

## SUMMARY OF MAJOR HEALTH CARE AUTHORITY MEDICAL PROGRAM CATEGORIES AND SUBSIDIZED INSURANCE POOLS IN WASHINGTON STATE AS OF DECEMBER 1, 2011

### Introductory Notes

**New in 2011 – Transfer of agency administration and rules:** Medicaid and other state medical programs were recently transferred from the Department of Social and Health Services (DSHS) to the Health Care Authority (HCA). HCA is now considered the “single state agency” for Medicaid purposes, though some of its responsibilities are still shared with DSHS. As a result, while some regulations related to Medicaid eligibility remain in WAC 388, others are now in WAC 182, the Health Care Authority rules. As of this writing, many of the recodifications were adopted on an emergency basis and are still in the rulemaking process, so check the Washington State Register to determine their status; WSR citations and former rules are indicated below where there was a significant change in the content of the rule. In moving the rules to Chapter 182, the state often (but not always) retained the rest of the citation they had when in WAC chapter 388.

**Medicaid redetermination:** Before termination of medical assistance benefits, DSHS must determine whether eligibility for any other type of medical benefits exists. The client remains eligible for medical assistance pending a full redetermination. WAC 388-416-0010(2); 182-504-0125; 388-434-0005(12), -503-0505(6); 388-503-0510(4); 388-503-0515. See also 388-474-0015.

**Immigrants:** Immigrants may or may not be eligible for programs in this chart. Eligibility rules for immigrants are complex and particularly subject to change. On page 10 are the state and federal medical programs with no or limited immigrant status requirements. Northwest Justice Project's immigrant public benefits advocate is available for consultation regarding immigrants' medical eligibility (206-464-1519).

**Medicaid/Medicare dual eligibles:** Medicare enrollees who also receive Categorically Needy or Medically Needy Medicaid (most are in Categories A6 through A9, A14, A15, and B) are required to receive their prescription drugs through Medicare Part D prescription drug plans. *Note: DSHS stopped paying copayments in January 2011.* People receiving Medicaid payment for Medicare premiums and/or cost-sharing (Medicare Savings Plan categories A10 through A13 below) usually receive their prescription drugs through Medicare Part D plans. WAC 182-530-7700.

**Financial standards for medical programs:** Chart of DSHS/HCA “Medical Income and Resource Standards” is available at <http://hrsa.dshs.wa.gov/Eligibility/Index.html>. Long term care standards are available at <http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTCstandardspna.shtml>. Use caution; the charts do not describe whether gross or countable income is applied to the relevant standard. See program rules for details.

**Medicaid premium payment programs:** The state has several Medicaid programs that allow reimbursement of Medicaid clients for health insurance premiums when this is cost effective. For more information and application forms, see <http://hrsa.dshs.wa.gov/premiumpymt>.

**Other DSHS interpretive materials:** The “Eligibility A-Z” user manual contains instructions to DSHS staff on implementing the regulations: <http://www.dshs.wa.gov/manuals/eaz/index.shtml>. Provider billing instructions and other resources can be found on the Health Care Authority website: <http://hrsa.dshs.wa.gov>.

