

# External Guide to Washington Apple Health (Medicaid) Post-PHE

**What happens to Apple Health  
eligibility during and after the  
expiration of the COVID-19 public  
health emergency (PHE)**

**Version 1: Released 04/15/2022**



**Important note!**

This document is updated as much as possible. However, changes can occur as the federal government releases guidance on how to address Apple Health eligibility after the public health emergency (PHE) ends. Additionally, changes to the length of the PHE will impact timeframes and dates within this document.

Updated versions can be found at: [hca.wa.gov/phe](https://hca.wa.gov/phe)

For questions, comments, or concerns on the information in this guide, email [AHeligCovid19@hca.wa.gov](mailto:AHeligCovid19@hca.wa.gov).

Change log:


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## How to use this guide

This guide is for external use by navigators, brokers, providers, managed care organizations (MCOs), tribal entities, and other stakeholders. It is maintained by staff within Health Care Authority's (HCA) Office of Medicaid Eligibility and Policy (OMEP). This guide is all inclusive and may contain information not applicable to you or your organization.

The guide is divided into four different sections:

1. Apple Health Classic Medicaid (non-Modified Adjusted Gross Income (MAGI)) clients who apply with the Department of Social and Health Services (DSHS), including through Washington Connection.
  - Including clients who receive long-term services and supports (LTSS) through Home and Community Services (HCS) or Developmental Disabilities Administration (DDA) and all other Classic Apple Health Programs through DSHS' Community Services Division.
2. MAGI clients who apply for coverage through Washington Healthplanfinder.
3. Clients who need to move between MAGI and Classic Medicaid.
4. Miscellaneous information that applies to both Classic and MAGI Medicaid clients.

A list of common acronyms are in [appendix 6](#).

We are readily available to assist with any training, review, or meetings to clarify any information in this guide. Email [AHeligCovid19@hca.wa.gov](mailto:AHeligCovid19@hca.wa.gov) to arrange a time for review or address any questions, comments, or concerns.

**Note:** Nothing in this guide is intended to provide legal rights to any person or entity. The guide is intended solely for informational purposes and should not be relied upon as the basis for any legal action. Eligibility policies and procedures are governed by federal and state statutes, regulations, and formal sub regulatory guidance.



## Overview

### *PHE background*

The Department of Health and Human Services (HHS), a federal agency, may determine a disease or disorder presents a public health emergency (PHE) or that a PHE otherwise exists due to significant outbreaks of infectious disease. PHEs can last up to 90 days and can be extended at any time by HHS. On 01/27/2020, HHS declared COVID-19 to be a PHE. HHS continues to extend the COVID-19 PHE every 90 days.

The PHE is currently set to expire on 07/15/2022. Stay up to date on Apple Health and the PHE at [hca.wa.gov/phe](https://hca.wa.gov/phe).

### *Apple Health impact*

The Families First Coronavirus Response Act (FFCRA) allowed most Apple Health clients to continue receiving Apple Health coverage for the duration of the PHE. Certain eligibility and verification factors were also relaxed.

Apple Health no longer terminated clients who failed to renew or complete an eligibility review. If a client's eligibility terminated for any other reason, HCA and DSHS reopened coverage.

### *After the PHE ends*

Once the PHE ends, HCA will spend the next 12 months redetermining clients' eligibility for Apple Health based on clients' post-PHE renewal dates. Clients continued on Apple Health solely because of the PHE will get a chance to update their circumstances through a renewal or eligibility review process to see if they remain eligible for continued coverage. All clients who are determined ineligible after the PHE ends will have the opportunity to appeal their termination.

HCA worked closely with the Washington Health Benefit Exchange (HBE), which operates Washington Healthplanfinder, and DSHS to develop post-PHE plans to redetermine clients' eligibility for Apple Health. HCA will utilize new and improved ways of reaching clients, including automated phone calls, enhanced envelopes, and updated correspondence. The goal is to ensure clients respond to renewals and eligibility reviews to see if they're eligible for continued Apple Health coverage or other insurance through Washington Healthplanfinder.



# Chapter 1: Apple Health Classic Medicaid through DSHS

## What

Clients eligible for Classic (non-MAGI) Apple Health coverage are those who are:

- Age 65 or older,
- Have blindness or a disability and are not eligible for MAGI coverage through Washington Healthplanfinder, or
- Are eligible for Medicare.

Classic Apple Health coverage includes clients receiving long-term services and supports (LTSS), which is administered by Home and Community Services (HCS) and Developmental Disabilities Administration (DDA). DSHS' Community Services Division (CSD) administers all other Classic Apple Health programs.

## Who

See [appendix 1](#) for a list of medical programs administered by CSD, DDA, and HCS.

## *Eligibility Reviews (ER)*

### Key takeaways

- August, September, and October will have a higher than usual number of ERs mailed and received compared to the rest of the 12 months.
- Terminations for not renewing eligibility resume 08/31/2022.
- Clients reinstated solely due to the PHE will have eligibility redetermined at their next ER.

## During the PHE

ER processes continued, but clients were not terminated for failing to provide an ER.

