



RULE-MAKING ORDER PERMANENT RULE ONLY

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

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STATE OF WASHINGTON
FILED

DATE: June 04, 2019

TIME: 10:35 AM

WSR 19-12-085

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- 31 days after filing.
 Other (specify) July 15, 2019 (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 this rule to create a second eligibility methodology based on household size for the Qualified Medicare Beneficiary (QMB) program. The new methodology in effect increases the income limit and will allow more households to become eligible for this benefit.

Citation of rules affected by this order:

New:
Repealed:
Amended: 182-517-0100
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 19-04-072 on February 1, 2019 (date).
Describe any changes other than editing from proposed to adopted version: None

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Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___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New	___	Amended	___	Repealed	___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New	___	Amended	___	Repealed	___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	Repealed	___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: June 4, 2019

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-517-0100 Federal medicare savings programs. (1) Available programs. The medicaid agency offers eligible clients the following medicare savings programs (MSPs):

- (a) The qualified medicare beneficiary (QMB) program;
- (b) The specified low-income medicare beneficiary (SLMB) program;
- (c) The qualified individual (QI-1) program; and
- (d) The qualified disabled and working individuals (QDWI) program.

(2) Eligibility requirements.

(a) To be eligible for an MSP, a ~~((person))~~ client must:

- (i) Be entitled to medicare Part A; and
- (ii) ~~((Be a U.S. citizen, U.S. national, qualified American Indian born abroad, or a qualified alien who satisfies or is exempt from the five-year bar under WAC 182-503-0535;~~

~~(iii) Not exceed the income limits in (d) of this subsection; and~~

~~(iv) Not exceed the resource limits in (e) of this subsection.))~~

Meet the general eligibility requirements under WAC 182-503-0505.

(b) To be eligible for QDWI, a ~~((person))~~ client must be under age sixty-five.

(c) ~~((Except as provided under (d) and (e) of this subsection, MSPs follow the income, resource, and deeming rules for SSI-related persons in chapter 182-512 WAC.~~

~~(d))~~ Income and resource limits.

(i) Income limits for all MSPs are found at <https://www.hca.wa.gov/health-care-services-and-supports/program-administration/program-standard-income-and-resources>.

(ii) If a ~~((person's))~~ client's countable income is less than or equal to one hundred percent of the federal poverty level (FPL), the ~~((person may qualify))~~ client is income eligible for the QMB program.

~~((iii))~~ (iii) If a ~~((person's))~~ client's countable income is over one hundred percent of the FPL, but does not exceed one hundred twenty percent of the FPL, the ~~((person may qualify))~~ client is income eligible for the SLMB program.

~~((iii))~~ (iv) If a ~~((person's))~~ client's countable income is over one hundred twenty percent of the FPL, but does not exceed one hundred thirty-five percent of the FPL, the ~~((person may qualify))~~ client is income eligible for the QI-1 program.

~~((iv))~~ (v) If a ~~((person's))~~ client's countable income is over one hundred thirty-five percent of the FPL, but does not exceed two hundred percent of the FPL, the ~~((person may qualify))~~ client is income eligible for the QDWI program if the client is employed and meets disability requirements described in WAC 182-512-0050.

~~((e))~~ (vi) Resource limits.

~~((i))~~ (A) The resource limit for the QMB, SLMB, and QI-1 programs ~~((may be found at <http://www.hca.wa.gov/medicaid/eligibility/pages/standards.aspx>.~~

~~((ii))~~ are found at <https://www.hca.wa.gov/health-care-services-and-supports/program-standard-income-and-resources>.

(B) The resource limit for the QDWI program is \$4,000 for a single person and \$6,000 for a married couple.

~~((f))~~ (3) MSP income eligibility determinations.

(a) The agency has two methods for determining if a client is eligible for an MSP:

(i) The agency first determines if the client is eligible based on SSI-rated methodologies under chapter 182-512 WAC. Under this method, the agency calculates the household's net countable income and compares the result to the one-person standard. However, if the spouse's income is deemed to the client, or if both spouses are applying, the household's net countable income is compared to the two-person standard.

(ii) If the client is not eligible under the methodology described in (a)(i) of this subsection, the agency compares the same countable income, as determined under (a)(i) of this subsection, to the appropriate FPL standard based on family size. The number of individuals that count for family size include:

(A) The client;

(B) The client's spouse who lives with the client;

(C) The client's dependents who live with the client;

(D) The spouse's dependents who live with the spouse, if the spouse lives with the client; and

(E) Any unborn children of the client, or of the spouse if the spouse lives with the client.

(b) Under both eligibility determinations, the agency follows the rules for SSI-related people under chapter 182-512 WAC for determining:

(i) Countable income and resources;

(ii) Availability of income and resources;

(iii) Allowable income deductions and exclusions; and

(iv) Deemed income from and allocated income to a nonapplying spouse and dependents.

(c) The agency uses the eligibility determination that provides the client with the highest level of coverage.

(i) If the MSP applicant is eligible for QMB coverage under (a)(i) of this subsection, the agency approves the coverage.

(ii) If the MSP applicant is not eligible for QMB coverage, the agency determines if the applicant is eligible under (a)(ii) of this subsection.

(iii) If neither eligibility determination results in QMB coverage, the agency uses the same process to determine if the client is eligible under any other MSP.

(d) When calculating income under this section:

(i) The agency subtracts client participation from a long-term care client's countable income under WAC 182-513-1380, 182-515-1509, or 182-515-1514.

(ii) The agency counts the annual Social Security cost-of-living increase beginning April 1st each year.

~~((g) Relationship of MSPs to other medicaid programs:~~

~~(i) A client eligible for another medicaid program may also receive QMB or SLMB coverage.~~

~~(ii) A client eligible for another medicaid program is not eligible for QI-1 or QDWI.~~

~~(3-)) (4) Covered costs.~~

(a) The QMB program pays:

(i) Medicare Part A and Part B premiums using the start date in WAC 182-504-0025; and

(ii) Medicare coinsurance, copayments, and deductibles for Part A, Part B, and ((medicare advantage)) Part C, subject to the limitations in WAC 182-502-0110.

(b) If the client is eligible for both SLMB and another medicaid program:

(i) The SLMB program pays the Part B premiums using the start date in WAC 182-504-0025; and

(ii) The medicaid program pays medicare coinsurance, copayments, and deductibles for Part A, Part B, and (~~medicare advantage~~) Part C subject to the limitations in WAC 182-502-0110.

(c) If the client is only eligible for SLMB, the SLMB program covers medicare Part B premiums using the start date in WAC 182-504-0025.

(d) The QI-1 program pays medicare Part B premiums using the start date in WAC 182-504-0025 until the agency's federal funding allotment is spent. The agency resumes QI-1 benefit payments the beginning of the next calendar year.

(e) The QDWI program covers medicare Part A premiums using the start date in WAC 182-504-0025.

~~((4))~~ (5) MSP eligibility. Medicaid eligibility may affect MSP eligibility:

(a) QMB and SLMB clients may receive medicaid and still be eligible to receive QMB or SLMB benefits.

(b) QI-1 and QDWI clients who begin receiving medicaid are no longer eligible for QI-1 or QDWI benefits, but may be eligible for the state-funded medicare buy-in program under WAC 182-517-0300.

~~((5) The FPL standards are found at: <http://www.heca.wa.gov/medicaid/eligibility/pages/standards.aspx>.)~~

(6) Right to request administrative hearing. A person who disagrees with agency action under this section may request an administrative hearing under chapter 182-526 WAC.