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DATE: July 01, 2020

WSR 20-14-113

TIME: 8:29 AM



CR-102 (December 2017) (Implements RCW 34.05.320) Do NOT use for expedited rule making

| Agency: Health Care A | Authority | | | | | | |
|---|------------------------|---|---------------|--|--|--|--|
| ☑ Original Notice | | | | | | | |
| Supplemental Noti | ce to WSR | | | | | | |
| □ Continuance of WSR | | | | | | | |
| Preproposal Stater | nent of Inq | uiry was filed as WSR 20-06-063 | ; or | | | | |
| Expedited Rule Ma | kingProp | osed notice was filed as WSR | ; or | | | | |
| Proposal is exemption | t under RC | W 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 182-503-0055 Asset verification system | | | | | | | |
| | | | | | | | |
| Hearing location(s): | | | | | | | |
| Date: | Time: | Location: (be specific) | Commer | nt: | | | |
| August 4, 2020 | 10:00 AM | In response to the Governor's | | t register for the public hearing at | | | |
| | | extended orders for <i>Stay Home, Stay Safe,</i> this public hearing will | nttps://atter | 1dee.gotowebinar.com/register/bb12/10/2/511/2839/. | | | |
| | | be held virtually. This will not be | After reg | istering, you will receive a confirmation email | | | |
| | | an in-person hearing and there is | containin | g information about joining the webinar. | | | |
| | | not a physical location available. | | | | | |
| • | | ooner than August 5, 2020 (Note: | This is N | DT the effective date) | | | |
| Submit written comm | | | | | | | |
| Name: HCA Rules Coo | | | | | | | |
| Address: PO Box 4271 | | WA 98504-2716 | | | | | |
| Email: <u>arc@hca.wa.gov</u> Fax: (360) 586-9727 | | | | | | | |
| Other: | | | | | | | |
| By (date) August 4, 202 | 20 | | | | | | |
| Assistance for persor | | abilities: | | | | | |
| Contact Amber Loughe | | | | | | | |
| Phone: (360) 725-1349 | | | | | | | |
| Fax: (360) 586-9727 | | | | | | | |
| TTY: Telecommunication | on Relay Se | rvices (TRS): 711 | | | | | |
| Email: amber.lougheed | l@hca.wa.g | <u>ov</u> | | | | | |
| Other: | | | | | | | |
| By (date) <u>July 24, 2020</u> | = | | | | | | |
| | [,] who may a | uthorize for asset verification. Adde | | s in existing rules: The agency is revising tion (4)(c) to clarify the agency may grant an | | | |

