CODE REVISER USE ONLY



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: April 27, 2020 TIME: 12:10 PM

WSR 20-10-020

gency: Health Care Authority				
ffective date of rule:				
Emergency Rules				
□ Later (specify)				
Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?				
☐ Yes ⊠ No If Yes, explain:				
Purpose: The agency is establishing rules to comply with ESHB 1109, Sec 211 (47), which provides funding for services				
identical to those services covered by the Washington state family planning waiver program to individuals who: (1) Are age				
20 and older; (2) Who are at or below 260% of the federal poverty level; (3) Who are not covered by public or private				
insurance; and (4) Who need family planning services and are not currently covered by or eligible for another medical assistance program for family planning.				
assistance program for family planning.				
Citation of rules affected by this order:				
New:				
Repealed:				
Amended: 182-532-510 Suspended:				
Statutory authority for adoption: RCW 41.05.021, 41.05.160, ESHB 1109, Sec. 211(47), Chapter 415, Laws of 2019,				
Operating Budget				
Other authority:				
MERGENCY RULE				
Under RCW 34.05.350 the agency for good cause finds:				
☐ That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health,				
safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon				
adoption of a permanent rule would be contrary to the public interest.				
☐ That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate				
adoption of a rule.				
Reasons for this finding: This emergency is necessary to continue the current emergency filed under WSR 20-02-098,				
which is set to expire April 28, 2020, while the agency completes the permanent rulemaking process. This emergency				
implements the requirements in ESHB 1109, Sec. 211(47), Chapter 415. Since the last emergency filling, the agency filed the				
CR-102 Proposed Rule Making under WSR 20-09-096 on April 15, 2020, and a public hearing is scheduled for May 26, 2020.				
Note: If any actorony is left blank it will be calculated as nore				
Note: If any category is left blank, it will be calculated as zero.				
No descriptive text.				
Count by whole WAC sections only, from the WAC number through the history note.				
A section may be counted in more than one category.				
The number of sections adopted in order to comply with:				
Federal statute: New Amended Repealed				
Federal rules or standards: New Amended Repealed				
Recently enacted state statutes: New Amended 1 Repealed				
Necentry enacted state statutes. New Amended Nepealed				

The number of sections adopted at the request of a nongovernmental entity:				
	New	Amended	Repealed	
The number of sections adopted on the agency's own initiative:				
	New	Amended	Repealed	
The number of sections adopted in order to clarify, streamline, or reform agency procedures:				
	New	Amended <u>1</u>	Repealed	
The number of sections adopted using:				
Negotiated rule making:	New	Amended	Repealed	
Pilot rule making:	New	Amended	Repealed	
Other alternative rule making:	New	Amended <u>1</u>	Repealed	
Date Adopted: April 27, 2020	Signature:	70,110		
Name: Wendy Barcus		Mande	Dagus	
Title: HCA Rules Coordinator		, 5344		

- WAC 182-532-510 Family planning only programs—Eligibility. To be eligible for one of the family planning only programs listed in this section, a client must meet the qualifications for that program.
 - (1) Family planning only Pregnancy related program.
- (a) To be eligible for family planning only Pregnancy related services, as defined in WAC 182-532-001, a client must be determined eligible for the Washington apple health for pregnant ((clients)) women program during the pregnancy, or determined eligible for a retroactive period covering the end of a pregnancy. See WAC 182-505-0115.
- (b) A client is automatically eligible for the family planning only Pregnancy related program when the client's pregnancy ends.
- (c) A client may apply for the family planning only program in subsection (2) of this section up to sixty days before the expiration of the family planning only Pregnancy related program.
 - (2) Family planning only program.
- (a) To be eligible for family planning only services, as defined in WAC 182-532-001, a client must:
- (i) ((Be a United States citizen, U.S. National, or "qualified alien" as described under WAC 182-503-0535;
- (ii))) Provide a valid Social Security number (SSN), unless ineligible to receive one, or meet good cause criteria listed in WAC 182-503-0515(2);
- $((\frac{(iii)}{)}))$ (ii) Be a Washington state resident, as described under WAC 182-503-0520;
- $((\frac{\text{(iv)}}{\text{)}}))$ <u>(iii)</u> Have an income at or below two hundred sixty percent of the federal poverty level, as described under WAC 182-505-0100;
 - $((\begin{subarray}{c} (\begin{subarray}{c} (\bed{subarray}))))))) (\begin{subarray}{c} (\begin{subarray}{c} (\be$
- $(\ (\ (\forall i)\))$ $\ \underline{(v)}$ Have been denied apple health coverage within the last thirty days, unless the applicant:
- (A) Is age eighteen ((and)) or younger and seeking services in confidence;
- (B) Is a domestic violence victim who is seeking services in confidence; or
- (C) Has an income of one hundred fifty percent to two hundred sixty percent of the federal poverty level, as described in WAC 182-505-0100.
- (b) A client is not eligible for family planning only medical if the client is:
 - (i) Pregnant;
 - (ii) Sterilized;
- (iii) Covered under another apple health program that includes family planning services; or
- (iv) Covered by concurrent creditable coverage, as defined in RCW 48.66.020, unless they meet criteria in (a)((\frac{(vi)}{(vi)})) \frac{(v)}{(v)} of this subsection.
- (c) A client may reapply for coverage under the family planning only program up to sixty days before the expiration of the twelvemonth coverage period. The agency does not limit the number of times a client may reapply for coverage.