

Module 1: Overview of Washington Apple Health (Medicaid)

Office of Medicaid Eligibility Policy
Medicaid Programs Division
2022

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Washington Apple Health (Medicaid) Overview

Washington Apple Health

- ▶ Health Care Authority (HCA) is the state agency for the policy and purchasing of all Apple Health programs in Washington State.
- ▶ For the purposes of eligibility, Apple Health is divided into Classic Medical Programs and MAGI-based Medical Programs.
- ▶ MAGI stands for modified adjusted gross income. This is the methodology that income is counted to determine eligibility.

Apple Health Classic Medicaid

- ▶ HCA contracts with its partner agency, the Department of Social and Health Services (DSHS), to administer some Apple Health programs for individuals who are age 65 and older, have blindness or disability. These programs are referred to as Apple Health Classic Medicaid programs.
- ▶ Individuals applying for Apple Health Classic programs submit applications through the Washington Connection website.

Volunteer Assisters Access

- ▶ The goal of this training is to prepare community partners to assist individuals when applying for or renewing Apple Health coverage for MAGI-based medical programs through Washington Healthplanfinder.
- ▶ Community partners who are affiliated with a community-based organization in Washington State can complete this training and gain volunteer access to the Washington Healthplanfinder website.

HCA Volunteer Assisters

- ▶ To gain system access, the community partners:
 - ▶ Complete the 7-module training
 - ▶ Pass an assessment test and
 - ▶ Complete the application process.
- ▶ The application process includes a registration form, Washington State Patrol background check, and Health Benefit Exchange User Agreement.
- ▶ Contact the volunteer assister program to begin the process at hcavolunteerassister@hca.wa.gov.

Apple Health Classic Medicaid

Apply for Apple Health Classic (Medicaid)

- ▶ Individuals age 65 or older, who have blindness or a disability, and receive Medicare, apply for Apple Health Classic coverage:
 - ▶ Online: Go to washingtonconnection.org/home/ - select the "Apply Now" button.
 - ▶ Paper: Submit an *Application for Aged Blind Disabled or Long-Term Services and Support (HCA 18-005).
 - ▶ Phone: Request an application by calling 1-877-501-2233.
 - ▶ In-person: local community services office.
 - ▶ Free interpreter services are available.
- ▶ Eligibility criteria varies for each program and is based on household size, income, and meeting the resources requirement.

*Source: hca.wa.gov/assets/free-or-low-cost/18-005.pdf

Apple Health Classic Medicaid Terminology

- ▶ Terminology used in Apple Health Classic Medicaid programs includes:

Name	Acronym
Supplemental Security Income	SSI
Medically Needy	MN
Categorically Needy	CN
Long-Term Care	LTC
Program of All-Inclusive Care for the Elderly	PACE
Alien Emergency Medical	AEM

Apple Health Classic Medicaid

- ▶ Coverage groups that are administered by the Community Services Division of DSHS:

Medicare Savings Programs (MSP):	Aged, Blind and Disabled (ABD) Programs:
Qualified Medicare Beneficiary (QMB)	Categorically Needy (CN)
Specified Low-Income Medicare Beneficiary (SLMB)	Medically Needy SSI Related
Qualified Individual (Q-1)	Medically Needy SSI Related with Spenddown (MN with spenddown)
Qualified Disabled Working Individual (QDWI)	

Apple Health Classic Medicaid

- ▶ Coverage groups that are administered by Aging and Long-Term Support Administration at DSHS include:

SSI related client in an Alternative Living Facility

Child/parent Long-Term Care recipient

Child/parent LTC recipient (MN)

SSI-related LTC recipient

SSI 1915C waiver recipient

SSI Related client in an Alternative Living Facility (MN)

Child/parent AEM LTC recipient

SSI LTC recipient

State funded LTC for non-citizens

SSI-related 1915c waiver recipient

Apple Health Classic Medicaid

- ▶ Coverage groups that are administered by Aging and Long-Term Support Administration at DSHS include:

State-funded LTC for non-citizens (home)

