Agency: Health Care Authority

☑ Original Notice
☐ Supplemental Notice to WSR ______
☐ Continuance of WSR ______

☑ Preproposal Statement of Inquiry was filed as WSR 22-14-100; 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 RC ______.

Title of rule and other identifying information: (describe subject) 182-504-0015, Washington apple health – Certification periods for categorically needy programs; 182-507-0130, Refugee medical assistance

Hearing location(s):  
Date: October 11, 2022  
Time: 10:00 AM  
Location: (be specific)  
Comment: 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_1XqE8IwbRdW1KM7ehMa5ug

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 October 12, 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) October 11, 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 30, 2022

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending WAC 182-504-0015 and 182-507-0130 to expand the eligibility period for refugee medical assistance from eight months to twelve months for persons whose date of eligibility is on or after October 1, 2021. The agency has determined that this rule amendment is necessary to align with the eligibility period set by the director of the federal Office of Refugee Resettlement.

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: 

By (date)
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:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Office Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drafting:</td>
<td>Brian Jensen PO Box 42716, Olympia, WA 98504-2716</td>
<td>360-725-0815</td>
</tr>
<tr>
<td>Implementation:</td>
<td>Dody McAlpine PO Box 42722, Olympia, WA 98504-2722</td>
<td>360-725-9964</td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Dody McAlpine PO Box 42722, Olympia, WA 98504-2722</td>
<td>360-725-9964</td>
</tr>
</tbody>
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**Is a school district fiscal impact statement required under RCW 28A.305.135?** ☒ 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?** ☒ 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.

**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.
  - ☐ 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 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 rules pertain to client program eligibility and do not impose 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 26, 2022
Name: Wendy Barcus
Title: HCA Rules Coordinator

Signature: 

[Signature]
WAC 182-504-0015 Washington apple health—Certification periods for categorically needy programs.  (1) A certification period is the period of time we determine that you are eligible for a categorically needy (CN) Washington apple health program. Unless otherwise stated in this section, the certification period begins on the first day of the month of application and continues through the end of the last month of the certification period.

(2) For a newborn eligible for apple health, the certification period begins on the child's date of birth and continues through the end of the month of the child's first birthday.

(3) If you are eligible for apple health based on pregnancy, the certification period continues through the last day of the month the pregnancy ends. After-pregnancy coverage begins the first day of the month, following the end of the pregnancy, and ends the last day of the 12th month from the time after-pregnancy coverage began.

(4) If you are newly eligible for apple health coverage and had a pregnancy end within the last 12 months, your certification period for after-pregnancy coverage:
   (a) Begins the first day of the month you are eligible; and
   (b) Ends the last day of the 12th month following the end of your pregnancy.

(5) If you are eligible for the refugee program, the certification period ends at the end of the ((eighth)) 12th month following your date of entry to the United States.

(6) For all other CN coverage, the certification period is 12 months.

(7) If you are a child, eligibility is continuous throughout the certification period regardless of a change in circumstances, unless a required premium (described in WAC 182-505-0225) is not paid for three consecutive months, or you:
   (a) Turn age 19;
   (b) Move out-of-state; or
   (c) Die.

(8) When you turn 19, the certification period ends after the re-determination process described in WAC 182-504-0125 is completed, even if the 12-month period is not over, unless:
   (a) You are receiving inpatient services (described in WAC 182-514-0230) on the last day of the month you turn 19;
   (b) The inpatient stay continues into the following month or months; and
   (c) You remain eligible except for turning age 19.

(9) A retroactive certification period is described in WAC 182-504-0005.

(10) Coverage under premium-based programs included in apple health for kids as described in chapter 182-505 WAC begins no sooner than the month after creditable coverage ends.
WAC 182-507-0130 Refugee medical assistance (RMA). (1) You are eligible for refugee medical assistance (RMA) if all the following conditions are met. You:
   (a) Meet immigration status requirements of WAC 182-507-0135;
   (b) Have countable resources below ((one thousand dollars)) $1,000 on the date of application;
   (c) Have countable income equal to or below ((two hundred)) 200 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 your assistance unit; and
      (iii) Income received after the date of application.
   (d) Provide the name of the VOLAG which helped bring 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) If you receive refugee cash assistance (RCA) you are eligible for RMA as long as you are not otherwise eligible for medicaid or a children's health care program as described in WAC 182-505-0210. You do not have to apply for or receive RCA in order to qualify for RMA.

(3) You are not eligible to receive RMA if 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 your primary language. The agency or its designee also sends a notice every time there are any changes or actions taken which affect your eligibility for RMA.

(5) 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)) 18 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 your certification letter;
   (b) A child victim under the age of ((eighteen)) 18 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 asylum status is granted. For example, 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 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)(a) RMA ends on either:

(i) The last day of the eighth month from the month ([you]) the person entered the United States if they entered the United States on or before September 30, 2021. For example, if ([you]) they entered the United States on ([May 28, 2011]) September 30, 2021, ([you]) they are eligible through ([the end of December 2011]) April 30, 2022; or

(ii) The last day of the 12th month from the month the person entered the United States if they entered the United States on or after October 1, 2021. For example, if they entered the United States on October 25, 2021, they are eligible through September 30, 2022.

(b) 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) If you are approved for RMA you are continuously eligible through the end of the ([eighth month after your entry to the United States]) initial RMA certification period, regardless of an increase in income.

(10) The agency, or its designee, determines eligibility for medicaid and other medical programs for your spouse when the spouse arrives in the United States. If the spouse is not eligible for medicaid due to your countable income, the spouse is still eligible for RMA ([for eight months following the spouse's entry into the United States]) under subsection (8) of this section.

(11) If you disagree with a decision or action taken on the case by the agency, or its designee, 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]) 90 days of the date of the decision or action.