



Washington Apple Health and Homeless Youth

Medicaid Eligibility Policy
Medicaid Eligibility & Community Support
October 08, 2020

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Overview

Overview

Apple Health is available to homeless (unaccompanied) youth, aged 18 and under who are not residing with a parent or legal guardian.

Due to age, youth are unable to apply for Apple Health via [Washington Healthplanfinder](#). However, Health Care Authority (HCA) offers assistance with the medical application process.

Applications can be submitted at any time, all throughout the year.

Application Process

Application Process

Homeless (unaccompanied) youth under the age of 19 will need to provide the following to apply:

- Name and date of birth
- Information about their income
- Mailing address – if the youth does not have a mailing address, they can use the address where they are staying (school, shelter, friend or relative address)

Homeless (unaccompanied) youth age 19 and older can apply online by visiting the [Washington Healthplanfinder](#) - select the "Apply Now" button.

Application Process

Homeless (unaccompanied) youth can submit a [paper application](#) via fax or email, phone interviews are also available.

These applications are processed by:

- HCA Contact: Jessica Cottom
- Phone: (360)725-2050
- Email: Jessica.cottom@hca.wa.gov
- Fax: (360)725-1158

Note: [HCA Community Based-Specialists](#) are located throughout the State and can assist with updating applications.

Apple Health enrollment next steps

Next Steps

Once a youth is found eligible for Apple Health (Medicaid) coverage, they will receive a letter in the mail that shares a link to their [Welcome to Washington Apple Health](#) benefits and services booklet.

This booklet displays important information regarding how to use their Apple Health coverage.

Next Steps

A ProvideOne services card is mailed within 7-10 days. The services card is a plastic ID card that looks similar to other health insurance ID cards. Youth should take this card with them to their doctor appointments.

Providers use this card to make sure their client's services are covered under Apple Health.



Next Steps

To choose a Primary Care Provider (PCP), the client can [contact their health plan](#) by calling the plan's member services or visit their website. If the client does not choose a PCP their health plan will choose one for them.

Once a PCP has been selected, clients can call to make an appointment to see their provider.

For more information visit: [First-timers' Guide to Washington Apple Health](#).

AREP

AREP Overview

An Authorized Representative (AREP) is a person or organization that is authorized by an applicant or recipient to act on their behalf for Apple Health eligibility purposes.

A youth can designate anyone on their application to be their AREP. The AREP must be an adult and maintain confidentiality.

The AREP designation may be terminated at any time by either the applicant or AREP, verbally or in writing.

See: [WAC 182-503-0130](#) for more information.

Scenarios

Scenarios

Scenario one

Lilly is 15 years old and living in a shelter by herself. Lilly visits George, the school nurse who just attended a training on Apple Health. Lilly shares she does not have health care.

How can George help Lilly obtain Apple Health?

Scenarios

Outcome

George lets Lilly know about Apple Health and how to submit an application. Lilly decides to apply over the phone. They set a time to contact HCA.

They call Jessica, the HCA representative who processes homeless youth applications. Lily's application is submitted and she is approved for Apple Health.

Scenarios

Scenario two

Justin is 16 years old and lives with his aunt June. June does not have legal custody of Justin; however, she wants to know if he is eligible for Apple Health.

Justin remembers that Mrs. Smith, his teacher talked about Apple Health in the past. The next day, Justin returns to school and asks Mrs. Smith if she can help him apply for Apple Health.

How can Mrs. Smith help Justin apply for Apple Health?

Scenarios

Outcome

Mrs. Smith sets a time with Justin to talk about Apple Health and she prints a paper application for Justin.

Justin completes and sends a paper application to the HCA representative via email.

Justin's application gets processed and within two business days, he receives an email confirmation. Justin is approved for Apple Health.

Justin will receive a ProviderOne card within 5 to 10 business days.

Scenarios

Scenario three

Daniel is 17 years old and heard about Apple Health coverage at school. He would like to apply but he does not think he is eligible since he does not have a permanent address.

Daniel decides to reach out to Mr. Brian the school counselor for help. Mr. Brian provides Daniel information on how to apply for Apple Health.

Will Daniel be able to apply without an address?

Scenarios

Outcome

Daniel and Mr. Brian discuss the different options to apply for Apple Health. Daniel decides to contact the HCA representative via phone.

Daniel is concerned since he does not have a permanent address to complete his application. The HCA representative reviews possible mailing addresses such as a friend, relative, the school, or general delivery.

Daniel decides to provide the school address. Daniel's application is submitted and he is approved for Apple Health.

Scenarios

Scenario four

Ms. Heather, the school nurse helped Pablo apply for Apple Health last school year. Pablo needs to go to the doctor this week but he does not have any of his cards.

How can Ms. Heather help Pablo?

Scenarios

Outcome

Ms. Heather and Pablo call Jessica (HCA) because she helped him with the application last year.

