**PROPOSED RULE MAKING**

CR-102 (July 2022)  
(Implements RCW 34.05.320)  
Do NOT use for expedited rule making

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Health Care Authority (HCA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Original Notice</td>
<td>☐ Supplemental Notice to WSR ______</td>
</tr>
<tr>
<td>☒ Preproposal Statement of Inquiry was filed as WSR 22-08-059 ; or</td>
<td>☐ Expedited Rule Making--Proposed notice was filed as WSR ______; or</td>
</tr>
<tr>
<td>☒ Proposal is exempt under RCW ______.</td>
<td></td>
</tr>
</tbody>
</table>

**Title of rule and other identifying information:** (describe subject) 182-503-0005, Washington apple health—How to apply

Hearing location(s):

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Location: (be specific)</th>
<th>Comment:</th>
</tr>
</thead>
</table>
| September 27, 2022 | 10:00 AM | In response to the coronavirus disease 2019 (COVID-19) public health emergency, the Health Care Authority continues to hold public hearings virtually without a physical meeting place. This promotes social distancing and the safety of the residents of Washington State | To attend the virtual public hearing, you must register in advance: [https://us02web.zoom.us/webinar/register/WN_9Uo_ve5ETY2is3tDmG1Udw](https://us02web.zoom.us/webinar/register/WN_9Uo_ve5ETY2is3tDmG1Udw)  
If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing |

**Date of intended adoption:** Not sooner than September 28, 2022 (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  
By (date) September 27, 2022, by 11:59 PM

**Assistance for persons with disabilities:**  
Contact Johanna Larson  
Phone: 360-725-1349  
Fax: 360-586-9727  
TTY: Telecommunication Relay Services (TRS): 711  
Email: Johanna. [Larson@hca.wa.gov](mailto:Larson@hca.wa.gov)  
By (date) September 16, 2022

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The Health Care Authority (HCA) is amending WAC 182-503-0005 (3) to include language regarding a telephonic signature option when applying for Apple Health coverage.

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
Type of proponent: ☐ Private ☐ Public ☒ Governmental
Name of proponent: (person or organization) Health Care Authority

Name of agency personnel responsible for:

<table>
<thead>
<tr>
<th>Name</th>
<th>Office Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drafting: Jason Crabbe</td>
<td>PO Box 42716, Olympia WA 98504-2716</td>
<td>360-725-9563</td>
</tr>
<tr>
<td>Implementation: Paige Lewis</td>
<td>PO Box 45534, Olympia, WA 98504-5534</td>
<td>360-725-0757</td>
</tr>
<tr>
<td>Enforcement: Paige Lewis</td>
<td>PO Box 45534, Olympia, WA 98504-5534</td>
<td>360-725-0757</td>
</tr>
</tbody>
</table>

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 and Small Business Economic Impact Statement**

Note: The [Governor's Office for Regulatory Innovation and Assistance (ORIA)](https://www.wa.gov/gov/oria) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA. 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)  ☐ 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 proposal, or portions of the proposal, is exempt under RCW 19.85.025(4) (does not affect small businesses).
☐ This rule proposal, or portions of the proposal, is exempt under RCW ______.

Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: Check one.
☐ The rule proposal is fully exempt (skip section 3). Exemptions identified above apply to all portions of the rule proposal.
☐ The rule proposal is partially exempt (complete section 3). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using this template from ORIA):
☒ The rule proposal is not exempt (complete section 3). No exemptions were identified above.

(3) Small business economic impact statement: Complete this section if any portion is not exempt.
If any portion of 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 minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The proposed rule pertains 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 the required small business economic impact 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 18, 2022

Name: Wendy Barcus
Title: HCA Rules Coordinator

Signature: Wenda Barcus
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) 64 and under without medicare (including people who have a disability or are blind), you may apply:
(a) Online via the Washington Healthplanfinder at www.wahealthplanfinder.org;
(b) By calling the Washington Healthplanfinder customer support center and completing an application by telephone;
(c) By completing the application for health care coverage (HCA 18-001P), and mailing or faxing it to Washington Healthplanfinder; or
(d) At a department of social and health services (DSHS) community services office (CSO).
(3) If you seek apple health coverage and are age (sixty-five) 65 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 www.WashingtonConnection.org;
(b) By completing the application for aged, blind, disabled/long-term care coverage (HCA 18-005) and mailing or faxing it to DSHS;
(c) By calling the DSHS customer service contact center and completing an application by telephone;
(d) In person at a local DSHS CSO or home and community services (HCS) office; or
(e) As specified in subsection (2) of this section, if you are a child, pregnant, a parent or caretaker relative, or an adult age (sixty-four) 64 and under without medicare.
(4) You may receive help filing an application.
(a) For households 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 assistant, or broker.
(b) For people described in subsection (3) of this section who are not applying with a household containing people described in subsection (2) of this section:
(i) Call or visit a local DSHS CSO or HCS office; or
(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).

More information on how to give us an application may be found at the agency's website: www.hca.wa.gov/free-or-low-cost-health-care (search for "teen").

(8) As the primary applicant or head of household, you may start an application for apple health by providing your:
   (a) Full name;
   (b) Date of birth;
   (c) Physical address, and mailing addresses (if different); and
   (d) Signature.

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

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

(11) We help you with your application or renewal for apple health in a manner that is accessible to you. We provide equal access (EA) services as described in WAC 182-503-0120 if you:
   (a) Ask for EA services, you apply for or receive long-term services and supports, or we determine that you would benefit from EA services; or
   (b) Have limited-English proficiency as described in WAC 182-503-0110.