## PROPOSED RULE MAKING



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

Do **NOT** use for expedited rule making

## **CODE REVISER USE ONLY**

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DATE: October 21, 2019

TIME: 9:33 AM

WSR 19-21-129

Agency: Health Care Authority								
□ Original Notice     □ Original No								
□ Supplemental Notice to WSR								
□ Continuance of WSR								
□ Preproposal Statement of Inquiry was filed as WSR 19-17-043; or								
□ Expedited Rule MakingProposed 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) WAC 182-523-0100 Washington apple health—Medical extension								
Hearing location(s):								
Date:	Time:	Location: (be specific)	Comment:					
November 26, 2019	10:00 AM	Health Care Authority Cherry Street Plaza Sue Crystal Room 106A 626 8th 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: Not sooner than November 27, 2019 (Note: This is <b>NOT</b> the <b>effective</b> date)								
Submit written comm	nents to:							
Name: HCA Rules Coordinator								
Address: PO Box 427	16, Olympia	WA 98504-2716						
Email: arc@hca.wa.gov								
Fax: (360) 586-9727								
Other:								
By (date) November 2								
Assistance for perso		abilities:						
Contact Amber Lougheed								
Phone: (360) 725-1349								
Fax: (360) 586-9727								
TTY: Telecommunication Relay Services (TRS): 711 Email: amber.lougheed@hca.wa.gov								
Other:								
By (date) November 15, 2019								
Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is striking subsection (2)(iii). The agency does not change eligibility based on incarceration status.								

Reasons supporting proposal: See Purpose						
Statutory author	ity for adoption: RCW 41.	05.021, 41.05.160, SSB 6430, Chapter 154, 2016 Re	gular Session			
Statute being im	plemented: RCW 41.05.02	21, 41.05.160, SSB 6430, Chapter 154, 2016 Regular	Session			
lo rulo nooccor	y because of a					
Is rule necessar Federal La	□ Yes ⊠ No					
Federal Co		☐ Yes ☒ No				
State Cour		☐ Yes ⊠ No				
If yes, CITATION						
		if any, as to statutory language, implementation, e	enforcement, and fiscal			
matters: N/A						
Name of propon	ent: (person or organization	n) Health Care Authority	☐ Private			
			<ul><li>☐ Public</li><li>☒ Governmental</li></ul>			
Name of agency	personnel responsible fo	r:	Oovernmental			
rtaine or agency	Name	Office Location	Phone			
Drofting	Valerie Smith					
Drafting:		PO Box 42716, Olympia WA 98504-2716	360-725-1344			
Implementation:	Mark Westenhaver	PO Box 45534, Olympia, WA 98504-5534	360-725-1324			
Enforcement:	Mark Westenhaver	PO Box 45534, Olympia, WA 98504-5534	360-725-1324			
ls a school distr	ict fiscal impact statemen	t required under RCW 28A.305.135?	☐ Yes ⊠ No			
If yes, insert state	ement here:					
The public me	weaktain a cany of the caha	al district fiscal impact statement by contacting				
Name:	ly obtain a copy of the school	ol district fiscal impact statement by contacting:				
Address	s:					
Phone:						
Fax:						
TTY:						
Email:						
Other:						
Is a cost-benefit analysis required under RCW 34.05.328?						
	eliminary cost-benefit analy	sis may be obtained by contacting:				
Name:						
Address Phone:	5.					
Fax:						
TTY:						
Email:						
Other:						
⊠ No: Plea	se 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, <b>may be exempt</b> from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):							
adopted so regulation adopted.	olely to conform and/or comply with federal st	atute or regu	RCW 19.85.061 because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not				
☐ This rul	•		e the agency has completed the pilot rule process				
☐ This ru	9		ne provisions of RCW 15.65.570(2) because it was				
	le proposal, or portions of the proposal, is exc	empt under F	CCW 19.85.025(3). Check all that apply:				
	RCW 34.05.310 (4)(b)	. $\square$	RCW 34.05.310 (4)(e)				
	(Internal government operations)		(Dictated by statute)				
	RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)				
_	(Incorporation by reference)	_	(Set or adjust fees)				
	RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)				
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process				
	, , ,		requirements for applying to an agency for a license or permit)				
	le proposal, or portions of the proposal, is exented not exemptions, if necessary:	empt under F					
	COMPLETE THIS SECTION	ON ONLY IF	NO EXEMPTION APPLIES				
If the propo	osed rule is <b>not exempt</b> , does it impose more	e-than-minor	costs (as defined by RCW 19.85.020(2)) on businesses?				
☐ Yes	and therefore does not impose any costs on b	ousinesses. imposes mor	costs were calculated. The proposed rule pertains to e-than-minor cost to businesses, and a small business				
	public may obtain a copy of the small busine tacting:	ss economic	impact statement or the detailed cost calculations by				
	Name: Address:						
	Phone:						
	ax:						
	TTY:						
	Email: Other:						
		Signat	ure:				
Date: October 21, 2019			In and Danner.				
Name: Wendy Barcus			Wendy Borous				
Title: HCA Rules Coordinator			1				

AMENDATORY SECTION (Amending WSR 17-18-024, filed 8/28/17, effective 10/1/17)

## WAC 182-523-0100 Washington apple health—Medical extension.

- (1) A parent or caretaker relative who was eligible for and who received coverage under Washington apple health for parents and caretaker relatives, described in WAC 182-505-0240, in any three of the last six months is eligible, along with all dependent children living in the household, for twelve months' extended health care coverage if the person becomes ineligible for ((his or her current)) coverage due to increased earnings or hours of employment.
- (2) A person remains eligible for apple health medical extension unless:
  - (a) The person:
  - (i) Moves out of state;
  - (ii) Dies; or
  - (iii) ((Becomes an inmate of a public institution; or
  - (iv)) Leaves the household.
  - (b) The family:
  - (i) Moves out of state;
- (ii) Loses contact with the agency or its designee or the where-abouts of the family are unknown; or
- (iii) No longer includes an eligible dependent child as defined in WAC 182-503-0565(2).
- (3) When a person or family is determined ineligible for apple health coverage under subsection (2)(a)(i) through (iii) or (b)(i) or (ii) of this section during the medical extension period, the agency or its designee redetermines eligibility for the remaining household members as described in WAC 182-504-0125 and sends written notice as described in chapter 182-518 WAC before apple health medical extension is terminated.

[ 1 ] OTS-1617.2