SSI-related Hospice/PACE recipient

SSI-related Roads to Community Living

SSI-related Community First Choice

Healthcare for Workers with Disabilities (HWD)

SSI Hospice/PACE recipient

SSI Roads to Community Living

SSI Community First Choice recipient

Tailored Supports for Older Adults

MAGI-Based Medical Programs

MAGI-Based Medical Programs

- ▶ Most individuals applying for Apple Health coverage apply for a MAGI-based medical program.
- ▶ Applications for these programs can be submitted:
 - ▶ Online: wahealthplanfinder.org;
 - ▶ Phone: 1-855-923-4633;
 - ▶ Mobile application: WAPlanfinder;
 - ▶ Fax: 1-855-867-4467; or
 - ▶ Mail: PO Box 946, Olympia WA 98507.
- ▶ Eligibility criteria varies for each program and is based on household size, tax filing status, and income (not resources).

MAGI-Based Medical Programs

- ▶ MAGI-based medical programs are administered by HCA through the Washington Healthplanfinder portal:

Washington Apple Health for Parent/Caretaker Relative

Medical Healthcare Extension for Parent/Caretaker Relative

Washington Apple Health Pregnancy

Washington Apple Health for Adults

Washington Apple Health for Kids

Washington Apple Health for Kids with Premiums (CHIP)

Washington Apple Health Alien Emergency Medical (AEM)

Washington Apple Health for Newborns

After-Pregnancy Coverage (APC)

Specialized Programs

- ▶ HCA also administers these specialized medical coverage groups:

Foster Care and Adoption
Support

Breast & Cervical Cancer
Treatment Program

Refugee Medical
Assistance

Confidential Teen
Pregnancy

MAGI-Based Application Process

MAGI-Based Application Process

- ▶ Eligibility for MAGI-based programs is determined by client attestation with post-eligibility review.
- ▶ Eligibility criteria are crossed matched with state and federal data sources.
- ▶ Clients will need to verify criteria that is unverified or income that is found non-compatible. HCA eligibility staff will manually verify eligibility.

MAGI-Based Application Process

- ▶ Individuals who are found eligible for Apple Health are approved for a one-year period unless they are:
 - ▶ Found ineligible during a post-eligibility review;
 - ▶ Turning 19 years old;
 - ▶ Eligible for Washington Apple Health for Adults, and;
 - Turning 65 years old; or
 - Starting to receive Medicare.
 - ▶ Determined eligible for a Classic Medical Program;
 - ▶ No longer a Washington State resident; or
 - ▶ No longer meet the specific eligibility criteria for the program they were approved on.

Administrative Hearings

Administrative Hearing Rights and Deadlines

You have the right to appeal a decision about Washington Apple Health coverage or Qualified Health Plan tax credits, cost-sharing reductions, and special enrollment periods. This is called an administrative hearing, which is a legal process where a judge reviews an agency decision. Contact us as we may be able to help you before you file an appeal.

To appeal your **Washington Apple Health** decision, contact the Health Care Authority:

- Send a written request or download and complete the form found at: <http://www.hca.wa.gov/sites/default/files/free-or-low-cost/12-511.pdf>.
- Fax: 1-855-867-4467
- Email: askmagi@hca.wa.gov
- Mail: Health Care Authority
PO Box 45531
Olympia, WA 98504-5531
- Call and request an appeal at 1-800-562-3022

For more information, see Washington Administrative Code (WAC) chapter 182-526.

To appeal your **Qualified Health Plan** decision, contact the Washington Health Benefit Exchange:

- Send a written request or download and complete the form found at: www.wahbexchange.org/appeals
- Fax: 360-841-7653
- Email: appeals@wahbexchange.org
- Mail: Washington Health Benefit Exchange Appeals
PO Box 1757
Olympia, WA 98507
- Call and request an appeal at 1-855-859-2512

Interpreter services and other help is available to help you complete an appeal. You can appoint an attorney or a personal representative to help with your appeal. For free legal assistance, contact Coordinated Legal Education Advice and Referral (CLEAR) at 1-888-201-1014 (1-888-387-7111 if you are age 60 and over).