Jessica confirms Pablo's information and his mailing address and his Apple Health is still active.

Jessica confirms Pablo's managed care plan and provides him with their phone number to request his managed care card.

Jessica also sends Pablo a replacement ProviderOne services card.

Scenarios

Scenario five

Two months ago, Beth was approved for Apple Health and they designated their teacher, Ms. Anna, as the AREP.

Beth wants to switch their AREP since Ms. Anna left the school district. Beth would like to designate their new teacher, Mrs. Melissa, as their new AREP.

Who can Beth contact to make this change?

Scenarios

Outcome

Beth has a few options. They can contact Jessica (HCA) or one of the HCA community based specialists in the area.

Community based specialists are located throughout the State and assist individuals with application changes in Washington Healthplanfinder. Any specialist can help regardless of location.

In this case, Beth contacts Jessica to update the AREP information and Ms. Melissa is now Beth's new AREP.

Scenarios

Scenario six

Mary is pregnant and living with friends. She needs health care but does not know what to do. The school counselor, Ms. Janelle helps Mary by talking about Apple Health and how to apply

Mary emails Jessica, the HCA representative to set up a phone interview.

Jessica inquires if Mary wants to keep her pregnancy confidential.

What is the outcome of this scenario?

Scenarios

Outcome

Mary decides she does not want to keep her pregnancy confidential. Jessica submits Mary's application, and she is approved for Apple Health.

Note:

There is a different process when a minor decides to keep the pregnancy confidential. (see next slides for details).

Confidential Services

Confidential Services

Teens (under age 19) who want their pregnancy-related services to be kept confidential, may apply for coverage through a [paper application](#) process.

They may also contact the WithinReach Family Health Hotline at 1-800-322-2588 for help with the confidential application process.

Visit [HCA Health Care Services Pregnant Individuals](#) for more information.

Application for Pregnant Teen Health Care Coverage (for Teens Under Age 19)

First name		Middle initial	Last name	
Address where you live (If you don't have a fixed address, please provide mailing address below.)				
Street address		City	State	ZIP Code
Mailing address (If you prefer to have all mail sent to an authorized representative, please complete below.)				
Street address		City	State	ZIP Code
Preferred phone numbers				
Are these phone numbers where a physician/provider can leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do not fill in this section.				
Contact number:		Voicemail number:		
Language and disability services				
Do you have trouble speaking, reading, or writing English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need translated materials?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What language do you prefer to speak? _____				
What language do you prefer to read? _____				
Questions (Your response to these questions will not affect your coverage.)				
Are you a U.S. citizen or immigrant legally residing in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you American Indian or Alaska Native?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you want your pregnancy to be kept confidential?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any unpaid medical expenses incurred during your pregnancy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)	Pregnancy end date (mm/dd/yyyy) (If you don't know, estimate.)	Social Security number (If you don't have one, leave blank.)		
Optional authorized representative (An AREP is someone you allow the Health Care Authority to talk with about your coverage and/or to receive mail regarding your Pregnant Teen Health Care Coverage.) To have an AREP, please complete the information below.				
AREP's name		Organization name		Phone number
Street address		City	State	ZIP Code
Check either or both: <input type="checkbox"/> Send my mail to my mailing address. <input type="checkbox"/> Send my mail to this AREP's address.				
Read carefully before signing below				
I understand that: <ul style="list-style-type: none"> • My situation is subject to verification by the Health Care Authority or other state or federal agencies. • If I asked for my pregnancy to be kept confidential above, no other insurance will be billed for services I receive through this program. 				
Declaration and signature				
I have read and understood the information in this application. I declare under penalty of perjury that the information I have given in this application is true, correct, and complete to the best of my knowledge.				
Signature of applicant			Date	

MEDS, P.O. Box 45531, Olympia, WA 98504-5531 • 1-360-725-1898 (fax) • 1-800-562-3022 (voice)

Confidential Services

This paper application can be submitted via:

- Mail: MEDS
PO BOX 45531
Olympia, WA 98504-5531
- Fax: (360)725-1898
- Voice: 1-800-562-3022

Resources

Resources

- **HCA Foster Care Medical Team**

Email: fcmt@hca.wa.gov

Phone: 1-800-562-3022 (ext. 15480)

Fax: 360-725-1158

- **Foster Care**

hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/foster-care

- **Homeless Teen Process**

hca.wa.gov/assets/free-or-low-cost/homeless_teen_process.pdf

- **Confidential Services**

hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/pregnant-individuals#confidential-services

Resources

- **HCA Training & Education Resources**
hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education
- **HCA Area Representatives**
hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf
- **HCA Community-Based Specialists**
hca.wa.gov/assets/free-or-low-cost/community_based_staff_contact.pdf
- **Navigator Search**
wahealthplanfinder.org/HBEWeb/Annon_DisplayBrokerNavigatorSearch.action?brokerNavigator=NAV