specialty Unit at 1-855-873-0642.

For information about functional eligibility criteria for home and community-based services through DDA, go to dshs.wa.gov/dda.

LTSS services include the following programs:

Through HCS:

- Community Options Program Entry System (COPES), New Freedom, and Residential Support Waiver (RSW) (L21, L22)
- Community First Choice (CFC), Medicaid Personal Care (MPC) (L51, L52)
- Roads to Community Living (RCL) (L41, L42)
- Program of All-Inclusive Care for the Elderly (PACE) (L31, L32)
- Nursing Facility care (L01, L02, L95, L99)
- Tailored Supports for Older Adults (T02)
- Medicaid Alternative Care (MAC)
- Limited funding for state-funded Long-term services for non-citizens (L04, L24)
- LTSS Presumptive Eligibility (S32)

Through DDA:

- Developmental Disabilities Administration (DDA) Waivers (L21, L22)
- Community First Choice (CFC), Medicaid Personal Care (MPC) (L51, L52)
- Roads to Community Living (RCL) (L41, L42)
- DDA Residential Habitation Centers and Intermediate Care Facilities (L01, L02, L95, L99)
- Hospice program (L31, L32)
- Limited funding for state-funded long-term services for non-citizens (L04, L24)



Covered services—scope of service

Apple Health provides access to a wide range of medical services. Not all eligibility groups receive all services. Coverage is broadest under the Categorically Needy (CN) and Alternative Benefits Plan (ABP) programs.

The scope of services covered for any individual depends on the Apple Health program in which the individual is enrolled. The table on pages 12-13 lists specific health care services and shows which scope of service category covers which services. An individual's age is also a factor. Some services may require prior authorization from HCA, the individual's Apple Health

Managed Care plan, or DSHS as applicable.

This table is provided for general information only and does not in any way guarantee that any service will actually be covered at the time of inquiry, because benefits, coverage, and interpretation of benefits and coverage may change at any time. Coverage limitations can be found in federal statutes and regulations, state statutes and regulations, state budget provisions, and Apple Health provider guides. Individuals with questions regarding coverage should call the 800 number on the back of their Services Card.

Benefit packages by program

Service	ABP 20-	ABP 21+	CN ¹ 20-	CN 21+	MN 20-	MN 21+	MCS
Ambulance (Ground/Air)	Y	Y	Y	Y	Y	Y	Y
Applied Behavior Analysis (ABA)	Y	Y	Y	Y	Y	Y	N
Behavioral health services	Y	Y	Y	Y	Y	Y	Y
Blood/blood products/related services	Y	Y	Y	Y	Y	Y	Y
Dental services	Y	Y	Y	Y	Y	Y	Y
Diagnostic services (lab and X-ray)	Y	Y	Y	Y	Y	Y	Y
Early and periodic screening, diagnosis, and treatment (EPSDT) services	Y	N	Y	N	Y	N	N
Enteral nutrition program	Y	Y	Y	Y	Y	Y	Y
Habilitative services	Y	Y	N	N	N	N	N
Health care professional services	Y	Y	Y	Y	Y	Y	Y
Health homes	Y	Y	Y	Y	N	N	N
Hearing evaluations	Y	Y	Y	Y	Y	Y	Y
Hearing aids	Y	Y	Y	Y	Y	Y	Y
Home health services	Y	Y	Y	Y	Y	Y	Y
Home infusion therapy/parenteral nutrition program	Y	Y	Y	Y	Y	Y	Y
Hospice services	Y	Y	Y	Y	Y	Y	N
Hospital services Inpatient/outpatient	Y	Y	Y	Y	Y	Y	Y
Intermediate care facility/services for persons with intellectual disabilities	Y	Y	Y	Y	Y	Y	Y
Maternity care & delivery services	Y	Y	Y	Y	Y	Y	Y
Medical equipment, durable (DME)	Y	Y	Y	Y	Y	Y	Y
Medical nutrition therapy	Y	Y	Y	Y	Y	Y	Y
Nursing facility services	Y	Y	Y	Y	Y	Y	Y
Organ transplants	Y	Y	Y	Y	Y	Y	Y
Orthodontic services	Y	N	Y	N	Y	N	N
Out-of-state services	Y	Y	Y	Y	Y	Y	N
Outpatient rehabilitation services (OT, PT, ST)	Y	Y	Y	Y	Y	N	Y
Personal care services	Y	Y	Y	Y	N	N	N
Prescription drugs	Y	Y	Y	Y	Y	Y	Y
Private duty nursing	Y	Y	Y	Y	Y	Y	N
Prosthetic/orthotic devices	Y	Y	Y	Y	Y	Y	Y