Important Information

- You have 90 days from the date of this notice to request an appeal.
- You may be able to keep your Washington Apple Health coverage during the appeal process, if you request an appeal within 10 days from the date of this notice or by the end of the month, whichever is later.
- If you receive continued Washington Apple Health coverage and lose your appeal, you may have to pay back up to 60 days of the continued coverage.
- If you were denied Washington Apple Health coverage, you cannot receive coverage while waiting for an appeal.
- If you have an urgent health care need, you may request an expedited hearing and must submit medical evidence of the need. The judge will decide if you can have one.
- If you are receiving continued Washington Apple Health coverage, you may not receive an expedited hearing.

The outcome of an appeal could change the eligibility of other members of your household even if they did not ask for an appeal.

- ▶ All individuals have the right to appeal the decision the agency makes regarding their Apple Health coverage.
- ▶ An appeal must be made within 90 days of a decision.
- ▶ Coverage may be able to continue during the hearing process.
- ▶ If the individual has an urgent health care need, they can submit an expedited hearing request.

Change of Circumstances

Change of Circumstances

- ▶ Individuals approved for MAGI-based Apple Health are required to report the following changes within 30 days:
 - ▶ Residential or mailing address.
 - ▶ Marital status.
 - ▶ Family members or dependents moving in or out of the residence.
 - ▶ Tax filing status.
 - ▶ Pregnancy.
 - ▶ Health insurance coverage.
 - ▶ Immigration or citizenship status.
 - ▶ Change in income of more than \$150 that is expected to last longer than 60 days.

Advance Notice

- ▶ When an individual's coverage is changing or ending, the agency gives them at least 10 days notice.
- ▶ Exceptions to the ten-day notice period include but are not limited to:
 - ▶ The action was requested;
 - ▶ Returned mail (no forwarding address or current address on file); or
 - ▶ Death.
- ▶ For more information see: *[WAC 182-518-0025](#)

*Source: apps.leg.wa.gov/wac/default.aspx?cite=182-518-0025

Advance Notice

- ▶ Notices are sent when the agency:
 - ▶ Approves, denies, or reconsiders an application for Apple Health;
 - ▶ Renews Apple Health coverage; or
 - ▶ Changes or terminates Apple Health coverage, even if an individual is approved for another program.

Advance Notice

- ▶ Each notice sent to an individual requires:
 - ▶ The nature of the action;
 - ▶ The effective date of this action;
 - ▶ The facts and reasons for the action;
 - ▶ The specific regulation on which the action is based;
 - ▶ Appeal rights; and
 - ▶ Right to continued coverage.
- ▶ If notice requirements are not met, coverage will be reinstated back to the date of the action. However, once notice requirements are met, action may be taken.

Coverage for Deceased Individuals

- ▶ When applying for MAGI-based Apple Health coverage, an application can be submitted on behalf of deceased individuals within 3 months of their death date.
- ▶ Only certain individuals are authorized to submit applications for Apple Health on behalf of deceased individuals.
- ▶ Navigators, certified application counselors, and hospital financial counselors are not authorized to submit applications for deceased individuals unless they have been appointed as legal guardians or representatives that extend past death.

Coverage for Deceased Individuals

- ▶ The following individuals are authorized to submit an application on behalf of a deceased applicant:
 - ▶ A legal guardian or representative of the applicant or estate that extends past death;
 - ▶ A surviving spouse;
 - ▶ A parent of the applicant; or
 - ▶ An adult child applying for their parent and no surviving spouse exists.
- ▶ For complete instructions on submitting an application visit [*Processing Apple Health applications for deceased individuals \(wa.gov\)](https://www.hca.wa.gov/assets/free-or-low-cost/processing-applications-for-deceased-individuals.pdf).

*Source:

[hca.wa.gov/assets/free-or-low-cost/processing-applications-for-deceased-individuals.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/processing-applications-for-deceased-individuals.pdf)

Coverage for Deceased Individuals

- ▶ The designation as an authorized representative ends upon an individual's death.
- ▶ An individual or organization assigned guardianship or Power of attorney (POA) while the applicant or recipient was living are not authorized to submit an application.
 - ▶ Guardianship and POA assigned while the individual is living ends when the individual is deceased.