## After the PHE

ER processes begin in July when DSHS mails ER notices to clients due for review in August. The ER notice is updated to include language about the PHE ending; see [appendix 3](#) for a copy of the Eligibility Review notice. ERs will be mailed to clients at their system-assigned review date. This includes clients:

- Previously extended three months at a time when they did not submit an ER,
- Reinstated clients whose coverage initially terminated and was reopened during the PHE, and

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- Already eligible for Apple Health coverage who are due for a regular review, including state-funded LTSS clients.

DSHS sends ERs by mail 45 days before a client’s certification end date. Copies of ER notices are mailed to authorized representatives when one is on file. The system mails a termination notice at least 10 days before the end of the month to anyone who doesn’t submit their ER.

**Terminations for not submitting an ER resume 08/31/2022.** Assigned HCS and DDA staff follow [equal access policy](#) and contact clients if their annual eligibility review is not received.

## *Outreach*

DSHS and HCA will complete the below activities the 12 months after the PHE ends to encourage responses to ER notices.

Days before certification end date	Example of ER due by 08/31/2022	Activity	Outreach method
75	06/15/2022	Contact information update campaign: are your address(es) and phone number(s) up to date	Postcard via USPS
54	07/07/2022	Reminder that PHE ended and ER notices will be mailed next month	Postcard via USPS; See <a href="#">appendix 3</a> for an example
49	07/12/2022	Mail-in ER notice goes out with new added text about PHE ending	Letter via USPS; See <a href="#">appendix 3</a> for an example
16	08/15/2022	Reminder call to complete ER	DSHS automated call-out*
10	08/21/2022	Termination letter for not renewing goes out to those who did not submit an ER	Letter via USPS

\*DSHS – CSD begins automated call campaign to clients who have not submitted an ER. The prerecorded message will remind the client to submit their ER, how to do it, and to call DSHS with questions.

**Note:** This automated call will not be initiated to HCS and DDA clients. Assigned Public Benefits Specialists for HCS follow equal access policy and contact clients if their annual eligibility review is not received.



The above activities are in addition to any statewide outreach to clients by managed care plans and HCA, such as social media posts encouraging clients to respond to any notices.

## *Resuming normal operating procedures – Classic Apple Health*

### Key takeaways

- Beginning 08/01/2022, staff will begin requesting verification of income, resources, and other eligibility factors.
- Change reporting requirements and case action on reported changes resumes.
- Terminations resume 08/31/2022.

Procedure	Resume date	Details
Verification of medical expenses, income, and resources	8/1/2022	DSHS will begin requesting verification of medical expenses, income, and resources. If a client reports their employer or source of income is unavailable (i.e., business closed), DSHS will take self-attestation as allowed prior to the PHE. DSHS will provide clients more time to provide verification and can take self-attestation, if needed.
Return mail	8/31/2022	Terminations for whereabouts unknown resume effective no sooner than
Change reporting requirements and case action on reported changes	8/31/2022	If the client has had a renewal completed within 12 months of the reported change.



## Clients receiving Long-term services and supports (LTSS)

- When return mail is received, staff contact the assigned social service case manager for updated client contact information, and clients may be terminated for residency after confirmation they moved out of state.
- Staff will begin requesting verification, including proof of earned income, court orders for guardianship fees, and most resources.
- Staff will accept self-attestation of most unearned income types, liquid resources and primary residence, and some expenses.

## General reminders

- Clients terminated for not providing verification have until the date of termination to provide the verification. They can also request an extension. If information is provided, DSHS will review to see if the client remains eligible.
- Clients may reapply at any time.

## *Alien Emergency Medical (AEM) – Classic*

Once the PHE ends AEM clients will receive one final ER notice with text shown in [appendix 3](#); see [Eligibility Reviews](#) above for the process. AEM coverage ends with 10 days' notice if clients do not respond to an ER, request for medical evidence, or are not clinically eligible.



## Chapter 2: MAGI Apple Health through Washington Healthplanfinder

### **What**

Apple Health coverage for adults, children, pregnant individuals, or parents and caretakers. These clients get coverage through Washington Healthplanfinder, administered by the Health Care Authority (HCA). Income eligibility is based on modified adjusted gross income (MAGI).

### **Who**

Clients on Washington Apple Health for:

- Family/Caretaker Relatives
- Family/Caretaker Relatives – Extension
- Pregnant Individuals and After-Pregnancy Coverage
- Newborns
- Kids
- Kids with Premiums
- Alien Emergency Medical
- Adults
- Family Planning Only

### ***Renewals – MAGI***

#### **Key takeaways**

- August, September, and October will have a higher than usual number of renewals compared to the rest of the 12 months.
- Terminations for not renewing eligibility resume 08/31/2022.
- Clients receiving Apple Health solely due to the PHE will have eligibility redetermined at their next renewal.

Procedure	Resume date	Details
Pre-PHE renewal processes	7/1/2022	Washington Healthplanfinder will attempt to auto-renew clients due for renewal in August.
Renewal notice	7/10/2022	If a client cannot be auto-renewed, Washington Healthplanfinder sends the “Response Required – Apple Health Renewal” by this date.
Termination letters	8/10/2022	Washington Healthplanfinder sends the Washington Apple Health Termination letter to clients who did not respond. See <a href="#">appendix 2</a> for example of all renewal and termination notices.
Terminations for non-renewal	8/31/2022	Clients who did not complete their renewal will have coverage terminated.

## Regular renewal process

HCA will take up to 12 months to redetermine eligibility for MAGI clients who were reinstated during the PHE based on clients’ post-PHE renewal dates.

