



RULE-MAKING ORDER PERMANENT RULE ONLY

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

CODE REVISER USE ONLY

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STATE OF WASHINGTON
FILED

DATE: October 08, 2020

TIME: 4:16 PM

WSR 20-21-008

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 subsection (8) of WAC 182-507-0130 to specify circumstances under which an individual may receive additional months of refugee medical assistance benefits. The agency is also making nonsubstantive changes for consistency with other agency rules.

Citation of rules affected by this order:

New:

Repealed:

Amended: 182-507-0130

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 20-18-059 on August 31, 2020 (date).

Describe any changes other than editing from proposed to adopted version: Not applicable

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Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___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New	___	Amended	___	Repealed	___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New	___	Amended	___	Repealed	___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	Repealed	___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: October 8, 2020

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-507-0130 Refugee medical assistance (RMA). (1) (~~An individual is~~) You are eligible for refugee medical assistance (RMA) if all the following conditions are met. (~~The individual~~) You:

(a) Meet(~~s~~) immigration status requirements of WAC 182-507-0135;

(b) (~~Has~~) Have countable resources below one thousand dollars on the date of application;

(c) (~~Has~~) Have countable income equal to or below two hundred percent of the federal poverty level (FPL) on the date of application. The following income is not considered when determining eligibility for RMA:

(i) Resettlement cash payments made by the voluntary agency (VOLAG);

(ii) Income of a sponsor is not counted unless the sponsor is also part of (~~the individual's~~) your assistance unit; and

(iii) Income received after the date of application.

(d) Provide(~~s~~) the name of the VOLAG which helped bring (~~the individual~~) you to the United States so that the department of social and health services (DSHS) can promptly notify the VOLAG (or sponsor) about the medical application.

(2) (~~An individual who~~) If you receive(~~s~~) refugee cash assistance (RCA) (~~is~~) you are eligible for RMA as long as (~~the individual is~~) you are not otherwise eligible for medicaid or a children's health care program as described in WAC 182-505-0210. (~~An individual does~~) You do not have to apply for or receive RCA in order to qualify for RMA.

(3) (~~An individual is~~) You are not eligible to receive RMA if (~~the individual is~~) you are:

(a) Already eligible for medicaid or a children's health care program as described in WAC 182-505-0210;

(b) A full-time student in an institution of higher education unless the educational activity is part of a DSHS-approved individual responsibility plan (IRP); or

(c) A nonrefugee spouse of a refugee.

(4) If approved for RMA, the agency or its designee issues an approval letter in both English and (~~the individual's~~) your primary language. The agency or its designee also sends a notice every time there are any changes or actions taken which affect (~~the individual's~~) your eligibility for RMA.

(5) (~~An individual~~) You may be eligible for RMA coverage of medical expenses incurred during the three months prior to the first day of the month of the application. Eligibility determination will be made according to medicaid rules.

(6) If you are a victim of human trafficking you must provide the following documentation and meet the eligibility requirements in subsections (1) and (2) of this section to be eligible for RMA:

(a) Adults, eighteen years of age or older, must provide the original certification letter from the United States Department of Health and Human Services (DHHS). No other documentation is needed. The eight-month eligibility period will be determined based on the entry date on (~~the individual's~~) your certification letter;

(b) A child victim under the age of eighteen does not need to be certified. DHHS issues a special letter for children. Children also have to meet income eligibility requirements;

(c) A family member of a certified victim of human trafficking must have a T-2, T-3, T-4, or T-5 visa (derivative T-Visas), and the family member must meet eligibility requirements in subsections (1) and (2) of this section.

(7) The entry date for an asylee is the date that ~~((the individual's))~~ asylum status is granted. For example, ~~((an individual))~~ you entered the United States on December 1, 1999, as a tourist, then applied for asylum on April 1, 2000, interviewed with the asylum office on July 1, 2000, and ~~((was))~~ were granted asylum on September 1, 2000. The date of entry is September 1, 2000, and that is the date used to establish eligibility for RMA.

(8) RMA ends on the last day of the eighth month from the month ~~((the individual))~~ you entered the United States. For example, ~~((an individual who))~~ if you entered the United States on May 28, 2011, ~~((is))~~ you are eligible through the end of December 2011. You may receive RMA benefits for more months if you are in a category of persons for whom the federal Office of Refugee Resettlement has extended the eligibility period.

(9) ~~((An individual))~~ If you are approved for RMA ~~((is))~~ you are continuously eligible through the end of the eighth month after ~~((the individual's))~~ your entry to the United States, regardless of an increase in income.

(10) The agency, or its designee, determines eligibility for medicaid and other medical programs for ~~((an individual's))~~ your spouse when the spouse arrives in the United States. If the spouse is not eligible for medicaid due to ~~((the))~~ your countable income ~~((of the individual))~~, the spouse is still eligible for RMA for eight months following the spouse's entry into the United States.

(11) ~~((An individual who))~~ If you disagree ~~((s))~~ with a decision or action taken on the case by the agency, or its designee, ~~((has))~~ you have the right to request a review of the case action(s) or request an administrative hearing (see chapter 182-526 WAC). The request must be received by the agency, or its designee, within ninety days of the date of the decision or action.