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**CATEGORY****BASIC REQUIREMENTS****WAC REFERENCES\***

<b>A. CATEGORICALLY NEEDY MEDICAID (CN)</b>		
<b>1. TANF-CN Family Medical</b>	Eligible to receive TANF or Tribal TANF (even if diversion assistance or no financial assistance is chosen)	503-0515(1); 505-0220
<b>2. AFDC-CN Family Medical</b>	Meets the AFDC eligibility criteria in effect July 16, 1996; the more liberal TANF income and resource rules are used. (Rare group.)	505-0220(1)(f)
<b>3. Family Medical – Other</b>		
3a. TANF-ineligible situations	Would receive TANF but for: WorkFirst sanction, lack of school attendance, expired time limit, unmarried minor parent in non-approved living situation, unreported child absence, fleeing felon or violating probation/parole, income exceeding TANF standard but under family medical standard. <i>Resource limits do not apply to Medicaid recipients, only to applicants.</i>	505-0220(1)(e), (3)
3b. <u>Sneede v. Kizer</u>	Eligible for family medical when the income and resources of a person not financially responsible for the client (e.g., the client's child, sibling, or unmarried partner) are not counted. WAC and EAZ manual explain how DSHS creates separate "medical assistance units" to determine eligibility.	408-0055
c. 4-month extension	Became ineligible for Medicaid due to increased child or spousal support.	523-0100
d. 12-month extension	Earnings increased, resulting in income exceeding the TANF payment standard. Premium payments may be required in the second half year.	523-0100 through -0130
e. Hospice	Meets TANF/SFA categorical requirements.	513-1315(5)
<b>4. Pregnant women</b>		
4a. Pregnant women (with or without other children)	Countable family income below 185% of poverty. No resource limit or immigration status requirement. Unborn is counted as member of assistance unit. Changes in income or living situation during pregnancy or 60 days postpartum do not affect eligibility. Note special rules for pregnant minors.	462-0015  408-0055(2),(3)
4b. Post-partum women	2-month extension for women eligible for Medicaid at any time prior to end of pregnancy.	462-0015(7)
4c. Post-pregnancy Family Planning Extension	Family planning services only, for 12 months after pregnancy coverage ends. When this expires, women may receive Take Charge (see A-16 below).	462-0015(8), 182-532-510

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<b>5. Children</b> <ul style="list-style-type: none"> <li>• These programs are now collectively referred to as “Apple health for kids programs”</li> <li>• Some programs include adults under age 21</li> </ul>		
5a. Newborn up to one year	Up to one year old, Washington resident, and the mother was eligible for medical assistance on child’s birthdate. A mother may establish her eligibility retroactively or meet spenddown with expenses incurred on or prior to child’s birthdate.	505-0210(1)
5b. Children under age 19	<p>Child under 19 with countable family income up to 200% of poverty, residing in Washington. No resource limit. 12 month continuous eligibility. No premium payments are required.</p> <p>Note: CN (federal) Medicaid has citizenship/immigration status, entry date, and Social Security Number requirements but noncitizen children qualify for Apple Health without meeting these.</p>	505-0210(2), (3) 418-0025(4), inadvertently re-pealed in emergency rule WSR 11-22-052 but restored and revised in emergency rule WSR 11-23-102 as 182-504-0125(6)
5c. Inpatient and institutionalized, under age 21	Under 19; resides or is expected to reside in a medical institution, intermediate care facility for the mentally retarded, hospice care center, nursing home, institution for mental diseases or inpatient psychiatric facility <i>may</i> be eligible for Apple Health for Kids based on institutional rules described in WAC 388-505-0260. Individuals between 19 and 21 may still be eligible for healthcare coverage but not under Apple Health for Kids. See WAC 388-505-0230 "LTC for families and children," -0240 “General eligibility for family institutional medical coverage,” and WAC 388-513-1320 "Determining institutional status for LTC" for more information. Special income deeming rules apply.	505-0210(7); 505-0230 through -0270; 513-1315(12); 513-1320 (institutional status for children)
5d. Foster care and subsidized adoption	Under 21; in foster care or receive subsidized adoption services. Children are eligible for state-funded CN coverage through the month of their 18th birthday if they are in foster care under legal responsibility of the state or federally recognized tribe within the state and do not meet SSN and citizenship requirements.	505-0210(8), (9), (10)

