



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: August 31, 2020

TIME: 9:59 AM

WSR 20-18-059

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 20-14-055 ; 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) 182-507-0130 Refugee medical assistance

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
October 6, 2020	10:00 AM	In light of the current public health emergency and the Governor's Safe Start plan, it is unknown whether, by the date of this public hearing, restrictions on meeting in public places will be eased. Therefore, this hearing is being held virtually only. This will not be an in-person hearing and there is not a physical location available.	To attend, you must register prior to the public hearing (October 6, 2020, 10:00 AM Pacific Time) at: https://attendee.gotowebinar.com/register/499835096707850507 Webinar ID 109-728-027 After registering, you will receive a confirmation email containing information about joining the webinar.

Date of intended adoption: Not sooner than October 6, 2020 (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

Fax: (360) 586-9727

Other:

By (date) October 6, 2020

Assistance for persons with disabilities:

Contact Amber Loughheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: amber.loughheed@hca.wa.gov

Other:

By (date) September 24, 2020

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending subsection (8) of WAC 182-507-0130 to specify circumstances under which an individual may receive additional months of refugee medical assistance benefits. The agency is also making non-substantive changes for consistency with other agency rules.

Reasons supporting proposal: See purpose

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? Yes No

Federal Court Decision? Yes No

State Court Decision? Yes 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

Private

Public

Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Brian Jensen	PO Box 42716, Olympia WA 98504-2716	360.725.0815
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 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:

- | | |
|---|--|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> 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. The proposed rule related to client program eligibility and 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: August 31, 2020

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-507-0130 Refugee medical assistance (RMA). (1) (~~An individual is~~) You are eligible for refugee medical assistance (RMA) if all the following conditions are met. (~~The individual~~) You:

(a) Meet(~~s~~) immigration status requirements of WAC 182-507-0135;

(b) (~~Has~~) Have countable resources below one thousand dollars on the date of application;

(c) (~~Has~~) Have countable income equal to or below two hundred percent of the federal poverty level (FPL) on the date of application. The following income is not considered when determining eligibility for RMA:

(i) Resettlement cash payments made by the voluntary agency (VOLAG);

(ii) Income of a sponsor is not counted unless the sponsor is also part of (~~the individual's~~) your assistance unit; and

(iii) Income received after the date of application.

(d) Provide(~~s~~) the name of the VOLAG which helped bring (~~the individual~~) you to the United States so that the department of social and health services (DSHS) can promptly notify the VOLAG (or sponsor) about the medical application.

(2) (~~An individual who~~) If you receive(~~s~~) refugee cash assistance (RCA) (~~is~~) you are eligible for RMA as long as (~~the individual is~~) you are not otherwise eligible for medicaid or a children's health care program as described in WAC 182-505-0210. (~~An individual does~~) You do not have to apply for or receive RCA in order to qualify for RMA.

(3) (~~An individual is~~) You are not eligible to receive RMA if (~~the individual is~~) you are:

(a) Already eligible for medicaid or a children's health care program as described in WAC 182-505-0210;

(b) A full-time student in an institution of higher education unless the educational activity is part of a DSHS-approved individual responsibility plan (IRP); or

(c) A nonrefugee spouse of a refugee.

(4) If approved for RMA, the agency or its designee issues an approval letter in both English and (~~the individual's~~) your primary language. The agency or its designee also sends a notice every time there are any changes or actions taken which affect (~~the individual's~~) your eligibility for RMA.

(5) (~~An individual~~) You may be eligible for RMA coverage of medical expenses incurred during the three months prior to the first day of the month of the application. Eligibility determination will be made according to medicaid rules.

(6) If you are a victim of human trafficking you must provide the following documentation and meet the eligibility requirements in subsections (1) and (2) of this section to be eligible for RMA:

(a) Adults, eighteen years of age or older, must provide the original certification letter from the United States Department of Health and Human Services (DHHS). No other documentation is needed. The eight-month eligibility period will be determined based on the entry date on (~~the individual's~~) your certification letter;

(b) A child victim under the age of eighteen does not need to be certified. DHHS issues a special letter for children. Children also have to meet income eligibility requirements;

(c) A family member of a certified victim of human trafficking must have a T-2, T-3, T-4, or T-5 visa (derivative T-Visas), and the family member must meet eligibility requirements in subsections (1) and (2) of this section.

(7) The entry date for an asylee is the date that ~~((the individual's))~~ asylum status is granted. For example, ~~((an individual))~~ you entered the United States on December 1, 1999, as a tourist, then applied for asylum on April 1, 2000, interviewed with the asylum office on July 1, 2000, and ~~((was))~~ were granted asylum on September 1, 2000. The date of entry is September 1, 2000, and that is the date used to establish eligibility for RMA.

(8) RMA ends on the last day of the eighth month from the month ~~((the individual))~~ you entered the United States. For example, ~~((an individual who))~~ if you entered the United States on May 28, 2011, ~~((is))~~ you are eligible through the end of December 2011. You may receive RMA benefits for more months if you are in a category of persons for whom the federal Office of Refugee Resettlement has extended the eligibility period.

(9) ~~((An individual))~~ If you are approved for RMA ~~((is))~~ you are continuously eligible through the end of the eighth month after ~~((the individual's))~~ your entry to the United States, regardless of an increase in income.

(10) The agency, or its designee, determines eligibility for medicaid and other medical programs for ~~((an individual's))~~ your spouse when the spouse arrives in the United States. If the spouse is not eligible for medicaid due to ~~((the))~~ your countable income ~~((of the individual))~~, the spouse is still eligible for RMA for eight months following the spouse's entry into the United States.

(11) ~~((An individual who))~~ If you disagree~~((s))~~ with a decision or action taken on the case by the agency, or its designee, ~~((has))~~ you have the right to request a review of the case action(s) or request an administrative hearing (see chapter 182-526 WAC). The request must be received by the agency, or its designee, within ninety days of the date of the decision or action.