The regular renewal processes continue for ongoing months: On 08/01/2022, Washington Healthplanfinder attempts to auto-renew clients due for renewal by 09/30/2022. Auto-renewal is when the system looks at a household’s self-reported income and compares it to available data sources. If the data sources show income is under the limit, the client auto-renews and the system sends the “Washington Apple Health Renewal - Review Only” notice.

Clients go through the renewal process based on their system-assigned renewal end date. This includes clients who were:

- Previously extended three months at a time,
- Already eligible for Apple Health who are due for a regular renewal, and
- Reinstated on coverage during the PHE.
  - For example, if a client had their Apple Health reinstated through January 2023, they will go through the auto-renewal process beginning 12/01/2022.



## What happens when a client needs to take action to renew?

There are three pathways' clients take after getting the "Response Required – Apple Health Renewal" notice.

1. If they take action to renew and are determined eligible for Apple Health based on self-attestation, they may have to respond to a [post-eligibility review letter](#). This letter is sent within the following few weeks and requires a response within 15 days.
2. If they take action to renew and no longer qualify for Apple Health, coverage terminates at the end of the month. Washington Healthplanfinder will offer them additional coverage options, which may include coverage through a Qualified Health Plan with possible savings provided under the American Rescue Plan Act (ARPA).
  - Clients who appear to meet the criteria for Classic Apple Health, such as age or Medicare eligibility, are given the choice to be referred to DSHS.
3. If they do not respond, Apple Health terminates and they do not get further health care coverage.

**Clients terminated for not renewing have 90 days from the termination date to complete their renewal and be retroactively reinstated from the termination date, if eligible, without a gap in coverage.** For example, a client who terminates April 30<sup>th</sup> for not renewing has until July 31<sup>st</sup> to complete their renewal. If eligible for Apple Health, they are automatically approved as of May 1<sup>st</sup>.

HCA added a "domestic production activities" income deduction to some applications to keep Apple Health active during the PHE. This deduction is no longer allowed by the Internal Revenue Service (IRS). This deduction will be automatically removed from applications when the PHE ends. Client eligibility will not be redetermined until the next renewal.

## *Resuming normal operating procedures – MAGI*

### Key takeaways

- Beginning 08/01/2022, staff will begin requesting verification of income and other eligibility factors.
- Change reporting requirements and case action on reported changes resumes.
- Terminations resume 08/31/2022.

Procedure	Resume date	Details
HCA begins requesting verification	8/1/2022	Request verification for income, deductions, and medical expenses for spenddown.
Return mail	8/31/2022	Terminations for whereabouts unknown resume, effective no later than 8/31/2022.
Change reporting requirements and case actions on reported changes	8/31/2022	Clients who report changes after the PHE ends will have eligibility redetermined, even if their renewal date hasn't approached.
Medicare-eligible notices	7/1/2022	Clients who report changes after the PHE ends will have eligibility redetermined, even if their renewal date hasn't approached.
Terminations for Medicare-eligible clients	8/31/2022	Terminations of Apple Health for Adults for being Medicare-eligible.

## *Post-Eligibility Reviews (PER)*

### Key takeaways

- HCA begins sending out PER notices on a weekly basis in early July.
- Any changes to Apple Health will occur no sooner than 08/31/2022.

Procedure	Resume date	Details
Post-eligibility review letter	7/1/2022	Clients who apply for or renew coverage after the resume date may receive a letter, requiring a response within 15 days.
Terminations for no response	8/31/2022	Clients' coverage is terminated if they don't respond to the letter or respond and are no longer eligible.

**Note:** HCA will use a redesigned post-eligibility review notice as developed with the Consumer Notices Workgroup and the new envelope (see [appendix 2](#)).



## *ProviderOne extensions*

Some clients lost coverage in Washington Healthplanfinder and could not be reinstated in that system. Their coverage was extended in ProviderOne as Apple Health without a managed care plan, also known as fee-for-service. These clients:

- Turned 19 and their immigration status doesn't qualify them for ongoing Apple Health, or
- Received 60-day post-partum coverage and their immigration status doesn't qualify them for ongoing Apple Health.

HCA will send a unique form to determine their continued eligibility when the PHE ends. See [appendix 5](#) for copy of the letter.

- Redetermination occurs in the 12 months following the PHE ending based on when they turned 19 or when their 12-month post-partum period ended. The due date for the form is the 5<sup>th</sup> of the following month.
- HCA will review the case file to determine if the client responded.
  - No response received: Staff manually send a termination notice from Washington Healthplanfinder, and ProviderOne coverage ends with at least 10 days' notice.
  - Response received: Staff redetermine ongoing eligibility.

## *After-Pregnancy Coverage*

Substitute Senate Bill (SSB) 5068 directs HCA to extend post-partum coverage from the current 60 days to 12-months for clients who, on or after the expiration date of the PHE, are receiving postpartum coverage.

Clients within 12 months of the end of their pregnancy end date will stay on Apple Health coverage until the end of their 12-month post-partum period when they will go through the MAGI renewal process explained above.

## *Alien Emergency Medical (AEM) – MAGI*

Once the PHE ends, AEM clients follow the [MAGI renewal process](#) above. AEM clients extended three months at a time will have a renewal due between August 2022 and October 2022. Clients who do not respond will terminate for not renewing.



