



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 09, 2020
TIME: 3:14 PM

WSR 20-21-024

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: HCA is establishing rules to comply with ESHB 1109, Sec 211 (47), which provides funding for services identical to those services covered by the Washington state family planning waiver program to individuals who: (1) Are age 20 and older; (2) Who are at or below 260% of the federal poverty level; (3) Who are not covered by public or private insurance; and (4) Who need family planning services and are not currently covered by or eligible for another medical assistance program for family planning.

Citation of rules affected by this order:

- New:
- Repealed:
- Amended: 180-532-510
- Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority: ESHB 1109, Sec. 211(47), Chapter 415, Laws of 2019, Operating Budget

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 20-10-110 on May 06, 2020 (date).
Describe any changes other than editing from proposed to adopted version:

Proposed/Adopted	WAC Subsection	Reason
WAC 182-532-510		
Proposed	To be eligible for one of the family planning only programs listed in this section, a client must meet the qualifications for that program.	To define the term "full-scope coverage" HCA added to subsection (2)(a)(v)
Adopted	To be eligible for one of the family planning only programs listed in this section, a client must meet the qualifications for that program. <u>For the purposes of this section, "full-scope coverage" means coverage under either the categorically needy (CN) program, the broadest, most comprehensive scope of health care services covered or the alternative benefits plan (ABP), the same scope of care as CN, applicable to the apple health for adults program.</u>	
WAC 182-532-510(2)(a)(v)		
Proposed	(v) Have been denied apple health coverage within the last thirty days, unless the applicant: (A) Is age eighteen or younger and seeking services in confidence;	To clarify that clients making an informed choice to not apply for full-scope coverage, including family planning, are

	(B) Is a domestic violence victim who is seeking services in confidence; or (C) Has an income of one hundred fifty percent to two hundred sixty percent of the federal poverty level, as described in WAC 182-505-0100.	eligible for family planning only services
Adopted	(v) Have been denied apple health coverage within the last thirty days, unless the applicant: (A) <u>Has made an informed choice to not apply for full-scope coverage, including family planning;</u> (B) Is age eighteen or younger and seeking services in confidence; (B) (C) Is a domestic violence victim who is seeking services in confidence; or (C) (D) Has an income of one hundred fifty percent to two hundred sixty percent of the federal poverty level, as described in WAC 182-505-0100.	

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

Date Adopted: October 9, 2020

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-532-510 Family planning only programs—Eligibility. To be eligible for one of the family planning only programs listed in this section, a client must meet the qualifications for that program. For the purposes of this section, "full-scope coverage" means coverage under either the categorically needy (CN) program, the broadest, most comprehensive scope of health care services covered or the alternative benefits plan (ABP), the same scope of care as CN, applicable to the apple health for adults program.

(1) **Family planning only - Pregnancy related program.**

(a) To be eligible for family planning only - Pregnancy related services, as defined in WAC 182-532-001, a client must be determined eligible for the Washington apple health for pregnant ((clients)) women program during the pregnancy, or determined eligible for a retroactive period covering the end of a pregnancy. See WAC 182-505-0115.

(b) A client is automatically eligible for the family planning only - Pregnancy related program when the client's pregnancy ends.

(c) A client may apply for the family planning only program in subsection (2) of this section up to sixty days before the expiration of the family planning only - Pregnancy related program.

(2) **Family planning only program.**

(a) To be eligible for family planning only services, as defined in WAC 182-532-001, a client must:

(i) ~~((Be a United States citizen, U.S. National, or "qualified alien" as described under WAC 182-503-0535;~~

~~((ii)))~~ Provide a valid Social Security number (SSN) or proof of application to receive an SSN, be exempt from the requirement to provide an SSN as provided in WAC 182-503-0515, or meet good cause criteria listed in WAC 182-503-0515(2);

~~((iii)))~~ (ii) Be a Washington state resident, as described under WAC 182-503-0520;

~~((iv)))~~ (iii) Have an income at or below two hundred sixty percent of the federal poverty level, as described under WAC 182-505-0100;

~~((v)))~~ (iv) Need family planning services; and

~~((vi)))~~ (v) Have been denied apple health coverage within the last thirty days, unless the applicant:

(A) Has made an informed choice to not apply for full-scope coverage, including family planning;

(B) Is age eighteen ~~((and))~~ or younger and seeking services in confidence;

~~((B)))~~ (C) Is a domestic violence victim who is seeking services in confidence; or

~~((C)))~~ (D) Has an income of one hundred fifty percent to two hundred sixty percent of the federal poverty level, as described in WAC 182-505-0100.

(b) A client is not eligible for family planning only medical if the client is:

(i) Pregnant;

(ii) Sterilized;

(iii) Covered under another apple health program that includes family planning services; or

(iv) Covered by concurrent creditable coverage, as defined in RCW 48.66.020, unless they meet criteria in (a) ~~((+vi+))~~ (v) of this subsection.

(c) A client may reapply for coverage under the family planning only program up to sixty days before the expiration of the twelve-month coverage period. The agency does not limit the number of times a client may reapply for coverage.