Benefit packages by program

Service	ABP 20-	ABP 21+	CN ¹ 20-	CN 21+	MN 20-	MN 21+	MCS
Reproductive health services	Y	Y	Y	Y	Y	Y	Y
Respiratory care (oxygen)	Y	Y	Y	Y	Y	Y	Y
School-based medical services	Y	N	Y	N	Y	N	N
Vision care Exams, refractions, and fittings	Y	Y	Y	Y	Y	Y	Y
Vision hardware Frames and lenses	Y	N	Y	N	Y	N	N

LEGEND

Y = A service category is included for that program. Services within each service category are subject to limitations and restrictions listed in the specific medical assistance program rules and agency issuances.
 N = A service category is not included for that program.

¹ Clients enrolled in the Apple Health for Kids programs (with and without premium) receive CN-scope of health care services. The Apple Health for Kids programs includes the children's health insurance program (CHIP).

ABBREVIATIONS

ABP - Alternative Benefit Plan
 CN - Categorically Needy Program
 MCS - Medical Care Services
 MN - Medically Needy Program



Other services

Nonemergency Medical Transportation (Brokered Transport)

HCA covers nonemergency medical transportation for eligible clients to or from covered services through contracted brokers. The brokers arrange and pay for trips for qualifying clients. Currently, eligible clients are those enrolled in Apple Health and other state-funded medical assistance programs that include a transportation benefit. Transportation may be authorized for individuals who have no other means to access medical care.

The most common types of transportation available include: public transit bus, gas vouchers, client and volunteer mileage reimbursement, taxi, wheelchair van or accessible vehicle, commercial bus and air, and ferry tickets. More information is

available online at: hca.wa.gov/transportation-help. Comments and questions may be directed to HCA Transportation Services at hcanemtrans@hca.wa.gov.

Interpreter services - sign language

HCA covers the cost of sign language interpreters for eligible clients. This service must be requested by Apple Health providers, HCA staff or HCA-authorized DSHS staff, and must be provided by the HCA-approved contractor.

Interpreter services - spoken language

HCA covers interpreter service for eligible clients through the HCA approved contractor. Requests for this service must be submitted by Apple Health providers, HCA staff, or HCA-authorized DSHS staff.



Where to apply for health care coverage

Modified Adjusted Gross Income (MAGI) programs

- **Online:** wahealthplanfinder.org.
- **Phone:** 1-855-923-4633
- **Paper:** HCA Form 18-001P (Application for Health Care Coverage) available at hca.wa.gov/assets/free-or-low-cost/18-001P.pdf.

To submit a completed application by mail:
Washington Healthplanfinder
P.O. Box 946, Olympia, WA 98507

Or send it by fax to: 1-855-867-4467

If you want help applying, you can work with an in-person assister or call Healthplanfinder Customer Support at 1-855-923-4633.

Aged, Blind, Disabled Coverage

Disability-based Washington Apple Health, refugee coverage, coverage for seniors 65+, and programs that help pay for Medicare premiums and expenses:

- **Online:** washingtonconnection.org
- **Paper:** HCA Form 18-005 (Application for ABD/LTC) available at hca.wa.gov/assets/free-or-low-cost/18-005.pdf.

To submit a completed application by mail:
DSHS – Community Services Division
P.O. Box 11699, Tacoma, WA 98411-6699

Or send it by fax to: 1-888-338-7410

- **In-person:** Visit a local Community Service Office. For locations, go to dshs.wa.gov/esa/community-services-find-an-office.

