

## Washington Apple Health Request for Children in Tribal Foster Care

A child age 18 or younger is eligible for Washington Apple Health (Medicaid) Foster Care Medical if the child meets the requirements in Section 4 below. This program requires annual confirmation from the Tribal placement agency that the child meets the program requirements and timely notification from the Tribal placement agency of changes in placement or if the child no longer meets program requirements. Please complete this form to request coverage or to report changes.

<b>Section 1: Children's Information</b> (Please print)		<b>Date of Placement/Change:</b> _____	
Name		Date of birth	Gender
Social Security number		Tribal Affiliation	
<b>Section 2: Tribe Information</b> (Please print)			
Tribe		Phone	
Case worker name		Email	
<b>Section 3: Placement Family Information</b> (Please print)			
<input type="checkbox"/> If you are reporting that the child no longer meets program requirements (for example, the child is back in parental custody), please check this box and skip Sections 3 and 4.			
Adult name(s)			
Relationship(s) to child		Phone	
Address			
City		State	Zip Code
<b>Section 4: Tribe Attestation for Coverage</b> (Please check the appropriate box, sign and complete)			
The child named above is under the care and placement authority of the placement agency (e.g., Indian Child Welfare agency) of the Tribe named above, for whom one of the following applies:			
<input type="checkbox"/> Receiving foster care/adoption support payments under Title IV-E of the Social Security Act (42 CFR 435.145);			
<input type="checkbox"/> Receiving full or partial financial support through the Tribe's Placement Agency (42 CFR 435.222);			
<input type="checkbox"/> A non-Title IV-E Adoption Assistance agreement is in place (42 CFR 435.227).			
Signature		Date	
Name (Please print)		Phone	
<b>Section 5: Type of Coverage</b>			
As the placement agency with authority over this child's care, we are choosing enrollment in (please select one):			
<input type="checkbox"/> Apple Health Core Connections through Coordinated Care of Washington, Inc. (CCW). This form will be shared with CCW to allow for health care coordination.			
<input type="checkbox"/> Apple Health coverage without a managed care plan (also referred to as fee-for-service).			



**Please submit the completed form to:**

**Mail:** Health Care Authority - Foster Care Medical Team  
P.O. Box 45534  
Olympia, WA 98504

**Questions?** Call: 1-(800) 562-3022 Ext 15480

**Fax:** (360) 725-1158

**Email:** [hcatribalfostercaremedical@hca.wa.gov](mailto:hcatribalfostercaremedical@hca.wa.gov)

**More information on your coverage Options**

Apple Health Core Connections (AHCC) primary goal is to make health care easier. Our health care coordinators work with caregivers, caseworkers, bio-parents, adoptive parents and the youth we serve to ensure AHCC members get the care they need. This includes access to primary care, behavioral health, vision, dental, specialists, durable medical equipment (DME), Home Health and more.

Apple Health coverage without a manage care plan (also referred to as fee-for-service) is when Apple Health pays providers directly for each service they do, using the ProviderOne payment system. Regardless whether you are in a health plan or not, the following services are always covered fee-for-service (FFS): dental care, vision hardware (children only), Long-term care, and inpatient psychiatric care for physician services.