How to Apply for a Deceased Person – MAGI-based

- ▶ Complete a paper *application for Health Care Coverage (18-001) and include:
 - ▶ Information stating the applicant is deceased;
 - ▶ The date of death;
 - ▶ Verification of household income received in the month of the death, including by the deceased applicant;
 - ▶ Verification of legal guardian or authorized representative that extends past the date of death, if applicable; and
 - ▶ If retroactive eligibility is needed, fill out the *Retroactive Healthcare Coverage Request form (HCA 13-952). Include all verification of household income received in the months prior to death, including by the deceased applicant.

*Sources:

hca.wa.gov/assets/free-or-low-cost/18-001P.pdf

hca.wa.gov/assets/free-or-low-cost/13-952.pdf

How to apply for a deceased person - Classic Medicaid

- ▶ To submit an Apple Health Classic Medicaid application on behalf of a deceased individual contact DSHS.
 - ▶ Paper application: *Long-Term Care/Aged, Blind, Disabled Coverage (HCA 18-005); or
 - ▶ Online: washingtonconnection.org/home/.

*Sources:

hca.wa.gov/assets/free-or-low-cost/18-005.pdf

Apple Health for Pregnant Individuals

Apple Health for Pregnant Individuals

- ▶ Coverage starts when the person applies and is found eligible and continues through the last date of the pregnancy.
- ▶ Income at or below 193% of the Federal Poverty Level (FPL).
- ▶ Citizenship or immigration status does not apply.
- ▶ Must be a Washington State resident.
- ▶ A pregnant individual's household size includes the number of unborn children and the number of household members.
 - ▶ For example: An individual lives alone and is pregnant with twins. Their household size is three: their self and their two unborn children.

Apple Health for Pregnant Individuals

- ▶ Once enrolled, individuals will:
 - ▶ Remain enrolled regardless of any change in income.
 - ▶ Automatically transition to After-Pregnancy Coverage (APC) once your pregnancy ends.
- ▶ APC is continuous coverage for 12 months regardless of how the pregnancy ends.

Apple Health for Pregnant Individuals

- ▶ For individuals under age 19, pregnancy related services may be kept confidential.
- ▶ To apply for confidential services individuals may apply by:
 - ▶ Paper application: [*Application for pregnant teen health care coverage \(for teens under age 19\) \(wa.gov\)](#); or by
 - ▶ Phone: WithinReach Family Health Hotline, 1-800-322-2588.

*Source: hca.wa.gov/assets/free-or-low-cost/14-430.pdf

Confidential Services

Washington State Health Care Authority

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.)	

- ▶ Applications for confidential services are not processed through Washington Healthplanfinder.
- ▶ A paper application must be submitted for Pregnant Teen Health Care Coverage.

Apple Health for Pregnant Individuals

- ▶ Individuals that are over the income standard for Apple Health Pregnancy Medical, may be eligible for medically needy (MN) spenddown.
 - ▶ Individuals who qualify and enroll in Apple Health for Medically Needy Pregnant Women become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the 193% FPL standard.
- ▶ For more information: [Apple Health for the Medically Needy and Spenddown](#) webpage*.

*Source: hca.wa.gov/health-care-services-supports/program-administration/apple-health-medically-needy-and-spenddown

After-Pregnancy Coverage

After-Pregnancy Coverage (APC)

- ▶ After-Pregnancy Coverage (APC) provides up to 12 months postpartum coverage to eligible individuals.
- ▶ Individuals who are on an Apple Health program and report a pregnancy will automatically transition to APC for 12 months after their pregnancy ends.
- ▶ Individuals not on Apple Health during their pregnancy may be eligible for APC when they apply for coverage within 12 months of their last pregnancy.

APC Eligibility

- ▶ To be eligible for APC, an individual must:
 - ▶ Have had a pregnancy within 12-months;
 - ▶ Reside in Washington State;
 - ▶ Have countable income equal to or below 193% of the Federal Poverty Level; and
 - ▶ Not be active on another Apple Health program.
- ▶ Immigration status does not affect eligibility.
- ▶ Coverage begins the month the individual applies and is found eligible and continues for 12 months regardless of a change in income or household size.