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
5e. Premium-based health insurance	Uninsured child under 19, with countable income under 300% of poverty. Premiums for 200-250% of poverty: \$20/month per child up to \$40 per household. Premiums for 250%-300% of poverty: \$30/month per child up to \$60 per household. <i>Note: As of November 2011, the above state-subsidized premiums only apply to citizen and lawfully present immigrant children. Other children may purchase coverage for \$98/month per child up to \$196 per household).</i>	505-0210(4), (5); 505-0211; 542-0300
5f. <u>Sneede v. Kizer</u>	Eligible for children's medical when the income and resources of a person not financially responsible for the child (anyone other than a parent, step-parent or spouse living in the home) are not counted. WAC and EAZ manual explain how DSHS creates separate "medical assistance units" to determine eligibility.	408-0055
5g. Non-Apple Health	Children may be eligible for other categories not considered part of Apple Health for Kids. See Family Medical, Aged/Blind/Disabled CN and MN programs (SSI-related), Home and Community Based Waivers, and Alien Medical.	505-0210 (11)
<b>Aged, Blind, Disabled CN</b>		
<b>6. Supplemental Security Income (SSI) - CN</b>	Eligible to receive SSI.	503-0515(1); 475-0050; 474-0005
<b>7. ABD (CN), or Aged, Blind, or Disabled program (formerly called "DL-X" or Disability Lifeline Expedited, and earlier "GAX" or General Assistance Expedited)</b>	Receiving state ABD program cash benefits, which requires being age 65 or older, blind, or determined by DSHS to be "likely" to be disabled under SSI/SSA criteria. Includes some immigrants ineligible for SSI cash due to immigration status or sponsor deeming issues. Program renamed and new rules in process of development, effective starting November 1, 2011. People who meet ABD cash standards but do not meet immigration status requirements for federal Medicaid benefits are awarded MCS (see Other State Medical Programs section 1 below).	388-505-0110(6), moved to 182-508-0001(6) in emergency rule, WSR 11-22-052; 388-448-0200(2), moved to 388-449-0200 in emergency rule WSR 11-21-049; 388-475-0100(1)(b) (uses outdated program name). As of this writing, a proposed rule was pending: <a href="http://apps.leg.wa.gov/documents/laws/wsr/2011/22/11-22-032.htm">http://apps.leg.wa.gov/documents/laws/wsr/2011/22/11-22-032.htm</a> .

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<b>8. SSI-related CN</b> (defined at 388-503-0510(1) and 475-0050(1))		
8a. Meeting SSI criteria	Meets SSI eligibility criteria as determined by SSA or DSHS, though not receiving SSI cash.	475-0100(1)(a); 505-0110(1), moved to 182-508-0001(1) in emergency rule, WSR 11-22-052; see 505-0210(2)(f)
8b. Aged, Blind or Disabled and institutionalized	Institutionalized with gross income under a "special income level" (SIL) set at 300% of the SSI federal benefits standard. More liberal rules for deeming of income and resources than for non-institutional; transfer of asset restrictions.	513-1315; level of care standard 106-0355; transfer of asset 513-1363-1367
8c. Home and Community Based Waiver programs: COPES/DDD	Home and community based alternatives for people who otherwise would be hospitalized or in a nursing home. Must be SSI-relatable, meet level of care requirements, and meet applicable income and resource standards. COPES is for disabled/aged adults, DDD for developmentally disabled children and adults. Transfer of asset restrictions apply.	513-1315, Ch 515 re specific waiver programs; level of care assessments by ADSA 388-106 or DDD 388-845; transfer of asset 513-1363 through -1367.
8d. SSI-terminated children	Received SSI for 8/96 and qualify using the prior disability definition	505-0210(2)(e)
8e. Up to 4-month automatic extension	Terminated SSI - disability ended, redetermination of eligibility pending.	474-0015(1),(2)
8f. "Pickle" people	Former SSI/SSP recipient now entitled only to OASDI (also called Social Security) but would be eligible for SSI/SSP if subsequent COLA increases for self plus family are disregarded from income; only applies if recipient formerly was entitled to both SSI/SSP and OASDI in a previous month after April 1977 and received at least SSI/SSP (not necessarily OASDI) in that month. NOTE: rules slightly misstate the standard but DSHS agrees to apply the correct one.	182-508-0001(2)(a); 475-0880(1)(a). See 42 CFR 435.135; preamble to rules at 51 Fed. Reg. 12326 (April 10, 1986); Lynch v. Rank, 747 F.2d, 528 (9 <sup>th</sup> Cir. 1984)
8g. Qualified Severely Impaired persons ("1619(b)" workers)	Former SSI recipients who work, continue to be blind/disabled, and meet all SSI requirements except their earnings exceed income limit; but income is insufficient to replace SSI/Medicaid. These people are treated as though they receive SSI.	182-508-0001(2)(b); 388-475-0880(3) 42 U.S.C. 1382h(b); 388-475-0050(3); 474-0005.
8h. Disabled widows/widowers aged 50-59 in Dec 1983	Social Security Disabled Widows Benefits recipients since Dec. 1983, who became ineligible for SSI due to COLA increases. (Rare group.)	182-508-0001(2)(c); 475-0880(1)(b)