## *Foster care and adoption support*

HCA's Foster care and adoption support (FCAS) team maintain Apple Health for children in foster care (FC), receiving adoption support (AS), and those under age 26 who age out of foster care.

Children in FC or AS who had a change in circumstances remained eligible for coverage even if FC or AS ended due to the PHE. Children who age out of FC move to Former Foster Care Apple Health coverage until they turn 26. Staff moved clients who turned 26 during the PHE to Apple Health for Adults. Children in an institution, including in Children's Long Term Inpatient Program (CLIP) facility or hospital, for 30+ days, remained on their program.

### **After the PHE**

Clients who moved to MAGI Apple Health for Adults or Apple Health for Kids in Washington Healthplanfinder will have their eligibility redetermined based on their renewal end date. See the [Renewals – MAGI](#) section above.

Clients released from an institution more than 12 months ago will have their eligibility redetermined by HCA FCAS staff. HCA FCAS staff can be reached Monday through Friday from 7:30 a.m. to 5 p.m. at 1-800-562-3022, extension 15480 or email [fcas@hca.wa.gov](mailto:fcas@hca.wa.gov).

## *Moving to a Qualified Health Plan*

Clients who no longer qualify for Apple Health may be eligible for a Qualified Health Plan (QHP) with financial assistance (tax credits) through Washington Healthplanfinder. Washington Healthplanfinder will open a special enrollment period automatically when Apple Health coverage ends. Clients have 60 days to select a plan. Coverage start dates typically fall to the first of the month after selecting a plan. Coverage dates may begin later if clients report coverage ending at a future date.

Clients can receive QHP enrollment support by calling Washington Healthplanfinder at 1-855-923-4633 (TTY 1-855-627-9604) or [contacting a navigator/broker](#).

**Note:** If Apple Health coverage terminates for not responding or not completing a renewal clients will not be able to take advantage of the ARP savings until they reapply and are eligible.





## Chapter 3: Moving between Classic and MAGI Apple Health programs

### *Apple Health for Adults and 65+ or Medicare-eligible*

#### **Prior to the PHE**

Clients on MAGI Apple Health for Adults who turned age 65 or became Medicare-eligible received notice to apply for ongoing Apple Health at DSHS. MAGI Apple Health terminates due to Medicare-eligibility.

#### **During the PHE**

HCA no longer terminated this group of clients who did not respond and extended MAGI eligibility three months at a time.

Clients extended on MAGI Apple Health for Adults for three months who are age 65 or older or Medicare-eligible will be included in the August, September, and October [MAGI renewals](#). HCA will mail these clients an additional notice ( [appendix 6](#) ). If they do not respond by applying through DSHS, the redetermination process is complete and Apple Health coverage ends. Clients will receive notice that their Apple Health coverage close and can apply at DSHS anytime.

#### **After the PHE**

HCA resumes its pre-PHE process by sending clients who are newly eligible for Medicare an application to apply at DSHS. If the client does not respond by applying at DSHS, Apple Health will end.

### *SSI terminations*

Clients who receive Supplemental Security Income (SSI) automatically receive SSI medical through DSHS.

#### **Prior to the PHE**

If a client's SSI ended, DSHS looked to see if the client was eligible for further coverage, including MAGI coverage through Washington Healthplanfinder. Clients who did not apply in Washington Healthplanfinder had their SSI medical terminated.

#### **During the PHE**

The process stopped and SSI medical continued.

#### **After the PHE**

DSHS will resume the process by sending clients updated notices to apply at Washington Healthplanfinder or Washington Connection for continued coverage.



## *MAGI Apple Health and LTSS*

Some clients extended on MAGI Apple Health programs receive long-term services and supports (LTSS) administered by HCS and DDA. HCA will provide HCS monthly reporting for MAGI closures and clients accessing LTSS. Public benefit specialists and social service case management staff at HCS will assist clients with applications and necessary verifications as they are redetermined for Apple Health through DSHS.

## Chapter 4: Other Classic and MAGI Apple Health program information

The following sections apply to both Classic and MAGI Apple Health clients.

### *Language access*

HCA, DSHS, and Washington Healthplanfinder provide written and verbal translation and interpreter services free of charge, including to clients who are deaf or hard of hearing.

### *CHIP and HWD premiums*


#### **Key takeaways**

- Apple Health for Workers with Disabilities (HWD) and Apple Health for kids with premiums (also known as the Children’s Health Insurance Program or CHIP) premium requirements resume October 2022.

Procedure	Resume date	Details
Notices for premiums resuming	7/2022	HWD and CHIP clients receive notice advising them of the PHE ending, premium collection resuming, and which monthly invoice to pay.
Premium requirements resume	10/2022	HCA will update invoice language to explain the PHE ended and premium requirements resume. See <a href="#">appendix 4</a> for examples of the notices.

### *MCOs and 834 information*

HCA worked with managed care organizations (MCOs) to conduct end of PHE member outreach to ensure clients respond to renewal notices. The timing of the renewal outreach depends on the renewal dates in the 834 file sent from HCA to the MCOs. The 834 file is a standard report sent from HCA to the MCOs containing the MCO’s member information.



The auto-renewal process ends on or before the 10th of every month. Use the schedule below to determine which 834 file to use to begin renewal outreach based on a “recertification end date” of the end of the following month.