Retroactive Apple Health

Retroactive Apple Health

- ▶ Retroactive Apple Health is available for the three months prior to the month of application.
 - ▶ For an individual who applies 03/02/22, the retroactive months would be 02/2022, 01/2022 and 12/2021.
- ▶ Eligibility for retroactive health care coverage is determined separately from an individual's current certification period.
 - ▶ This may mean an individual is eligible only during the retroactive period.
- ▶ The request for retro must be made within the certification period following the retroactive period or before the determination of benefits and any appeal process is final.

Retroactive Apple Health

- ▶ There are two exceptions for individuals who are ineligible at the time of the application but are requesting retroactive Apple Health. These exceptions are for Apple Health for Pregnant Individuals and Apple Health for Kids.
- ▶ When a child or pregnant individual is eligible in one of the three months prior to the application month the following will occur:
 - ▶ Children will receive coverage for 12 months from the month of eligibility.
 - ▶ Pregnant individuals will receive coverage throughout their pregnancy, then will transition to After-Pregnancy Coverage for twelve-months after their pregnancy.

Retroactive Apple Health

- ▶ Retroactive coverage is not automatic. Individuals must meet all eligibility requirements for the months requested.
- ▶ The retro request is approved when the individual:
 - ▶ Requested retro during the time specified above;
 - ▶ Would have been eligible for Apple Health for any or all three months if they had applied during that period; and
 - ▶ Received medical services in the months requested.
- ▶ When an individual reports unpaid medical bills on their application, a letter with a retro form are sent.

Retroactive Apple Health Form 13-952

Retroactive Health Care Coverage Request form – MAGI Medicaid
Use this form only if the applicant has completed an application for health care coverage.

Primary Applicant / Head of Household Information		
First Name, Middle Initial, Last Name	Date of Birth	
DSHS ACES Client ID or ProviderOne ID number	Healthplanfinder Application ID number (if known)	
Household Members Needing Retroactive Coverage		
Name	Name	
Name	Name	
Retroactive Months Needed, Household Income, and Deductions		
List the month(s) coverage is needed and the household's gross income and deductions for each month. If the household had no income or deductions for the month, write "none."		
<i>Income we count includes:</i> Money from employment, self-employment, unemployment, Social Security, dividend payments, renting out a property, railroad retirement benefits, annuity/pension payments, alimony/spousal support, and per capita distributions from gaming.		
<i>Deductions include:</i> Tuition or school-related fees, health savings account contributions, alimony/spousal support, student loan interest, educator expenses, moving costs since January, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials.		
Month 1:	Total Gross Household Income: \$	Total Deductions: \$
Month 2:	Total Gross Household Income: \$	Total Deductions: \$
Month 3:	Total Gross Household Income: \$	Total Deductions: \$
Declaration and Signature		
By signing below, I certify under penalty and false swearing that my answers are correct and complete to the best of my knowledge. I also understand the penalties for giving false information or breaking the law.		
Signature of Applicant	Date	
Signature of Authorized Representative (if applicable)	Date	
Authorized Representative (AREP) Name	AREP Organization	
AREP Email Address	AREP Phone Number	

Return the completed form to the Health Care Authority:

- By fax to 1-866-841-2267; or
- By mail to MEDS, PO Box 45531, Olympia WA 98504-5531.



13852

- ▶ HCA has a process in place to retroactively approve an individual for Washington Apple Health.
- ▶ Applicants, and authorized representatives are required to send the Retroactive Health Care Coverage Request form 13-952 for MAGI-based medical retro coverage.

Retroactive Apple Health Form 13-952

- ▶ Information needed for retroactive processing:

Washington State Health Care Authority

Retroactive Health Care Coverage Request form – MAGI Medicaid
Use this form only if the applicant has completed an application for health care coverage.