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
8i. Widows/ widowers/ surviving divorced spouses	Social Security Disabled Widows Benefits recipients, Medicare Part A ineligible, who received SSI prior to receiving Soc. Sec. but lost it due to receipt of or increase in Soc. Sec., and would otherwise be SSI eligible. (Rare group.)	182-508-0001(2)(d) 475-0880(1)(c)
8j. Disabled adult child (DAC)	A Social Security recipient who lost SSI on or after 7/1/88 due to receipt of or increase in "Disabled Adult Child" benefits and who would otherwise still be eligible for SSI. The person is eligible for Medicaid through a "disregard" of the DAC income. Social Security refers to this income as "Childhood Disability Benefits" (CDB) rather than "DAC." These Child's benefits are received under the SS account of a parent or a grandparent of a disabled adult whose disability began before age 22 (a developmental disability). DSHS should automatically apply the DAC income disregard if Social Security has correctly coded the income source.	182-508-0001(2)(e)  475-0880(2)
8k. Other "grandfatherees"	Certain SSDI recipients who in 1972 received a 20% SSDI increase. (Rare group.)	182-508-0001(2)(f)
<b>9. Adults in Medical Institutions, Alternate Living Facilities, and Hospice</b>		
9a. Adults Institutionalized in a Medical Facility (CN)	TANF-related or SSI-eligible <b>or</b> would be eligible if they were not institutionalized (see also 8b) (age 65 and older for patients in institutions for mental disease). See 42 CFR 435.211.	513-1315; 388-505-0230
9b. Adults in Alternate Living Facilities (Non- institutional CN)	Adults in department-contracted alternate living facilities can receive CN non-institutional medical; requires income below a special SSP standard based on the cost of facility care for SSI-related clients.	513-1305
9c. Hospice patients (CN)	Hospice is a service available in Washington's Medicaid program and is also part of the COPES waiver. Patients qualifying medically for hospice services can attain Medicaid eligibility through multiple categories, including home and community based waiver programs and institutional programs with more liberal income and resource rules.	513-1315(5); Chapter 182-551

