



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Health Care Authority, Washington Apple Health

Permanent Rule Only

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose:

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

Citation of existing rules affected by this order:

Repealed:
 Amended: 182-503-0005
 Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 17-09-058 on April 18, 2017.
 Describe any changes other than editing from proposed to adopted version: See Attachment A

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: N/A

Name: _____ phone () _____
 Address: _____ fax () _____
 e-mail _____

Date adopted: July 13, 2017

NAME (TYPE OR PRINT)
Wendy Barcus

SIGNATURE

TITLE
HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 13, 2017
TIME: 2:53 PM

WSR 17-15-061

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	<u>1</u>	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	<u>1</u>	Repealed	_____

Attachment A

Revised 182-503-0005(2) as follows to clarify MAGI and specify the application form referenced in the rule:

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

(2)(b)(i) Contact the Washington Healthplanfinder customer support center number listed on the application for health care coverage form (HCA 18-001P); or . . .

Revised 182-503-0005(3) as follows:

(3) If you seek For apple health and have a disability or are blind, age sixty-five or older, eligible for Medicare, or need long-term services and supports (non-MAGI), you that is not based on MAGI, may apply: . . .

Revised 182-503-0005(3)(b) to clarify that the application form is not just for long-term care and (3)(c) to reference CSO and HCS offices, as follows:

(b) By completing the application for ~~long-term care/~~aged, blind, disabled/long-term care coverage . . .

(c) In person at a local DSHS CSO or home and community services (HCS) office.

Revised 182-503-0005(4) as to clarify who may apply and (4)(d) to include the correct term for long-term services and supports, as follows:

(4) For apple health that is not based on MAGI, you may apply if you are Nonmodified adjusted gross income (MAGI) based populations include people: . . .

(d) Applying for long-term ~~care~~-services and supports: or . . .

Revised 182-503-0005(5)(a) to reference CSO and HCS offices:

(a) Visiting a local DSHS CSO or HCS office; or . . .

Revised 182-503-0005(7) to add in the following reference:

(7) For the confidential pregnant minor program under WAC 182-505-0117 and for minors living independently, you must complete a separate application directly with us (the Medicaid agency). More information on how to give us an application may be found at the agency's web site: <http://www.hca.wa.gov>.

Revised 182-503-0005(10)(a) as follows:

(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 may need equal access services described in WAC 182-503-0110.

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 for children, pregnant people, adults age sixty-four and under without medicare, parents and caretaker relatives(, adults, pregnant women, or kids (with or without premiums)) (modified adjusted gross income (MAGI)):

(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 (CSO).

(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 for health care coverage form (HCA 18-001P); or

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

(3) If you seek apple health and have a disability or are blind, age sixty-five or older, eligible for medicare, or need long-term services and supports (non-MAGI), you may apply:

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

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

(c) In person at a local DSHS CSO or home and community services (HCS) office.

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

(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 CSO or HCS 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.hca.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:

(i) Full name ((of the primary applicant or head of household));

((+b) Providing birth dates;

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

(+d)) (ii) Date of birth; and

(iii) 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 may need equal access services as described in WAC 182-503-0120; or

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