Primary Applicant / Head of Household Information	
First Name, Middle Initial, Last Name	Date of Birth
DSHS ACES Client ID or ProviderOne ID number	Healthplanfinder Application ID number (if known)
Household Members Needing Retroactive Coverage	
Name	Name
Name	Name
Retroactive Months Needed, Household Income, and Deductions	
List the month(s) coverage is needed and the household's gross income and deductions for each month. If the household had no income or deductions for the month, write "none."	
Income we count includes: Money from employment, self-employment, unemployment, Social Security, dividend payments, renting out a property, railroad retirement benefits, annuity/pension payments, alimony/spousal support, and per capita distributions from gaming.	
Deductions include: Tuition or school-related fees, health savings account contributions, alimony/spousal support, student loan interest, educator expenses, moving costs since January, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials.	
Month 1:	Total Gross Household Income: \$
Month 2:	Total Gross Household Income: \$
Month 3:	Total Gross Household Income: \$
	Total Deductions: \$
	Total Deductions: \$
	Total Deductions: \$

Retroactive Apple Health Form 13-952

- ▶ The form can be found on the HCA Forms website:
[*Retroactive health care coverage request form - MAGI Medicaid \(wa.gov\)](#)

- ▶ Return the completed form to the HCA by:
 - ▶ Email: apple@hca.wa.gov;
 - ▶ Fax: 1-866-841-2267; or
 - ▶ Mail: MEDS, PO Box 45531, Olympia WA 98504-5531.

*Source: hca.wa.gov/assets/free-or-low-cost/13-952.pdf

Retroactive Classic Medicaid

- ▶ Requests for retroactive Classic Medicaid (age 65 and older or have blindness or a disability) are processed by the Department of Social and Health Services.
- ▶ For Classic Medicaid retro requests, the Retro Health Care Coverage Request form 13-952 is not applicable.

Retroactive Apple Health

▶ Scenario One:

Sarah is approved for Apple Health on September 1st, 2022, and she received medical services in June, July and August that are unpaid.

She submits her completed retro form 13-952 in December 2022, attesting to income of \$1700 in June, \$1600 in July and \$900 in August. She reports no deductions.

- ▶ Outcome: Sarah is over income for Apple Health for June and July and is approved for August.

Retroactive Apple Health

▶ Scenario Two:

Jean is pregnant and applies for Apple Health in April, but her countable income exceeds the standard. At the time of application, she also requests retroactive coverage for February.

Her retroactive form reports countable income in February that was below the standard.

- ▶ Outcome: Since she was pregnant in February, one of the retroactive months, she is eligible for Apple Health from February 1 through the end of her pregnancy. She will also automatically transition to APC after her pregnancy ends.

Authorized Representative (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.
- ▶ An AREP may:
 - ▶ Sign an application on the applicant's behalf;
 - ▶ Complete and submit a renewal form;
 - ▶ Receive copies of the notices and communications from the agency; and
 - ▶ Act on behalf of the applicant in all eligibility matters with the agency.

AREP Responsibilities

- ▶ An AREP can share any information relevant to eligibility; however, the agency can only share information with the AREP that is necessary for the purposes of determining financial eligibility.
- ▶ Examples of information the agency **cannot share** are:
 - ▶ Social Security Numbers (SSN);
 - ▶ Birthdates;
 - ▶ Home or mailing addresses;
 - ▶ Places of employment that are outside of a request for specific employment verification; or
 - ▶ Pregnancy due dates or status.

Organization as an AREP

- ▶ When an AREP is an organization, individuals of that organization may also act as AREPs.
- ▶ If an AREP is a division or other part of a larger organization, only individuals in that division or part may act as AREPs.
 - ▶ Example: King County Public Health is a large organization. If the Access and Outreach department of King County Public Health is designated an AREP, only those individuals in that department may act as AREPs.

Individuals from other departments in King County Public Health are not AREPs.

Legal Guardianship and Power of Attorney

- ▶ An AREP can also be a:
 - ▶ Court-appointed legal guardian with authority to make financial decisions on a person's behalf; or have a
 - ▶ Power of Attorney (POA) that grants decision-making authority regarding the person's financial interaction with the agency.
- ▶ A separate AREP designation is not required for a court-appointed legal guardian or POA. However, verification must be provided to the agency.