- When the 10th falls on Sunday, use the file issued the 18<sup>th</sup>.
- When the 10th falls on Monday, use the file issued the 17<sup>th</sup>.
- When the 10th falls on Tuesday, use the file issued the 16<sup>th</sup>.
- When the 10th falls on Wednesday, use the file issued the 15<sup>th</sup>.
- When the 10th falls on Thursday, use the file issued the 14<sup>th</sup>.
- When the 10th falls on Friday, use the file issued the 13<sup>th</sup>.
- When the 10th falls on Saturday, use the file issued the 12<sup>th</sup>.

For example, clients with a recertification end date of 08/31/2022 go through auto-renewal July 1-10<sup>th</sup>, which is a Sunday. MCOs should use the 834 issued July 18 to see who is still due to renew 08/31/2022 and conduct outreach.

## *COFA Islander Programs*

Compact of Free Association (COFA) clients from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau can get Apple Health if they meet all other requirements. For more information, visit our [COFA Islander webpage](#).

## *Public charge*

Clients can receive Apple Health coverage, emergency medical care, and COVID-19 assessment and treatment, without impacting their ability to become a Lawful Permanent Resident in the future.

Currently, the only health benefit that immigration officials can consider for the public charge test is government-funded long-term institutional care, such as care received in a nursing facility. Alien Emergency Medical (AEM) and state-funded programs are excluded from reporting under public charge.


HCA will continue to protect the confidentiality of each client’s personal information and does not share this information unless required by law.

[Read HCA’s Public Charge announcement.](#)

## *Appeals*

Clients who disagree with a decision by HCA or DSHS to terminate, change, or deny Apple Health coverage have the right to appeal. This is called an administrative hearing, which is a legal process where a judge

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reviews an agency decision. Clients may be able to keep their Apple Health coverage during the appeal process, if they request an appeal within 10 days from the date of the notice or by the end of the month of the notice, whichever is later.

[Find out more information on Apple Health appeals.](#)

## *Reconsideration*

Clients who received a termination notice have until the end of that month of the notice to submit all information to have their eligibility reconsidered. Clients may reapply for coverage at any time.

## Upcoming webinars

HCA will host several webinars to review post-PHE eligibility and redeterminations once the PHE end date is confirmed. Make sure you're signed up for [GovDelivery](#) to register for webinars and receive weekly updates.


## Contact

Email [AHeligCovid19@hca.wa.gov](mailto:AHeligCovid19@hca.wa.gov) if you'd like to arrange a time for review or address any questions, comments or concerns.

Clients with questions should contact the agency that determined their eligibility:

- Apple Health through Washington Healthplanfinder:
  - HCA Medical Eligibility Determination Services (MEDS)
  - Email [MEDS](#)
  - [Contact Us](#)
  - Phone: 1-800-562-3022
  - Monday to Friday 7 a.m. – 5 p.m., except state holidays
  - [HCA community-based specialists](#) for assistance in your area
- Foster care, adoption support, and alumni Apple Health through Foster care and adoption support (FCAS):
  - Email [FCAS](#)
  - Phone: 1-800-562-3022, extension 15480
  - Monday to Friday 7:30 a.m. – 5 p.m., except state holidays

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- 
- Classic Apple Health(non-MAGI) through DSHS – CSD:  
Phone: 1-877-501-2233  
Monday to Friday 8 a.m. – 3 p.m., except state holidays
  - Classic Apple Health (non-MAGI) through DDA (cases in office 017):  
Phone: 1-855-873-0642
  - Washington Healthplanfinder Customer Support Center  
Monday to Friday 7:30 a.m. – 5:30 p.m.  
Phone: 1-855-923-4633  
TTY: 1-855-627-9604  
Language assistance is available in more than 200 languages and disability accommodations are provided at no cost.  
[Navigator search](#)

# Appendices

## Appendix 1: Coverage groups

### SSI and SSI-related Classic Apple Health, also called Aged/Blind/Disabled (ABD)

Group	Description	RAC(s)	Administering Agency
S01	SSI recipients	1104, 1105, 1106, 1107	CSD
S02	ABD Categorically Needy	1108, 1109, 1110, 1111	CSD
S03	QMB Medicare Savings Program (MSP) Medicare premium and co-pays	1112, 1113	CSD if no active L-program
S04	QDWI Medicare Savings Program	1114	CSD if no active L-program
S05	SLMB Medicare Savings Program - Medicare premium only	1115, 1116	CSD if no active L-program
S06	QI-1 (SLMB) Medicare Savings Program	1117, 1118	CSD if no active L-program
S07	Emergency Related Service Only (AEM)	1119, 1120	CSD
S95	Medically Needy no spenddown	1124, 1125, 1126, 1127	CSD
S99	Medically Needy with spenddown	1124, 1125, 1126, 1127	CSD

### SSI-related Healthcare for Workers with Disability

Group	Description	RAC(s)	Administering Agency
S08	Apple Health for Workers with Disabilities CNP premium based program	1121, 1134, 1271	DDA or HCS

