



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 17-11-044; 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 182-504-0125 Washington Apple Health – Effect of reported changes.
WAC 182-523-0100 Washington Apple Health – Medical extension.

Hearing location:

Health Care Authority
Cherry Street Plaza Building; Sue Crystal Conf Rm 106A
626 - 8th 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
or directions can be obtained by calling: (360) 725-1000

Date: August 22, 2017 Time: 10:00 a.m.

Date of intended adoption: Not sooner than August 23, 2017
(Note: This is **NOT** the **effective** date)

Submit written comments to:

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

by **5:00 pm on August 22, 2017.**

Assistance for persons with disabilities: Contact Amber Lougheed by August 18, 2017
e-mail: amber.lougheed@hca.wa.gov or (360) 725-1349
TTY (800) 848-5429 or 711

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

The agency is revising this rule to clarify that a “parent or caretaker relative” who received coverage must also be eligible for that coverage and removing outdated information in subsection (9) of WAC 182-504-0125.

Reasons supporting proposal: See Purpose.

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: July 13, 2017

TIME: 4:04 PM

WSR 17-15-066

DATE
July 13, 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..... Darcy Eliason	PO Box 42716, Olympia WA, 98504-2716	(360) 725-1642
Implementation.... Rebecca Janeczko	PO Box 45534, Olympia, WA 98504-5534	(360) 725-0752
Enforcement..... Rebecca Janeczko	PO Box 45534, Olympia, WA 98504-5534	(360) 725-0752

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 182-504-0125 Washington apple health—Effect of reported changes. (1) If you report a change required under WAC 182-504-0105 during a certification period, you continue to be eligible for Washington apple health ~~((WAH))~~ coverage until we decide if you can keep getting ~~((WAH))~~ apple health coverage under your current ~~((WAH))~~ apple health program or a different ~~((WAH))~~ apple health program.

(2) If your ~~((WAH))~~ apple health categorically needy (CN) coverage ends due to a reported change and you meet all the eligibility requirements for a different ~~((WAH-CN))~~ apple health CN program, we will approve your coverage under the new ~~((WAH-CN))~~ apple health CN program. If you are not eligible for coverage under any ~~((WAH-CN))~~ apple health CN program but you meet the eligibility requirements for either ~~((WAH))~~ apple health alternative benefits plan (ABP) coverage or ~~((WAH))~~ apple health medically needy (MN) coverage, we will approve your coverage under the program you are eligible for. If you are not eligible for coverage under any ~~((WAH-CN))~~ apple health CN program but you meet the eligibility requirements for both ~~((WAH-ABP))~~ apple health ABP coverage and ~~((WAH-MN))~~ apple health MN coverage, we will approve the ~~((WAH-ABP))~~ apple health ABP coverage unless you notify us that you prefer ~~((WAH-MN))~~ apple health MN coverage.

(3) If your ~~((WAH))~~ apple health coverage ends and you are not eligible for a different ~~((WAH))~~ apple health program, we stop your ~~((WAH))~~ apple health coverage after giving you advance and adequate notice unless the exception in subsection (4) of this section applies to you.

(4) If you claim to have a disability and that is the only basis for you to be potentially eligible for ~~((WAH))~~ apple health coverage, then we refer you to the division of disability determination services (within the department of social and health services) for a disability determination. Pending the outcome of the disability determination, we also determine if you are eligible for ~~((WAH))~~ apple health coverage under the SSI-related medical program described in chapter 182-512 WAC. If you have countable income in excess of the SSI-related categorically needy income level (CNIL), then we look to see if you can get coverage under ~~((WAH-MN))~~ apple health MN with spenddown as described in chapter 182-519 WAC pending the final outcome of the disability determination.

(5) If you are eligible for and receive coverage under the ~~((WAH))~~ apple health parent and caretaker relative program described in WAC 182-505-0240, you ~~((will))~~ may be eligible for the ~~((WAH))~~ apple health medical extension program described in WAC 182-523-0100, if your coverage ends as a result of an increase in your earned income.

(6) Changes in income during a certification period do not affect eligibility for the following programs:

- (a) ~~((WAH))~~ Apple health for pregnant women;
- (b) ~~((WAH))~~ Apple health for children, except as specified in subsection (7) of this section;
- (c) ~~((WAH))~~ Apple health for SSI recipients;
- (d) ~~((WAH))~~ Apple health refugee program; and
- (e) ~~((WAH))~~ Apple health medical extension program.

(7) We redetermine eligibility for children receiving ((WAH)) apple health for kids premium-based coverage described in WAC 182-505-0210 when the:

(a) Household's countable income decreases to a percentage of the federal poverty level (FPL) that would result in either a change in premium for ((WAH)) apple health for kids with premiums or the children becoming eligible for ((WAH)) apple health for kids (without premiums);

(b) Child becomes pregnant;

(c) Family size changes; or

(d) Child receives SSI.

(8) If you get SSI-related ((WAH-CN)) apple health CN coverage and report a change in work or earned income which results in a determination by the division of disability determination services that you no longer meet the definition of a disabled person as described in WAC 182-512-0050 due to work or earnings at the level of substantial gainful activity (SGA), we redetermine your eligibility for coverage under the health care for workers with disabilities (HWD) program. The HWD program is a premium-based program that waives the SGA work or earnings test, and you must approve the premium amount before we can authorize coverage under this program. For HWD program rules, see chapter 182-511 WAC.

~~((9) Prior to a scheduled renewal or March 31, 2014, whichever is later, your WAH coverage will not end and you will not pay more for your WAH coverage as a result of an eligibility determination if:~~

~~(a) You are enrolled in WAH at the time of the eligibility determination;~~

~~(b) You were enrolled in WAH prior to October 1, 2013; and~~

~~(c) At the time of the eligibility determination, your enrollment in WAH is not yet based on MAGI methodologies.))~~

WAC 182-523-0100 Washington apple health—Medical extension.

(1) A parent or caretaker relative who was eligible for and who received coverage under Washington apple health (~~((WAH))~~) for parents and caretaker relatives, (~~((+))~~) described in WAC 182-505-0240(~~((+))~~), in any three of the last six months is eligible, along with all dependent children living in the household, for twelve months' extended health care coverage if the person becomes ineligible for his or her current coverage due to increased earnings or hours of employment.

(2) A person remains eligible for (~~((WAH))~~) apple health medical extension unless:

(a) The person:

(i) Moves out of state;

(ii) Dies;

(iii) Becomes an inmate of a public institution; or

(iv) Leaves the household.

(b) The family:

(i) Moves out of state;

(ii) Loses contact with the agency or its designee or the whereabouts of the family are unknown; or

(iii) No longer includes an eligible dependent child as defined in WAC 182-503-0565(2).

(3) When a person or family is determined ineligible for (~~((WAH))~~) apple health coverage under subsection (2)(a)(i) through (iii) or (b)(i) or (ii) of this section during the medical extension period, the agency or its designee redetermines eligibility for the remaining household members as described in WAC 182-504-0125 and sends written notice as described in chapter 182-518 WAC before (~~((WAH))~~) apple health medical extension is terminated.