Termination of AREP Authorization

- ▶ The AREP designation may be terminated verbally or in writing at any time by either the applicant or AREP.
- ▶ When the client is deceased, the AREP designation terminates, except when the AREP is:
 - ▶ The executor or administrator of the deceased's estate; or
 - ▶ Legally authorized by the courts or by state law to act on behalf of the deceased or their estate.
- ▶ Legal guardianship and POA assigned while the client is living ends after the client is deceased.

AREP Authorization

- ▶ An individual can appoint an AREP using one of the following forms online through Washington Healthplanfinder :

Form Type	Form number
AREP form shared by DSHS and HCA	<u>Form 14-532</u>
Application for health coverage for MAGI Apple Health and QHP (paper form)	<u>HCA 18-001</u>
Confidential Teen Pregnancy Application (paper form)	<u>HCA 14-430</u>
Application for long-term care/aged, blind, disabled coverage (paper form)	<u>HCA 18-005</u>

Application for Health Care Coverage

PART 1

Primary applicant name and contact information				
First name, Middle initial, Last name & Suffix		Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Signature of primary applicant or authorized representative (required) X _____			Social Security number	
Do you have a home address? <input type="checkbox"/> No <input type="checkbox"/> Yes You still need to provide a mailing address. If no, in what county would you like to receive health care services?				
Address where you live		City	County	State
Mailing address (if different)		City	State	ZIP code
Primary phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		E-mail address

Washington Healthplanfinder may need to contact you regarding the status of your request additional information. How do you prefer to be contacted?
 Phone Email USPS Mail

Language information
 Do you or anyone you are applying for want an interpreter and to receive documents other than English? No Yes If yes, what language or alternative format List all that apply:

Pregnancy information
 Is someone in the household pregnant? No Yes

Authorized representative information	
<ol style="list-style-type: none"> 1. An authorized representative (AREP) is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. This is different from partnering with a Navigator or a Broker. 2. If an applicant is unable to designate an AREP, due to a medical condition, an individual may self-designate as the AREP by completing the Authorization Representative Designation Form (DSHS 14-532) at www.dshs.wa.gov/authorized-rep-form. 3. By designating an authorized representative, you are giving permission for your authorized representative to: <ul style="list-style-type: none"> • Sign the application on your behalf; • Receive notices related to your application and account; and • Act on your behalf for all matters related to the application and account. <ol style="list-style-type: none"> a. Are you designating an authorized representative? <input type="checkbox"/> No <input type="checkbox"/> Yes b. Do you want your authorized representative to receive notices related to your application and account? <input type="checkbox"/> No <input type="checkbox"/> Yes 	
Authorized representative name / organization	Phone number
Mailing address of authorized representative	E-mail address

▶ An individual can designate an AREP on the Application for Health Care Coverage*.

Authorized Representative

An Authorized Representative is someone you designate to represent you when you apply for or receive benefits with the Department of Social and Health Services (DSHS) or Health Care Authority (HCA). This individual or organization is authorized to act on your behalf for eligibility purposes. Having an authorized representative is optional; DSHS or HCA cannot withhold benefits if you do not sign this form.

