

### 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: November 27, 2019

TIME: 11:12 AM

WSR 19-24-060

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 striking subsection (2)(iii). The agency does not change eligibility based on incarceration status.
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:
<ul> <li>□ 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)</li> <li>Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?</li> <li>□ Yes □ No If Yes, explain:</li> </ul>
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☐ Yes ⊠ No If Yes, explain:
rurpose. The agency is striking subsection (2)(iii). The agency does not change enginility based on incarceration status.
Citation of rules affected by this order:
New:
Repealed:
Amended: 182-523-0100
Suspended:
Statutory authority for adoption: RCW 41.05.021, 41.05.160, SSB 6430, Chapter 154, 2016 Regular Session
Other authority:
PERMANENT RULE (Including Expedited Rule Making)
Adopted under notice filed as WSR 19-21-129 on October 21, 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:
I Phone:
Fax:
Fax: TTY:
Fax: TTY: Email:
Fax: TTY:

## 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	y 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	a nongo	vernmenta	ıl entity:			
	New		Amended		Repealed	
The number of sections adopted on the agency's o	own initia	ative:				
	New		Amended		Repealed	
Γhe number of sections adopted in order to clarify,	, stream	line, or ref	orm agency	procedu	res:	
	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: November 27, 2019	s	ignature:	<u> </u>			
Name: Wendy Barcus			M	Sha	gorare	,
Title: HCA Rules Coordinator			, 0.	X		

AMENDATORY SECTION (Amending WSR 17-18-024, filed 8/28/17, effective 10/1/17)

#### 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 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 apple health medical extension unless:
  - (a) The person:
  - (i) Moves out of state;
  - (ii) Dies; or
  - (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 where-abouts 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 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 apple health medical extension is terminated.

[ 1 ] OTS-1617.2