### Institutional Home and Community Based Waivers, and Hospice SSI and SSI-related

Group	Description	RAC(s)	Administering Agency
L21	DDD/HCS Waiver on SSI	1146, 1147, 1152, 1153, 1218, 1219, 1220, 1221	HCS or DDA
L22	DDD/HCS Waiver – gross income under the SIL	1148, 1149, 1150, 1151, 1174, 1175, 1222, 1223, 1224, 1225	HCS or DDA

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Group	Description	RAC(s)	Administering Agency
L24	Undocumented alien/non-citizen LTC – residential placement.	1190, 1191, 1192, 1193, 1194, 1195	HCS
L31	PACE or hospice on SSI	1226, 1227, 1228, 1229, 1236, 1237, 1138, 1239	HCS if PACE DDA if Hospice
L32	PACE or hospice – SSI-related	1230, 1231, 1232, 1233, 1234, 1235, 1240, 1241, 1242, 1243	HCS if PACE DDA if Hospice
L41	Roads to Community Living on SSI	1260, 1261, 1262, 1263	HCS or DDA
L42	Roads to Community Living – SSI related	1264, 1265, 1266, 1267, 1268, 1269	HCS or DDA

#### Non-Institutional Community First Choice – Personal care services in the community

Group	Description	RAC(s)	Administering Agency
L51	Community First Choice (CFC) on SSI	1104, 1105, 1106, 1107, 1244, 1245, 1246, 1247	HCS or DDA
L52	Community First Choice (CFC) – SSI related at home or in an ALF	1046, 1047, 1108, 1109, 1110, 1111, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259	HCS or DDA

#### SSI-related: Residing in a medical institution 30 days or more

Group	Description	RAC(s)	Administering Agency
L01	SSI recipient in a medical institution - residing in a medical institution 30 days or more	1065, 1066, 1067, 1068, 1069, 1070, 1168, 1169	HCS or DDA
L02	SSI related CNP in a medical institution income under the SIL	1071, 1072, 1073, 1074, 1162, 1163, 1164, 1165	HCS or DDA
L04	Undocumented alien/non-citizen LTC must be pre-approved by ADSA program manager. Emergency Related Service Only (45 slots)	1077, 1078, 1081, 1082, 1158, 1159, 1160, 1161, 1182, 1183, 1184, 1185	HCS

Dates will change if PHE extends past July 2022



Group	Description	RAC(s)	Administering Agency
L95	SSI related Medically Needy no spenddown. Income over the SIL. Income under the state rate.	1083, 1084, 1085, 1086, 1087, 1186, 1187, 1154, 1155, 1156, 1157, 1166	HCS or DDA
L99	SSI related Medically Needy with spenddown Income over the SIL. Income over the state rate but under the private rate. Locks into state NF rate.	1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1154, 1155, 1156, 1157, 1167, 1186, 1187, 1188, 1189,	HCS or DDA

#### Institutional Family/Children

Group	Description	RAC(s)	Administering Agency
K01	Categorically Needy family in medical institution	1052, 1053, 1054, 1055	MEDS
K03	Undocumented alien family in medical institution Emergency Related Service Only	1056, 1176, 1057, 1177	MEDS
K95	Family LTC Medically Needy no spenddown in medical institution	1059, 1060, 1179, 1061, 1062, 1180	MEDS
K99	Family LTC Medically Needy with spenddown. In medical institution	1059, 1060, 1179, 1061, 1062, 1180	MEDS

#### Family Planning

Group	Description	RAC(s)	Administering Agency
P05 P06	Family Planning	1097, 1098, 1099, 1100, 1101, 1272	MEDS

#### Refugee Coverage

Group	Description	RAC(s)	Administering Agency
R02	Transitional 4-month extension	1103	CSD
R03	Refugee Categorically Needy	1103	CSD

#### Foster Care and Adoption Support

Dates will change if PHE extends past July 2022

Group	Description	RAC(s)	Administering Agency
D01	SSI recipient FC/AS/JRA Categorically Needy	1014, 1015, 1016, 1017, 1018	MEDS
D02	FC/AS/JRA Categorically Needy	1019, 1020, 1021, 1022, 1023	MEDS
D26	Title IV-E federal foster care	1196	MEDS

#### Family/Children spenddown

Group	Description	RAC(s)	Administering Agency
F99	Medically Needy children spenddown	1039, 1040	MEDS
P99	Medically Needy pregnant spenddown	1101, 1102	MEDS

#### MAGI Apple Health

Group	Description	RAC(s)	Administering Agency
N01	Apple Health for Family/Caretaker Relatives	1197	MEDS
N02	Apple Health for Family/Caretaker Relatives – 12-month Extension	1198	MEDS
N03	Apple Health for Pregnant Clients	1199, 1200	MEDS
N04	Apple Health After-Pregnancy Coverage (on Apple Health when pregnancy ended)	1274, 1275	MEDS
N05	Apple Health for Adults	1201, 1217	MEDS
N07	Apple Health After-Pregnancy Coverage (not on Apple Health when pregnancy ended)	1276	MEDS
N10	Apple Health for Newborns	1202	MEDS
N11	Apple Health for Kids	1203, 1204, 1205	MEDS
N13	Apple Health for Kids with Premiums (CHIP)	1206, 1207	MEDS
N21	Apple Health for Family/Caretaker Relatives, AEM	1208	MEDS
N23	Apple Health for Pregnant Clients, non-citizens	1209	MEDS
N24	Apple Health After-Pregnancy Coverage non-citizens (on Apple Health when pregnancy ended)	1277	MEDS