Client Information			
NAME		ACES CLIENT ID NUMBER	
Authorized Representative Information			
NAME	ORGANIZATION AND DEPARTMENT (IF APPLICABLE)	PHONE NUMBER (AREA CODE)	
MAILING ADDRESS		CITY	STATE ZIP CODE
Program and Duration Information			
Which program(s) do you want your authorized representative to act on in your behalf? Check all that apply. <input type="checkbox"/> Cash Benefits <input type="checkbox"/> Basic Food Benefits <input type="checkbox"/> Health Care Coverage <input type="checkbox"/> Long-term Care Coverage How long do you want your authorized representative to act on your behalf? <input type="checkbox"/> 90 days <input type="checkbox"/> End of certification period (usually one year) You may withdraw or revoke your request for an authorized representative at any time, verbally or in writing, without any impact on benefits.			
Correspondence Information			
Please check the level of information or benefits you want your authorized representative to receive. For Cash, Basic Food, Health Care Coverage or Long-Term Care (check only one of the four boxes below)			FOR DEPARTMENT USE ONLY
<input type="checkbox"/> Discuss my eligibility for benefits with a DSHS/HCA representative and not receive letters..... <input type="checkbox"/> Receive DSHS/HCA letters and discuss my eligibility for benefits..... <input type="checkbox"/> Receive DSHS/HCA letters, renewal forms and discuss my eligibility for benefits..... <input type="checkbox"/> Receive DSHS/HCA letters, renewal forms, payments, ProviderOne cards and discuss my eligibility for benefits.....			Rep Type NC NO AD NA
For Health Care Coverage Only (check either box below if applicable) <input type="checkbox"/> Hospital representative – receive letters and discuss my eligibility for benefits..... <input type="checkbox"/> Sponsor paying premiums. Sponsors name and address sent to Office of Financial Recovery.....			HO SB
Client Authorization			
AUTHORIZED BY (CLIENT SIGNATURE)	DATE SIGNED	PRINT NAME	PHONE NUMBER (AREA CODE)

NOTE: HIPAA restrictions prevent us from discussing the client's individual health information with the authorized representative unless the representative has power of attorney for the client or the client has signed a [DSHS 14-012, Consent form](#). This includes disclosure of mental health information, HIV/AIDS and STD test results, or treatment and chemical dependency services.

FOR DEPARTMENT USE ONLY
INSTRUCTIONS

Rep Type – ACES does not limit the Rep Type selections to the codes listed above. If a program requires a Rep Type not listed above or if one of the above codes is selected but is not appropriate for the situation (such as for a group home, protective payee, etc.) enter the appropriate program specific Rep Type on the AREP screen.

DSHS 14-532 (REV. 11/2014)

Barcode label



▶ Another option is the *Authorized Representative form, 14-532.

*Source: dshs.wa.gov/sites/default/files/forms/pdf/14-532.pdf

Resources

Apply or Report a Change

- ▶ **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button.
- ▶ **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- ▶ **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633.
- ▶ **Paper:** Submit an [Application for health care coverage \(18-001P\)](#).
- ▶ **In-person:** At no additional cost, a local [Health Benefit Exchange Navigator](#) can help you apply for health coverage.

Source: hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apply-or-renew-coverage

Apple Health Classic Medicaid

- ▶ Individuals age 65 or older, have blindness or a disability, or need Long-Term Services and Supports (LTSS), apply for Classic Apple Health coverage:
 - ▶ **Online:** Go to [Washington Connection](#) - select the "Apply Now" button.
 - ▶ **Paper:** Submit an [Application for Aged Blind Disabled or Long-Term Services and Support \(HCA 18-005\)](#).
 - ▶ **Phone:** Call 1-877-501-2233.
 - ▶ **In-person:** local community services office.
- ▶ Interpreter services are available.

Resources

- ▶ Apple Health MAGI Medicaid paper application
 - ▶ hca.wa.gov/assets/free-or-low-cost/18-001P.pdf
- ▶ Apple Health Classic Medicaid paper application
 - ▶ hca.wa.gov/assets/free-or-low-cost/18-005.pdf
- ▶ Pregnant Individuals Eligibility webpage
 - ▶ hca.wa.gov/apple-health-pregnant-individuals
- ▶ After-Pregnancy Coverage webpage
 - ▶ hca.wa.gov/apc

Resources

- ▶ HCA Area Representatives
 - ▶ hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf
- ▶ Contact Us
 - ▶ hcavolunteerassister@hca.wa.gov
- ▶ HCA Stakeholder Training & Education webpage
 - ▶ hca.wa.gov/stakeholder-training
- ▶ HCA Community-Based Specialists
 - ▶ hca.wa.gov/hcacommunitystaff



Congratulations!

You've completed MODULE 1 of HCA
Community Based Training!

Please continue to MODULE 2 of the 7
module HCA Community Based Training.