| Reasons supporting proposal: See purpose | | | | | | |
|---|---|--|--------------------------|--|--|--|
| | | | | | | |
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| Statutory author | ity for adoption: RCW 41.0 | 05.021, 41.05.160, 42 U.S.C. 1396w | | | | |
| | | | | | | |
| | | | | | | |
| Statute being im | plemented: RCW 41.05.02 | 1, 41.05.160, 42 U.S.C. 1396w | | | | |
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| Is rule necessary | / because of a: | | | | | |
| Federal Lav | 🗆 Yes 🖂 No | | | | | |
| Federal Co | 🗆 Yes 🛛 No | | | | | |
| State Court | 🗆 Yes 🛛 No | | | | | |
| If yes, CITATION: | | | | | | |
| 3 . | | f any, as to statutory language, implementation, e | enforcement, and fiscal | | | |
| matters: N/A | | | , and need | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of propon | ent: (person or organization |) Health Care Authority | Private | | | |
| | ent. (person of organization | Thealth Care Authonity | | | | |
| | | | ☐ F ublic ⊠ Governmental | | | |
| Nome of egonov | norconnol roononciblo fo | | | | | |
| Name of agency | personnel responsible for | | | | | |
| | Name | Office Location | Phone | | | |
| Drafting: | Valerie Freudenstein | 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 | | | |
| Is a school distri | ct fiscal impact statement | required under RCW 28A.305.135? | 🗆 Yes 🛛 No | | | |
| If yes, insert state | ment here: | | | | | |
| | | | | | | |
| The public may | y obtain a copy of the schoo | ol district fiscal impact statement by contacting: | | | | |
| Name: | | | | | | |
| Address | 5. | | | | | |
| Phone: | | | | | | |
| Fax: | | | | | | |
| TTY: | | | | | | |
| Email: Other: | | | | | | |
| | an aluaia na muina dum dan D | | | | | |
| 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: | | | | | | |
| Finite. | | | | | | |
| 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): | | | | | | | | |
| adopted so regulation t | lely to conform and/or comply with federal sta | atute or regu | CW 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 | | | | | |
| adopted. | d description: | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | empt because | e the agency has completed the pilot rule process | | | | | |
| | RCW 34.05.313 before filing the notice of this | | | | | | | |
| | | empt under th | ne provisions of RCW 15.65.570(2) because it was | | | | | |
| | a referendum. | | | | | | | |
| □ This rul | e proposal, or portions of the proposal, is exe | empt under R | | | | | | |
| | RCW 34.05.310 (4)(b) | | 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) | | | | | |
| □ This rule | e proposal, or portions of the proposal, is exe | empt under R | | | | | | |
| | n of exemptions, if necessary: | | | | | | | |
| | | | | | | | | |
| | COMPLETE THIS SECTION | ON ONLY IF | NO EXEMPTION APPLIES | | | | | |
| If the propo | sed rule is not exempt , does it impose more | e-than-minor | costs (as defined by RCW 19.85.020(2)) on businesses? | | | | | |
| | | | | | | | | |
| 🖾 No | | - | costs were calculated. <u>The proposed rule pertains to</u> | | | | | |
| | and therefore does not impose any costs on b | | a than minor aget to huginageas, and a small huginage | | | | | |
| | ic impact statement is required. Insert statem | • | e-than-minor cost to businesses, and a small business | | | | | |
| econom | in inpact statement is required. Insert statem | lent nere. | | | | | | |
| | | | | | | | | |
| | public may obtain a copy of the small busine: acting: | ss economic | impact statement or the detailed cost calculations by | | | | | |
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| P F T E C | ddress: hone: ax: TY: mail: 0ther: 1, 2020 | Signat | 20110 | | | | | |
| P F T E C Date: July | ddress: hone: ax: TY: mail: 0ther: 1, 2020 | Signat | ure: Mendy Barau | | | | | |

AMENDATORY SECTION (Amending WSR 19-21-007, filed 10/3/19, effective 11/3/19)

WAC 182-503-0055 Asset verification system. (1) This rule implements the asset verification system (AVS) outlined in section 1940 of the Social Security Act.

(2) This rule applies to any client, or those financially responsible for them, who is subject to:

(a) The disclosure of resources, as defined in WAC 182-512-0200, to determine eligibility; or

(b) Provisions related to the transfer of assets, as described in WAC 182-513-1363.

(3) For the purposes of this section:

(a) "Financial institution" means the same as defined in section 1101 of the Right to Financial Privacy Act, and may include, but is not limited to:

(i) Banks; or

(ii) Credit unions.

(b) "Financial record" means any record held by a financial institution pertaining to a customer's relationship with the financial institution; and

(c) "Financial responsibility" is described in WAC 182-506-0015.

(4) You and any other financially responsible people must provide authorization for us to obtain any financial record held by a financial institution.

(a) For you, the authorization may be provided by anyone described in WAC 182-503-0010 (1) and (2)(a), (b), or (c), except in the case of an authorized representative who must be designated by the client.

(b) For a financially responsible spouse, authorization may be provided by the spouse, their legal guardian, or their attorney-in-fact.

(c) The agency may grant an exception to rule as described in WAC <u>182-503-0090 if authorization is not provided by those listed in (a)</u> and (b) of this subsection.

(5) The authorization, provided under subsection (4) of this section, will remain in effect until one of the following occurs:

(a) Your application for apple health is denied;

(b) Your eligibility for apple health is terminated; or

(c) You revoke your authorization in a written notification to us.

(6) We will:

(a) Use the authorization provided under subsection (4) of this section to electronically verify your financial records and those of any other financially responsible person to determine or renew your eligibility for apple health; or

(b) Inform you in writing at the time of application and renewal that we will obtain and use information available through AVS to determine your eligibility for apple health.