



PROPOSED RULE MAKING

CR-102 (July 2022) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: August 23, 2022

TIME: 5:38 PM

WSR 22-17-154

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 22-13-169 ; 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) WAC 182-505-0211 Washington apple health – Foster care

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
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 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: 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

Fax: 360-586-9727

Other:

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

Other:

By (date) September 16, 2022

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending this rule to update subsection (3) to include language regarding the out-of-state Alumni population as mandated by the SUPPORT Act, section 1002. The SUPPORT Act, Public Law 115-271, makes changes to the new coverage group created under the Affordable Care Act (ACA) that extends Medicaid coverage to former foster youth (Alumni). This change expands the coverage group so former foster youth who have aged out of foster care in any state at the age of 18 can have Medicaid coverage in any other state through the age of 26. Other housekeeping changes include the change of agencies from the Children’s Administration to what is now the Department of Children, Youth and Families (DCYF). Group home is now referred to as a community facility and managed by DCYF’s juvenile rehabilitation. Subsection (2)(d)(v) is being removed as the voluntary placement waiver program is no longer operating.

Reasons supporting proposal: See Purpose

Statutory authority for adoption: Public Law 115-271, Sec. 1002, RCW 41.05.021, RCW 41.05.160

Statute being implemented: Public Law 115-271, Sec. 1002, 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: [Public Law 115-271, Sec. 1002](#)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

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

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Valerie Freudenstein	PO Box 42716, Olympia, WA 98504-2716	360-725-1344
Implementation:	Emily Good	PO Box 33023, Olympia, WA 98504-3023	360-725-0920
Enforcement:	Emily Good	PO Box 33023, Olympia, WA 98504-3023	360-725-0920

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 \(ORIA\)](#) 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)
(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 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 applies to client program eligibility and does not impact small 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 23, 2022	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

WAC 182-505-0211 Washington apple health—Foster care. (1) A ~~((person))~~ client under the age of ~~((nineteen))~~ 18 is eligible for Washington apple health foster care coverage when they:

(a) Are in foster care, as determined by the department of children, youth, and families (DCYF), under the legal responsibility of the state, or a federally recognized tribe located within the state; and

(b) Meet Washington residency requirements as described in WAC 182-503-0520 or 182-503-0525.

(2) A ~~((person))~~ client age ~~((twenty))~~ 20 or younger is eligible for coverage when the ~~((person))~~ client meets:

(a) Washington residency requirements as described in WAC 182-503-0520 or 182-503-0525;

(b) Citizenship or immigration status requirements as described in WAC 182-503-0535;

(c) Social Security number requirements as described in WAC 182-503-0515; and

(d) One of the following requirements:

(i) Is in foster care, or is eligible for continued foster care services as determined by ~~((the children's administration))~~ DCYF, under the legal responsibility of the state, or a federally recognized tribe located within the state; or

(ii) Receives subsidized adoption services through ~~((the children's administration))~~ DCYF; or

(iii) Is enrolled in the unaccompanied refugee minor (URM) program as authorized by the office of refugee and immigrant assistance (ORIA); or

(iv) Is living in a ~~((group home))~~ community facility (as defined in WAC 110-700-0005) operated or contracted by ~~((the juvenile rehabilitation administration); or~~

~~((v) Is placed in a foster home or group home through the voluntary placement waiver program managed by the division of developmental disabilities))~~ DCYF's juvenile rehabilitation.

(3) A ~~((person))~~ client age ~~((nineteen))~~ 18 or older but under age ~~((twenty-six))~~ 26 is eligible for Washington apple health coverage when the ~~((person))~~ client:

(a) Was ~~((both))~~ in foster care under the legal responsibility of ~~((the))~~ any state or a federally recognized tribe located within ~~((the))~~ any state ~~((and enrolled in medicaid))~~:

(i) On the ~~((person's eighteenth))~~ client's 18th birthday; or

(ii) At such higher age ~~((at which))~~ as to when the state or tribe extends foster care ~~((assistance ended))~~ coverage; and

(b) Meets residency, Social Security number, and citizenship requirements as described in subsection (2) of this section.

(4) A ~~((person))~~ client described in subsections (1) through (3) of this section is not eligible for full-scope coverage if the ~~((person))~~ client is confined to a public institution as defined in WAC 182-500-0050, except:

(a) If the ~~((person))~~ client is under age ~~((twenty-one))~~ 21;

(b) Resides in an institution for mental disease (IMD); and

(c) Meets the institutional status requirements in WAC ~~((182-505-0240))~~ 182-513-1320, 182-514-0250, or 182-514-0260.