Questions? Call 1-877-501-2233

Long-Term Care

Nursing home care, in-home personal care, assisted-living facilities, and adult family home programs:

- **Online:** washingtonconnection.org.
- **Paper:** HCA Form 18-005 (Application for ABD/LTC) available at hca.wa.gov/assets/free-or-low-cost/18-005.pdf.

To submit a completed application by mail:
DSHS – Home & Community Services
P.O. Box 45826, Olympia, WA 98504-5826
Or send it by fax to: 1-855-635-8305

- **In-person:** Visit a local HCS office. For locations, go to dshs.wa.gov/AL TSA/resources.

Questions? Call a local HCS office. For locations, go to dshs.wa.gov/AL TSA/resources.



Resources

Telephone	
Apple Health Medical Assistance Customer Service Center (MACSC) Open 7 a.m. – 5 p.m. (weekdays)	Clients 1-800-562-3022 (option 3) or https://fortress.wa.gov/hca/p1contactus/ Providers 1-800-562-3022 (option 4) or https://fortress.wa.gov/hca/p1contactus/ Orders for large print or Braille 1-800-562-3022 (option 1, option 3, option 1) TRS: 711
Apple Health Medical Eligibility Determination Services (MEDS) Open 8 a.m. – 5 p.m. (weekdays)	1-800-562-3022 or https://fortress.wa.gov/hca/p1contactus/ TRS: 711
Online	
Apple Health (Medicaid)	hca.wa.gov/apple-health
Apple Health (Medicaid) Manual	hca.wa.gov/free-or-low-cost-health-care/program-administration/apple-health-eligibility-manual
Access to rules	
Washington Administrative Code (WAC) sections pertaining to “scope of care”	Healthcare general coverage: http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0050 Healthcare coverage Scope of covered categories of service: http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0060 Healthcare coverage Description of covered categories of service: http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0065

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services.

If you need an accommodation, or require documents in another format or language, please call 1-800-562-3022 (TRS: 711).

[Russian] ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-562-3022 (TRS: 711).

[Spanish] ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-562-3022 (TRS: 711).



Definitions

Apple Health

See Washington Apple Health

Managed Care

The majority of individuals enrolled in Apple Health receive their health services through a designated health care plan that contracts with the Health Care Authority. This prepaid comprehensive system of medical and health care services is usually called managed care.

Classic Medicaid

The term used to describe the Medicaid health care programs including Long-Term Care services and Aged, Blind or Disabled coverage. The Modified Adjusted Gross Income (MAGI) health care programs are not Classic Medicaid.

Federal Poverty Level (FPL)

A guideline for determining eligibility for a governmental program based on the Consumer Price Index guide from the year just completed. Many health care coverage programs determine eligibility based on a percentage of the FPL.

Fee-for-Service

This is a health care service delivery system where health care providers are paid for each service (such as an office visit, test, or procedure). Individuals who are not covered by Apple Health Managed Care are covered by Apple Health Fee-for-Service (also referred to as Apple Health coverage without a managed care plan).

Health Care Authority (HCA)

HCA is a Washington State agency that administers a number of programs related to health and wellness, including most Washington Apple Health programs.

Medicaid

The federally matched medical aid programs under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that cover the Categorically Needy (CN) and Medically Needy (MN) programs.

Modified Adjusted Gross Income (MAGI)

The methodology used for calculating income and determining household composition to determine eligibility for Apple Health for Adults, Kids, Families and Caretaker Relatives, and Pregnant Individuals. This method follows federal income tax filing rules with a few exceptions and has no resource or asset limits.

ProviderOne

The online payment system for health care providers serving individuals enrolled in an Apple Health program.

Scope of Care

Scope of care describes which medical and health care services are covered by a particular Apple Health program. There are four categories of scope of care: Categorically Needy (CN), Alternative Benefits Plan (ABP), Medically Needy (MN), and Medical Care Services (MCS).

Spenddown

This process allows individuals with income above the limits for the applicable CN program to spend down excess income within a specified period of time to become eligible for coverage.

Washington Apple Health

The brand name for all Washington State medical assistance programs, including Medicaid. The brand name may be shortened to "Apple Health."

Washington State
Health Care Authority

HCA administers Washington Apple Health (Medicaid).