Dates will change if PHE extends past July 2022

<b>Group</b>	<b>Description</b>	<b>RAC(s)</b>	<b>Administering Agency</b>
<b>N25</b>	Apple Health for Adults, AEM	1210	MEDS
<b>N27</b>	Apple Health After-Pregnancy Coverage non-citizens (not on Apple Health when pregnancy ended)	1278	MEDS
<b>N31</b>	Apple Health for Kids, non-citizens	1211	MEDS
<b>N33</b>	Apple Health for Kids with Premiums (CHIP), non-citizens	1212, 1213	MEDS

### **Medical Care Services**

<b>Group</b>	<b>Description</b>	<b>RAC(s)</b>	<b>Administering Agency</b>
<b>A01</b>	MCS Medical Care Services – non-citizen (Aged/Blind/Disabled)	1214, 1215	DSHS
<b>A05</b>	MCS Medical Care Services – non-citizen (under 65, incapacitated)	1216	DSHS
<b>A24</b>	MCS for Survivors of Certain Crimes	1216	DSHS

### **Breast and Cervical Cancer Program**

<b>Group</b>	<b>Description</b>	<b>RAC(s)</b>	<b>Administering Agency</b>
<b>S30</b>	Breast and Cervical Cancer Program (BCCTP)	1122, 1123	MEDS

### **Tailored Supports for Older Adults**

<b>Group</b>	<b>Description</b>	<b>RAC(s)</b>	<b>Administering Agency</b>
<b>T02</b>	TSOA – no medical benefits issued	3199	HCS

## *Appendix 2: MAGI renewal notices, PER notice, and outreach*

This enhanced envelope will be used when Washington Healthplanfinder mails the following notices to clients who get correspondence by USPS:

- **Response Required: Apple Health Request for Information (EE005)**
- **Response Required: Apple Health Renewal (EE009)**



**Washington Apple Health Renewal – Review Only (EE008): Clients successfully auto-renewed receive this notice:**



Washington Health Benefit Exchange  
PO Box 657  
Olympia WA 98507

JANE SIMPSON  
742 EVERGREEN TER  
SEATTLE WA 98125

08/03/2022

Application ID:  
0000000

**Washington Apple Health Renewal - Review Only**

Dear Jane Simpson,

Please review your attached application. Based on this information you previously reported, the Washington Apple Health coverage for the following individuals was **renewed automatically**:

	<b>Begin Date</b>	<b>End Date</b>
Jane Simpson	12/01/2014	09/30/2023
John Simpson	07/05/2015	09/30/2023
Jordan Simpson	07/25/2018	09/30/2023

If the information on your attached account information is still correct, **you do not need to do anything.**

If any of this information is incorrect, update your account:

- Online <http://www.wahealthplanfinder.org>
  - o From your dashboard under "Quick Links," click on "Report a Change in Income or Household" to make any necessary changes to your application.

**Response Required: Apple Health Renewal (EE009): Clients who could not be auto-renewed and must take action receive this notice:**



Washington Health Benefit Exchange  
PO Box 657  
Olympia WA 98507

JANE SIMPSON  
742 EVERGREEN TER  
SEATTLE WA 98125

08/01/2022

Application ID:  
0000000

**Response Required: Apple Health Renewal**

Dear Jane Simpson,

**Coverage for the individual(s) listed below will end unless you complete your renewal. You or members of your household have been receiving continued Apple Health coverage during the COVID-19 public health emergency. The public health emergency is ending.**


You must take action to keep getting health care coverage for the individuals listed below:

- Jane Simpson

If you do not complete your renewal by 09/30/2022, the health care coverage for the individuals listed above will end on 09/30/2022.

Please review your attached account information and **to avoid a gap in coverage, complete your renewal by** doing one of the following:

- Online <http://www.wahealthplanfinder.org>
  - From your dashboard under "Quick Links," click on "Update My Application and Renew My Coverage" to make any necessary changes to your application.



[EE011 term for 235 will be available next update]

**Response Required: Apple Health Request for Information (EE005): Clients who apply or renew may need to respond to this post-eligibility review notice or other requests for information:**

[EE005 PER RFI will be available next update]

**Example of Response Required: Apple Health Request for Information for other verification:**



Washington Health Benefit Exchange  
PO Box 657  
Olympia WA 98507

JANE SIMPSON  
742 EVERGREEN TER  
SEATTLE WA 98125

10/19/2022

Application ID:  
00000000

**Response Required: Apple Health Request for Information**

Dear Jane Simpson,

We need the following information to see if the individuals in your household are eligible for Washington Apple Health coverage.

Matthew: Proof of United States (U.S.) citizenship.

Examples can include: U.S. passport, enhanced driver's license or enhanced state ID, official state/county U.S. birth certificate, Certificate of Naturalization, Certificate of Citizenship, tribal ID card, etc.

Matthew: Proof of lawful presence.

Examples can include: Department of Homeland Security (DHS) notice, permanent resident card with photograph (form I-551), entry visa with alien number, I-94 record with alien number, passport with an I-94 record, employment authorization document, decision from an immigration judge or the Executive Office of Immigration Review, pending asylum application, pending withholding or removal, pending adjustment of status application, pending temporary protected status application, etc.

