



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

**Agency:** Health Care Authority, Washington Apple Health

- Preproposal Statement of Inquiry was filed as WSR 16-23-046; or
- Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR \_\_\_\_\_
- Continuance of WSR \_\_\_\_\_

**Title of rule and other identifying information:**

WAC 182-503-0005, Washington apple health – How to apply

**Hearing location:**

Health Care Authority  
Cherry Street Plaza Building; Sue Crystal Conf Rm 106A  
626 - 8<sup>th</sup> Avenue, Olympia WA 98504

Metered public parking is available street side around building. A map is available at:  
[http://www.hca.wa.gov/documents/directions\\_to\\_csp.pdf](http://www.hca.wa.gov/documents/directions_to_csp.pdf)  
or directions can be obtained by calling: (360) 725-1000

Date: **May 23, 2017** Time: **10:00 a.m.**

**Submit written comments to:**

Name: HCA Rules Coordinator  
Address: PO Box 45504, Olympia WA, 98504-5504  
Delivery: 626 – 8<sup>th</sup> Avenue, Olympia WA 98504  
e-mail [arc@hca.wa.gov](mailto:arc@hca.wa.gov)  
fax (360) 586-9727

by **5:00 p.m. on May 23, 2017**

**Assistance for persons with disabilities:** Contact Amber Lougheed by May 19, 2017  
e-mail: [amber.lougheed@hca.wa.gov](mailto:amber.lougheed@hca.wa.gov) or (360) 725-1349  
TTY (800) 848-5429 or 711

**Date of intended adoption:** Not sooner than May 24, 2017  
(Note: This is **NOT** the **effective** date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The agency is amending this rule to make it consistent with the current Medicaid application process and to align with Washington Healthplanfinder website changes.

**Reasons supporting proposal:** See purpose above

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Statute being implemented:** RCW 41.05.021, 41.05.160

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: April 18, 2017**

**TIME: 8:17 AM**

**WSR 17-09-058**

**DATE**  
April 18, 2017

**NAME**  
Wendy Barcus

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** N/A

**Name of proponent:** Health Care Authority

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Melinda Froud	PO Box 42716, Olympia WA, 98504-2716	(360) 725-1408
Implementation.... Sarah Michael	PO Box 45534 Olympia, WA 98504-5334	(360) 725-1919
Enforcement..... Sarah Michael	PO Box 45534 Olympia, WA 98504-5334	(360) 725-1919

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone (    )

fax    (    )

e-mail

No. Explain why no statement was prepared.

The agency has determined that the proposed filing does not impose a disproportionate cost impact on small businesses or nonprofits.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone (    )

fax    (    )

e-mail

No: Please explain:

RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

**WAC 182-503-0005 Washington apple health—How to apply.** (1) You may apply for Washington apple health (~~((WAH) by giving us (the medic-aid agency or its designee) an application as follows:~~

~~(a) For WAH for)) at any time.~~

(2) For apple health based on modified adjusted gross income (MAGI), which includes coverage for children, pregnant people, adults, parents, and caretaker relatives((, adults, pregnant women, or kids (with or without premiums))):

(a) You may apply:

(i) Online via the Washington Healthplanfinder at <http://www.wahealthplanfinder.org>;

(ii) By calling the Washington Healthplanfinder customer support center number and completing an application by telephone;

(iii) By ((mail to Washington Healthplanfinder, the agency or its designee)) completing the application for health care coverage (HCA 18-001P) and mailing or faxing to Washington Healthplanfinder; or

(iv) ((By fax to Washington Healthplanfinder)) Through a department of social and health services (DSHS) community services office.

(b) ((For WAH medical programs for persons age)) If you need help filing a MAGI-based apple health application, you may:

(i) Contact the Washington Healthplanfinder customer support center number listed on the application form; or

(ii) Contact a navigator, health care authority community assis- tor, or broker.

(3) For apple health that is not based on MAGI, you may apply:

(a) Online via Washington Connection at <http://www.WashingtonConnection.org>;

(b) By completing the application for long-term care/aged, blind, disabled coverage (HCA 18-005) and mailing or faxing to DSHS; or

(c) In person at a local DSHS office.

(4) Nonmodified adjusted gross income (MAGI)-based populations include people:

(a) Age sixty-five or older((, persons on));

(b) Eligible for medicare((, persons));

(c) Applying for health care based on blindness or disability(( or persons));

(d) Applying for long-term care services((+)

~~(i) Online via Washington Connection at <http://www.waconnection.org>;~~

~~(ii) By mail to community services division of the department of social and health services (DSHS); or~~

~~(iii) At a local DSHS office.~~

~~(e) For)) and supports; or~~

(e) Applying for assistance with medicare premiums.

(5) You may receive help filing an application by:

(a) Visiting a local DSHS office; or

(b) Calling the DSHS community services customer service contact center.

(6) You must apply directly with the service provider for the following programs:

(a) The breast and cervical cancer treatment program ((+see)) WAC 182-505-0120((+));

~~(b) The TAKE CHARGE program ((+see)) under chapter 182-532 WAC((+));~~  
and

~~(c) The kidney disease program ((+)) under chapter 182-540 WAC((+), complete a separate application directly with a program provider).~~

~~((+d)) (7) For the confidential pregnant minor program ((+see)) under WAC 182-505-0117((+)) and for minors living independently, you must complete a separate application directly with ((the agency)) us (the medicaid agency).~~

~~((More information on how to give us an application may be found at the agency's web site: <http://www.heca.wa.gov>.~~

~~(2+)) (8) As the primary applicant or head of household, you may start an application for ((WAH)) apple health by:~~

~~(a) Providing ((the)) your full name ((of the primary applicant or head of household;~~

~~(b) Providing birth dates;~~

~~(c) Providing your address and/or telephone number; and~~

~~(d)), date of birth, and physical and mailing addresses (if different).~~

~~(b) Signing the application.~~

~~((+3)) (9) To complete an application for ((WAH)) apple health, you must also give us all of the other information requested on the application ((form.~~

~~(4) If you need help filing an application, you can:~~

~~(a) For WAH for parents and caretaker relatives, adults, pregnant women, or kids (with or without premiums):~~

~~(i) Contact the Washington Healthplanfinder customer support center number listed on the application form or medical eligibility determination services at the number provided on the agency's web site, <http://www.heca.wa.gov>; or~~

~~(ii) Contact an application assistor, certified application counselor or navigator.~~

~~(b) For WAH medical programs for persons age sixty five or older, persons on medicare, persons applying for health care based on blindness or disability, or persons applying for long term care services:~~

~~(i) Visit a local DSHS office; or~~

~~(ii) Call the DSHS community services division customer service contact center.~~

~~(c) Have an authorized representative apply on your behalf as described in WAC 182-500-0010.~~

~~(5) We will help you with the application or renewal process in a manner that is accessible to persons with disabilities as described in WAC 182-503-0120 and in a manner that is accessible to those who are limited English proficient as described in WAC 182-503-0110).~~

~~(10) We help you with your application or renewal in a manner that is accessible to you if you:~~

~~(a) Are a person with disabilities, impairments, or other limitations and need equal access services as described in WAC 182-503-0120; or~~

~~(b) Have limited-English proficiency as described in WAC 182-503-0110.~~