## **EXPEDITED RULE MAKING**



## **CR-105 (December 2017)** (Implements RCW 34.05.353)

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**DATE: January 18, 2019** 

TIME: 12:18 PM

WSR 19-03-130

Agency: Health C	Care Authority	•	
Title of rule and	other identifying inform	ation: (describe subject)	
WAC 182-503-05	05—Washington annle he	ealth—General eligibility requirements	
WAC 102-303-03	ob—washington apple he	sain—General engionity requirements	
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ruipose oi tile p	noposai and its anticipa	ted effects, including any changes in existing ru	163.
Correcting WAC of	cross-reference.		
Reasons suppor	ting proposal. The agen	cy is revising this rule to correct a WAC cross-refere	ence in WAC 182-503-
		2-513-1317(5)." The current listed citation WAC 182	
Statutory author	ity for adoption: RCW 4	1.05.021, 41.05.160	
	ny ioi adoptioni kon	1100.02.1, 11100.1100	
Statute heing im	plemented: RCW 41.05.0	021 41 05 160	
otatute being iiii	picinented. NOW 41.00.0	521, 41.00.100	
le rule necessari	hecause of a:		
Is rule necessary because of a:  Federal Law?			□ Yes ⊠ No
Federal Court Decision?			☐ Yes ☒ No
State Court Decision?			□ Yes ⊠ No
If yes, CITATION:			
Name of proponent: (person or organization) Health Care Authority			☐ Private
			☐ Public
			⊠ Governmental
Name of agency	personnel responsible	for:	
	Name	Office Location	Phone
Drafting:	Michael Williams	PO Box 42716, Olympia WA 98504-2716	(360) 725-1346
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Enforcement:	Stephen Kozak	PO Box 45534, Olympia WA 98504-5534	(360) 725-1343
Agency commen matters: N/A	nts or recommendations	, if any, as to statutory language, implementation	n, enforcement, and fiscal

Expedited Adoption - Which of the following criteria was	used by the agency to file this notice:			
☐ Relates only to internal governmental operations that are not subject to violation by a person;				
rules of other Washington state agencies, shoreline master p	law, national consensus codes that generally establish industry			
□ Corrects typographical errors, make address or name characteristics.	nges, or clarify language of a rule without changing its effect;			
☐ Content is explicitly and specifically dictated by statute;				
<ul> <li>□ Have been the subject of negotiated rule making, pilot rule making, or some other process that involved substantial participation by interested parties before the development of the proposed rule; or</li> <li>□ Is being amended after a review under RCW 34.05.328.</li> </ul>				
Expedited Repeal - Which of the following criteria was us	ed by the agency to file notice:			
☐ The statute on which the rule is based has been repealed statutory authority for the rule; ☐ The statute on which the rule is based has been declared judgment, and no statute has been enacted to replace the un ☐ The rule is no longer processory because of changed circum.	unconstitutional by a court with jurisdiction, there is a final constitutional statute;			
<ul> <li>□ The rule is no longer necessary because of changed circumstances; or</li> <li>□ Other rules of the agency or of another agency govern the same activity as the rule, making the rule redundant.</li> </ul>				
5 ,	,			
Explanation of the reason the agency believes the expedited rule-making process is appropriate pursuant to RCW 34.05.353(4): This rulemaking is correction purposes only as allowed by RCW 34.05.353(1)(c).				
NOTICE				
THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, STATEMENT, OR PROVIDE RESPONSES TO THE CRITER OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKIN WRITING AND THEY MUST BE SENT TO	PREPARE A SMALL BUSINESS ECONOMIC IMPACT			
Name: Wendy Barcus, HCA Rules Coordinator				
Agency: Health Care Authority				
Address: PO Box 42716, Olympia, WA 98504-9716				
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AND RECEIVED BY (date) March 26, 2019				
Date: January 18, 2019	Signature:			
Name: Wendy Barcus  Title: HCA Rules Coordinator				
itle: HCA Rules Coordinator				

- WAC 182-503-0505 Washington apple health—General eligibility requirements. (1) When you apply for Washington apple health programs established under chapter 74.09 RCW, you must meet the eligibility criteria in chapters 182-500 through 182-527 WAC.
- (2) When you apply for apple health, we first consider you for federally funded or federally matched programs. We consider you for state-funded programs after we have determined that you are ineligible for federally funded and federally matched programs.
- (3) Unless otherwise specified in a program specific WAC, the eligibility criteria for each program are as follows:
  - (a) Age (WAC 182-503-0050);
- (b) Residence in Washington state (WAC 182-503-0520 and 182-503-0525);
- (c) Citizenship or immigration status in the United States (WAC 182-503-0535);
- (d) Possession of a valid Social Security account number (WAC 182-503-0515);
- (e) Assignment of medical support rights to the state of Washington (WAC 182-503-0540);
- (f) Application for medicare and enrollment into medicare's prescription drug program if:
  - (i) You are likely entitled to medicare; and
- (ii) We have authority to pay medicare cost sharing as described in chapter 182-517 WAC.
- (g) If your eligibility is not based on modified adjusted gross income (MAGI) methodology, your countable resources must be within specific program limits (chapters 182-512, 182-513, 182-515, 182-517, and 182-519 WAC); and
  - (h) Countable income within program limits:
  - (i) For MAGI-based programs, see WAC 182-505-0100;
  - (ii) For the refugee program, see WAC 182-507-0130;
- (iii) For the medical care services program, see WAC 182-508-0005;
- (iv) For the health care for workers with disabilities (HWD) program, see WAC 182-511-1000;
  - (v) For the SSI-related program, see WAC 182-512-0010;
- (vi) For long-term care programs, see ((chapter[s])) chapters
  182-513 and 182-515 WAC;
  - (vii) For medicare savings programs, see WAC 182-517-0100; and
  - (viii) For the medically needy program, see WAC 182-519-0050.
- (4) In addition to the general eligibility requirements in subsection (3) of this section, each program has specific eligibility requirements as described in applicable WAC.
- (5) If you are in a public institution, including a correctional facility, you are not eligible for full scope apple health coverage, except in the following situations:
- (a) If you are age twenty-one or younger or age sixty-five or older and are a patient in an institution for mental disease (see WAC ((182-513-1315(13))) 182-513-1317(5)); or
- (b) You receive inpatient hospital services outside of the public institution or correctional facility.

- (6) We limit coverage for people who become residents in a public institution, under subsection (5) of this section, until they are released.
- (7) If you are terminated from SSI or lose eligibility for categorically needy (CN) or alternative benefits plan (ABP) coverage, you receive coverage under the apple health program with the highest scope of care for which you may be eligible while we determine your eligibility for other health care programs. See WAC 182-504-0125.