If this information is not received by 11/03/2022, your coverage may be stopped or denied.



## Appendix 3: Classic Eligibility Review notices and outreach

Mail-in ER (0022-01) is sent to clients getting services from DSHS – CSD:

KENNEWICK CSO  
PO BOX 11699  
TACOMA WA 98411-6699

 Washington State  
Department of Social  
& Health Services  
Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

08/12/22

Client ID # 00000000

JANE SIMPSON  
742 EVERGREEN TERRACE  
SEATTLE WA 98125

Dear JANE SIMPSON

**You may have been receiving continued health care coverage due to the public health emergency. You must respond to this notice if you want continued health care coverage after the COVID-19 public health emergency ends.**

We need to find out if you can still receive the following benefits

- Cash
- Food
- Health Care Coverage
- Tailored Supports for Older Adults
- Working Family Support

Please complete, sign and return the enclosed form to us by 09/15/22. You will stop getting your benefits on 09/30/22 if we do not get the form back.

Mail-in ER (0022-04) is sent to clients getting services from DSHS – HCS or DDA:

DDA LTC & SPEC PRGMS  
PO BOX 45826  
OLYMPIA WA 98504-5826



Washington State  
Department of Social  
& Health Services  
Phone # 855-873-0642  
TTY/TDD #  
Toll Free # 855-873-0642

08/12/22

JANE SIMPSON  
742 EVERGREEN TERRACE  
SEATTLE WA 98125

Client ID # 000000000

Dear JANE SIMPSON

**You may have been receiving continued health care coverage due to the public health emergency. You must respond to this notice if you want continued health care coverage after the COVID-19 public health emergency ends.**

**Please complete, sign, date, and return the enclosed eligibility review form within 15 days of receiving this letter.**

We need the form to see if you can continue receiving medical and Long Term Care (LTC) services after 09/30/22. If you need more time, call me at the number listed below.

A friend, relative, or advocate may help you complete this form.

Postcard still in development

Dates will change if PHE extends past July 2022

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## *Appendix 4: Notices to CHIP and HWD clients*

Postcard sent to clients receiving Apple Health for Workers with Disabilities (HWD) informing them of premium requirements resuming.

[Front side is still in development and design of postcard will change]

### **Important news!**

Monthly premiums are starting again for the Apple Health Healthcare for Workers with Disabilities Program.

Premiums are based on current information. Contact us if your income has changed since your HWD coverage started or renewed during the Covid-19 Public Health Emergency which started in March 2020.

Billing notices begin again in late October 2022.

Carefully review the October notice for information about when premiums are due.

For more information visit: [hca.wa.gov/phe](https://hca.wa.gov/phe) or call 1-800-871-9275.

**Watch your mailbox!**

HCA 19-617 (8/17)



Postcard sent to households receiving Apple Health for Kids with Premiums (CHIP) informing them of premium requirements resuming.

[Front side is still in development and design of postcard will change]

## **Important news!**

Monthly premiums are starting again for Apple Health for kids with premiums.

Premiums are based on current information. Contact us if your income has changed since your CHIP coverage started or renewed during the Covid-19 Public Health Emergency which started in March 2020.

Billing notices begin again in late October 2022.

Carefully review the October notice for information about when premiums are due.

For more information visit: [hca.wa.gov/phe](https://hca.wa.gov/phe) or call 1-800-562-3022.

**Watch your mailbox!**

HCA 19-617 (8/17)




*Appendix 5: Redetermination Notice to ProviderOne extensions*

[Still in development will be available in next update]



*Appendix 6: Notice to MAGI Apple Health for Adults who are 65+  
or Medicare eligible*


[Still in development will be available in next update]



## *Appendix 7: Acronyms*

AEM	Alien Emergency Medical
ALTSA	Aging and Long-Term Support Administration, part of DSHS
APC	After pregnancy care
ARPA	American Rescue Plan Act
AS	Adoption support
CHIP	Children’s Health Insurance Program, also known as Apple Health for Kids with Premiums
CLIP	Children’s Long-Term Inpatient Program
CMS	Centers for Medicare & Medicaid Services
COFA	Compact of Free Association
CSD	Community Services Division, part of DSHS
DDA	Developmental Disabilities Administration, part of DSHS
DSHS	Department of Social and Health Services
ER	Eligibility review
FC	Foster care
FCAS	Foster care and adoption support
FFCRA	Families First Coronavirus Response Act
HBE	Washington Health Benefit Exchange
HCA	Health Care Authority
HCS	Home and Community Services, part of DSHS
HHS	United States Department of Health and Human Services
HWD	Apple Health for Workers with Disabilities
LTSS	Long-term services and supports
MAGI	Modified Adjusted Gross Income
MACSC	Medical Assistance Customer Service Center, part of HCA
MCO	Managed care organization
MEDS	Medical Eligibility Determination Services, part of HCA
OE	Open enrollment

Dates will change if PHE extends past July 2022



OIC	Office of the Insurance Commissioner
OMEP	Office of Medicaid Eligibility and Policy, part of HCA
PER	Post-eligibility review
PHE	Public health emergency
QHP	Qualified health plan
SEP	Special enrollment period
SHIBA	Statewide Health Insurance Benefits Advisors, part of OIC
SSI	Supplemental Security Income, differs from SSDI
WAC	Washington Administrative Code