



**RULE-MAKING ORDER
PERMANENT RULE ONLY**

**CR-103P (December 2017)
(Implements RCW 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 15, 2018

TIME: 1:01 PM

WSR 18-11-071

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) _____ (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 these rules to include Tailed Supports for Older Adults (TSOA) in subsection (5). The agency is also amending the rules to clarify both who may apply and language regarding the application process for these programs, and to update a website. In addition, the agency added a new subsection (11) to make it clear that authorized representatives may apply on the applicant's behalf.

Citation of rules affected by this order:

New:

Repealed:

Amended: 182-503-0005

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 18-07-060 on March 15, 2018 (date).

Describe any changes other than editing from proposed to adopted version:

Proposed/Adopted	WAC Subsection	Reason
WAC 182-503-0005 Washington Apple Health – How to Apply		
Proposed	(3) (b) By completing the application for aged, blind, disabled/long-term care coverage (HCA 18-005) and mailing or faxing to DSHS; or	Removed "or" following subsection (b), as subsection (c) had been the last subsection under (3).
Adopted	(3) (b) By completing the application for aged, blind, disabled/long-term care coverage (HCA 18-005) and mailing or faxing to DSHS; or	

Proposed	(3) (c) In person at a local DSHS CSO or home and community services (HCS) office.	Added "or" following subsection (c) because a new subsection (d) now follows.
Adopted	(3) (c) In person at a local DSHS CSO or home and community services (HCS) office ; ; <u>or</u>	
Adopted	<u>(3) (d) 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 and under without medicare.</u>	New subsection clarifies that persons under age 65 with disabilities may apply through Washington Healthplanfinder.
Proposed	(4) You may receive help filing an application: (a) For household containing people described in subsection (2) of this section: ...	Housekeeping corrections.
Adopted	(4) You may receive help filing an application ; . (a) For households s containing people described in subsection (2) of this section: ...	
Proposed	(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). (8) More information on how to give us an application may be found at the agency's web site: www.hca.wa.gov/free-or-low-cost-health-care .	Combining subsections (7) and (8) helps clarify that the provision applies to teens. Adding the parenthetical "search for teen" will help readers locate this information.

<p>Adopted</p>	<p>(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). (8) More information on how to give us an application may be found at the agency's web site: www.hca.wa.gov/free-or-low-cost-health-care (search for "teen").</p>	
<p>Proposed</p>	<p>(12) We help you with your application or renewal for apple health in a manner that is accessible to you if you:</p> <p>(a) Are a person with disabilities, impairments, or other limitations and choose equal access services as described in WAC 182-503-0120; or</p> <p>(b) Have limited-English proficiency as described in WAC 182-503-0110;</p>	<p>These revisions clarify that the equal access (EA) services offered are as specified in WAC 182-503-0120 and identifies the ways in which a person receives EA services.</p>
<p>Adopted</p>	<p>(12) We help you with your application or renewal for apple health in a manner that is accessible to you. <u>We provide equal access (EA) services as described in WAC 182-503-0120</u> if you:</p> <p>(a) Are a person with disabilities, impairments, or other limitations and choose equal access services as described in WAC 182-503-0120 <u>Ask for EA services, you apply for or receive long-term services and supports, or we determine that you would benefit from EA services;</u> or</p> <p>(b) Have limited-English proficiency as described in WAC 182-503-0110.</p>	

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 on 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>1</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>1</u>	Repealed	___

Date Adopted: May 15, 2018

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



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 and under without medicare (~~(, parents and caretaker relatives (modified adjusted gross income (MAGI))~~);

~~(a)) (including people who have a disability or are blind), you may apply:~~

~~((i)) (a) Online via the Washington Healthplanfinder at ((http://www.wahealthplanfinder.org)) www.wahealthplanfinder.org;~~

~~((ii)) (b) By calling the Washington Healthplanfinder customer support center ((number)) and completing an application by telephone;~~

~~((iii)) (c) By completing the application for health care coverage (HCA 18-001P), and mailing or faxing to Washington Healthplanfinder; or~~

~~((iv) Through)) (d) At a department of social and health services (DSHS) community services office (CSO).~~

~~((b) If you need help filing a MAGI-based apple health application, you may:~~

~~(i) Contact 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 community assistor, or broker.))~~

(3) If you seek apple health ~~((and have a disability or are blind, age sixty-five or older, eligible for medicare, or need long-term services and supports (non-MAGI))~~ coverage and are age sixty-five 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 ((http://www.WashingtonConnection.org)) www.WashingtonConnection.org;

(b) By completing the application for aged, blind, disabled/long-term care coverage (HCA 18-005) and mailing or faxing to DSHS; ~~((or))~~

(c) In person at a local DSHS CSO or home and community services (HCS) office; or

(d) 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 and under without medicare.

~~(4) ((For apple health that is not based on MAGI, you may apply if you are:~~

~~(a) Age sixty-five or older;~~

~~(b) Eligible for medicare;~~

~~(c) Applying for health care based on blindness or disability;~~

~~(d) Applying for long term services and supports; or~~

~~(e) Applying for assistance with medicare premiums.~~

~~(5)) You may receive help filing an application ((by:~~

~~(a) Visiting))~~.

(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 assistor, 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

((~~(b) Calling~~)) (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 web site: ((~~http://www.hca.wa.gov~~)) 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(~~(+~~

~~(a))~~ providing your:

~~((i))~~ (a) Full name;

~~((ii))~~ (b) Date of birth; ~~(and~~

~~(iii))~~ (c) Physical address, and mailing addresses (if different)~~(-~~

~~(b) Signing the application)); 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) ((Are a person with disabilities, impairments, or other limitations and may need equal access services as described in WAC 182-503-0120)) 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.