



# PROPOSED RULE MAKING

## CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

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STATE OF WASHINGTON  
FILED

DATE: March 15, 2018

TIME: 3:00 PM

WSR 18-07-060

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR \_\_\_\_\_

Continuance of WSR \_\_\_\_\_

Preproposal Statement of Inquiry was filed as WSR 17-22-109 ; or

Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

Proposal is exempt under RCW \_\_\_\_\_.

Title of rule and other identifying information: (describe subject)

182-503-0005 – Washington Apple Health – How to apply

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
April 24, 2018	10:00 AM	Health Care Authority Cherry Street Plaza <b>Sue Crystal Conf Room 106A</b> 626 8 <sup>th</sup> Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: <a href="https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf">https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf</a> or directions can be obtained by calling: (360) 725-1000

Date of intended adoption: April 25, 2018 (Note: This is NOT the effective date)

Submit written comments to:

Name: HCA Rules Coordinator

Address: PO Box 42716, Olympia WA 98504-2716

Email: [arc@hca.wa.gov](mailto:arc@hca.wa.gov)

Fax: (360) 586-9727

Other:

By (date) April 24, 2018

Assistance for persons with disabilities:

Contact Amber Lougheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: (800) 848-5429 or 711

Email: [amber.lougheed@hca.wa.gov](mailto:amber.lougheed@hca.wa.gov)

Other:

By (date) April 20, 2018

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The agency is amending these rules to include Tailored Supports for Older Adults (TSOA) in subsection (5). The agency is also amending the rules to clarify both who may apply and language regarding the application process for these programs, and to update a website. In addition, the agency added a new subsection (11) to make it clear that authorized representatives may apply on an applicant's behalf.

**Reasons supporting proposal:** See Purpose above

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Statute being implemented:** RCW 41.05.021, 41.05.160

**Is rule necessary because of a:**

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** N/A

**Name of proponent:** (person or organization) Health Care Authority

<input type="checkbox"/> Private
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Governmental

**Name of agency personnel responsible for:**

	Name	Office Location	Phone
Drafting:	Melinda Froud	PO Box 42716, Olympia WA 98504-2716	360-725-1408
Implementation:	Aranzazu Granrose	PO Box 42684, Olympia, WA 98504-2684	360-725-1390
Enforcement:	Aranzazu Granrose	PO Box 42684, Olympia, WA 98504-2684	360-725-1390

**Is a school district fiscal impact statement required under RCW 28A.305.135?**  Yes  No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Other:

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Other:

No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

**Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:**

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

- RCW 34.05.310 (4)(b) (Internal government operations)
- RCW 34.05.310 (4)(c) (Incorporation by reference)
- RCW 34.05.310 (4)(d) (Correct or clarify language)
- RCW 34.05.310 (4)(e) (Dictated by statute)
- RCW 34.05.310 (4)(f) (Set or adjust fees)
- RCW 34.05.310 (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW \_\_\_\_.

Explanation of exemptions, if necessary:

**COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES**

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's analysis showing how costs were calculated. This rule does not impose any costs on businesses.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Other:

**Date:** March 15, 2018

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-503-0005 Washington apple health—How to apply.** (1) You may apply for Washington apple health at any time.

(2) For apple health programs for children, pregnant people, parents and caretaker relatives, and adults age sixty-four and under without medicare (~~(, parents and caretaker relatives (modified adjusted gross income (MAGI))~~);

~~(a)) (including people who have a disability or are blind), you may apply:~~

~~((i)) (a) Online via the Washington Healthplanfinder at ((http://www.wahealthplanfinder.org)) www.wahealthplanfinder.org;~~

~~((ii)) (b) By calling the Washington Healthplanfinder customer support center ((number)) and completing an application by telephone;~~

~~((iii)) (c) By completing the application for health care coverage (HCA 18-001P), and mailing or faxing to Washington Healthplanfinder; or~~

~~((iv) Through)) (d) At a department of social and health services (DSHS) community services office (CSO).~~

~~((b) If you need help filing a MAGI-based apple health application, you may:~~

~~(i) Contact the Washington Healthplanfinder customer support center number listed on the application for health care coverage form (HCA 18-001P); or~~

~~(ii) Contact a navigator, health care authority community assistor, or broker.)~~

(3) If you seek apple health ~~((and have a disability or are blind, age sixty-five or older, eligible for medicare, or need long-term services and supports (non-MAGI))~~ coverage and are age sixty-five or older, have a disability, are blind, need assistance with medicare costs, or seek coverage of long-term services and supports, you may apply:

(a) Online via Washington Connection at ((http://www.WashingtonConnection.org)) www.WashingtonConnection.org;

(b) By completing the application for aged, blind, disabled/long-term care coverage (HCA 18-005) and mailing or faxing to DSHS; or

(c) In person at a local DSHS CSO or home and community services (HCS) office.

~~(4) ((For apple health that is not based on MAGI, you may apply if you are:~~

~~(a) Age sixty-five or older;~~

~~(b) Eligible for medicare;~~

~~(c) Applying for health care based on blindness or disability;~~

~~(d) Applying for long-term services and supports; or~~

~~(e) Applying for assistance with medicare premiums.~~

~~(5)) You may receive help filing an application ((by:~~

~~(a) Visiting)):~~

(a) For household containing people described in subsection (2) of this section:

(i) Call the Washington Healthplanfinder customer support center number listed on the application for health care coverage form (HCA 18-001P); or

(ii) Contact a navigator, health care authority volunteer assis-  
tor, or broker.

(b) For people described in subsection (3) of this section who  
are not applying with a household containing people described in sub-  
section (2) of this section:

(i) Call or visit a local DSHS CSO or HCS office; or

~~((b) Calling))~~ (ii) Call the DSHS community services customer  
service contact center number listed on the medicaid application form.

(5) To apply for tailored supports for older adults (TSOA), see  
WAC 182-513-1625.

(6) You must apply directly with the service provider for the  
following programs:

(a) The breast and cervical cancer treatment program under WAC  
182-505-0120;

(b) The TAKE CHARGE program under chapter 182-532 WAC; and

(c) The kidney disease program under chapter 182-540 WAC.

(7) For the confidential pregnant minor program under WAC  
182-505-0117 and for minors living independently, you must complete a  
separate application directly with us (the medicaid agency).

(8) More information on how to give us an application may be  
found at the agency's web site: ((http://www.hca.wa.gov))  
www.hca.wa.gov/free-or-low-cost-health-care.

~~((8))~~ (9) As the primary applicant or head of household, you  
may start an application for apple health by((+

~~(a))~~ providing your:

~~((i))~~ (a) Full name;

~~((ii))~~ (b) Date of birth; ((and

~~(iii))~~ (c) Physical address, and mailing addresses (if differ-  
ent)((-

~~(b) Signing the application)); and~~

~~(d) Signature.~~

~~((9))~~ (10) To complete an application for apple health, you  
must also give us all of the other information requested on the appli-  
cation.

~~((10))~~ (11) You may have an authorized representative apply on  
your behalf as described in WAC 182-503-0130.

(12) We help you with your application or renewal for apple  
health in a manner that is accessible to you if you:

(a) Are a person with disabilities, impairments, or other limita-  
tions and ((may need)) choose equal access services as described in  
WAC 182-503-0120; or

(b) Have limited-English proficiency as described in WAC  
182-503-0110.