



# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (August 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: August 28, 2017

TIME: 11:09 AM

WSR 17-18-024

**Agency:** Health Care Authority, Washington Apple Health

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.  
 Other (specify) October 1, 2017 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**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 amending WACs 182-504-0125 and 182-523-0100 to clarify that a parent or caretaker relative who received coverage must also have been eligible for coverage in order to be eligible for extended medical coverage. The agency is also removing outdated information in subsection (9) of WAC 182-504-0125. Housekeeping changes are being made throughout.

**Citation of rules affected by this order:**

New:  
Repealed:  
Amended: 182-504-0125, 182-523-0100  
Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 17-15-066 on July 13, 2017 (date).  
Describe any changes other than editing from proposed to adopted version: N/A

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Web site:  
Other:

**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Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

**The number of sections adopted at the request of a nongovernmental entity:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in the agency's own initiative:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	___	Amended	<u>2</u>	Repealed	___
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**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>2</u>	Repealed	___

**Date adopted:** August 28, 2017

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-523-0100 Washington apple health—Medical extension.**

(1) A parent or caretaker relative who was eligible for and who received coverage under Washington apple health (~~((WAH))~~) for parents and caretaker relatives, (~~((+))~~) described in WAC 182-505-0240(~~((+))~~), in any three of the last six months is eligible, along with all dependent children living in the household, for twelve months' extended health care coverage if the person becomes ineligible for his or her current coverage due to increased earnings or hours of employment.

(2) A person remains eligible for (~~((WAH))~~) apple health medical extension unless:

(a) The person:

(i) Moves out of state;

(ii) Dies;

(iii) Becomes an inmate of a public institution; or

(iv) Leaves the household.

(b) The family:

(i) Moves out of state;

(ii) Loses contact with the agency or its designee or the whereabouts of the family are unknown; or

(iii) No longer includes an eligible dependent child as defined in WAC 182-503-0565(2).

(3) When a person or family is determined ineligible for (~~((WAH))~~) apple health coverage under subsection (2)(a)(i) through (iii) or (b)(i) or (ii) of this section during the medical extension period, the agency or its designee redetermines eligibility for the remaining household members as described in WAC 182-504-0125 and sends written notice as described in chapter 182-518 WAC before (~~((WAH))~~) apple health medical extension is terminated.

**WAC 182-504-0125 Washington apple health—Effect of reported changes.** (1) If you report a change required under WAC 182-504-0105 during a certification period, you continue to be eligible for Washington apple health ~~((WAH))~~ coverage until we decide if you can keep getting ~~((WAH))~~ apple health coverage under your current ~~((WAH))~~ apple health program or a different ~~((WAH))~~ apple health program.

(2) If your ~~((WAH))~~ apple health categorically needy (CN) coverage ends due to a reported change and you meet all the eligibility requirements for a different ~~((WAH-CN))~~ apple health CN program, we will approve your coverage under the new ~~((WAH-CN))~~ apple health CN program. If you are not eligible for coverage under any ~~((WAH-CN))~~ apple health CN program but you meet the eligibility requirements for either ~~((WAH))~~ apple health alternative benefits plan (ABP) coverage or ~~((WAH))~~ apple health medically needy (MN) coverage, we will approve your coverage under the program you are eligible for. If you are not eligible for coverage under any ~~((WAH-CN))~~ apple health CN program but you meet the eligibility requirements for both ~~((WAH-ABP))~~ apple health ABP coverage and ~~((WAH-MN))~~ apple health MN coverage, we will approve the ~~((WAH-ABP))~~ apple health ABP coverage unless you notify us that you prefer ~~((WAH-MN))~~ apple health MN coverage.

(3) If your ~~((WAH))~~ apple health coverage ends and you are not eligible for a different ~~((WAH))~~ apple health program, we stop your ~~((WAH))~~ apple health coverage after giving you advance and adequate notice unless the exception in subsection (4) of this section applies to you.

(4) If you claim to have a disability and that is the only basis for you to be potentially eligible for ~~((WAH))~~ apple health coverage, then we refer you to the division of disability determination services (within the department of social and health services) for a disability determination. Pending the outcome of the disability determination, we also determine if you are eligible for ~~((WAH))~~ apple health coverage under the SSI-related medical program described in chapter 182-512 WAC. If you have countable income in excess of the SSI-related categorically needy income level (CNIL), then we look to see if you can get coverage under ~~((WAH-MN))~~ apple health MN with spenddown as described in chapter 182-519 WAC pending the final outcome of the disability determination.

(5) If you are eligible for and receive coverage under the ~~((WAH))~~ apple health parent and caretaker relative program described in WAC 182-505-0240, you ~~((will))~~ may be eligible for the ~~((WAH))~~ apple health medical extension program described in WAC 182-523-0100, if your coverage ends as a result of an increase in your earned income.

(6) Changes in income during a certification period do not affect eligibility for the following programs:

- (a) ~~((WAH))~~ Apple health for pregnant women;
- (b) ~~((WAH))~~ Apple health for children, except as specified in subsection (7) of this section;
- (c) ~~((WAH))~~ Apple health for SSI recipients;
- (d) ~~((WAH))~~ Apple health refugee program; and
- (e) ~~((WAH))~~ Apple health medical extension program.

(7) We redetermine eligibility for children receiving ((WAH)) apple health for kids premium-based coverage described in WAC 182-505-0210 when the:

(a) Household's countable income decreases to a percentage of the federal poverty level (FPL) that would result in either a change in premium for ((WAH)) apple health for kids with premiums or the children becoming eligible for ((WAH)) apple health for kids (without premiums);

(b) Child becomes pregnant;

(c) Family size changes; or

(d) Child receives SSI.

(8) If you get SSI-related ((WAH-CN)) apple health CN coverage and report a change in work or earned income which results in a determination by the division of disability determination services that you no longer meet the definition of a disabled person as described in WAC 182-512-0050 due to work or earnings at the level of substantial gainful activity (SGA), we redetermine your eligibility for coverage under the health care for workers with disabilities (HWD) program. The HWD program is a premium-based program that waives the SGA work or earnings test, and you must approve the premium amount before we can authorize coverage under this program. For HWD program rules, see chapter 182-511 WAC.

~~((9) Prior to a scheduled renewal or March 31, 2014, whichever is later, your WAH coverage will not end and you will not pay more for your WAH coverage as a result of an eligibility determination if:~~

~~(a) You are enrolled in WAH at the time of the eligibility determination;~~

~~(b) You were enrolled in WAH prior to October 1, 2013; and~~

~~(c) At the time of the eligibility determination, your enrollment in WAH is not yet based on MAGI methodologies.))~~