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<b>Medicare Savings Plan (cost-sharing and buy-in)</b>		
<b>10. QMB (Qualified Medicare Beneficiary) Cost-sharing</b>	Medicare recipients with resource equal to or less than the Medicare Part D Low-Income Subsidy (LIS) resource standard (in 2011: \$6680 for one person or \$10,020 for a couple). DSHS pays Medicare Parts A and B premiums following the month that eligibility is determined; and coinsurance, copays and deductibles for Parts A, B and C. DSHS may enroll clients outside the usual enrollment periods.	517-0300, -0310, -0320(1); 182-517-0100(1)
<b>11. SLMB (Low-Income Medicare Beneficiary) and QI-1 Cost-sharing</b>	Medicare recipients with resources equal to or less than the Medicare Part D Low-Income Subsidy (LIS) resource standard (in 2011: \$6680 for one person or \$10,020 for a couple). DSHS pays Medicare Part B premiums and can enroll clients outside the usual enrollment period.	517-0300, -0310, -0320 (2),(3); 478-0085(2),(3), 182-517-0100(2), (3)
<b>12. QDWI (Qualified Disabled Working Individual) Cost-sharing</b>	Certain former Soc. Security recipients under age 65 with incomes below 200% FPL and assets below \$4000 (individual) and \$6000 (couple). DSHS pays Medicare Part A premiums.	517-0300, -0310, -0320(4); 478-0085(4), 182-517-0100(4)
<b>13. State-funded Medicare buy-in</b>	Medicaid recipients who do not qualify for the federal Medicare savings programs (QMB, SLMB or QI-1). DSHS pays Medicare Part B premiums and can enroll clients outside the usual enrollment periods. State no longer pays Parts A and B coinsurance, deductibles or copayments.	517-0300, -0310(7), -0320(5)
<b>Other CN</b>		
<b>14. Health for Workers with Disabilities (HWD)</b>	Workers under 65 meeting federal disability requirements may buy into Medicaid by paying premiums based on income. No resource limits; net income below 220% of poverty.	475-1000 through 475-1250
<b>15. Breast and Cervical Cancer Treatment Program</b>	Uninsured women ages 40-64, with income up to 250% of poverty, screened through the Department of Health's early detection program and found to require treatment for breast or cervical cancer or for a related precancerous condition. Information found at: <a href="http://www.doh.wa.gov/cfh/bcchp/default.htm">http://www.doh.wa.gov/cfh/bcchp/default.htm</a>	462-0020
<b>16. Family Planning ("Take Charge")</b>	Women and men with income below 200% FPL may receive family planning coverage under "Take Charge" if uninsured for family planning (exemptions for those with insurance under certain circumstances). <i>Note: Take Charge income limit will be raised to 250% FPL (expected to occur in early 2012).</i>	182-532-720; 182-532-790

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<b>B. <u>MEDICALLY NEEDEY MEDICAID</u> (MN): Spenddown required if income above Medically Needy Income Level</b>		
<b>1. Regular</b>	Child, pregnant woman, or SSI-related individual who exceeds CN income limits.	182-508-0001(3); 505-0210(2)(f); 505-0210(6); 462-0015(4); 408-0055; 475-0150; Ch. 519
<b>2. SSI-related ineligible spouses</b>	Spouse of SSI recipient who is not receiving SSI but is SSI-relatable (aged over 65, blind, or disabled).	182-508-0001(4); 519-0100(4)(d); 475-0150(1)(b); 408-0055(8)(c)
<b>3. Institutional</b>	Expected to be in nursing home or hospital 30 days; above SSI-CN resource limit OR income above 300% of SSI Federal benefit rate but under amount needed for private pay rate plus recurring medical expenses. More liberal deeming rules, transfer of asset restrictions.	513-1315(6), -1395
<b>4. MNRW and MNIW--Home and Community Based Waiver programs for Medically Needy clients</b>	Programs to cover long-term care expenses and MN covered services. For limited # of SSI-related people in alternate care facilities (MNRW) or at home (MNIW) ineligible for COPES because income exceeds 300% of the SSI federal benefit rate (see A.8.c). Must meet level of care requirements and spenddown. (Note: program does not provide spousal income protections used for nursing home and COPES clients.)	515-1540 (MNRW)  515-1550 (MNIW)
<b>5. MN-Non-institutional for Alternate Facility residents</b>	Special MN noninstitutional coverage for SSI-related people in contracted alternate facilities (e.g. Boarding Homes, Adult Family Homes); spenddown applies.	513-1305
<b>6. Hospice patients (MN)</b>	Hospice is a service for terminal patients available in Washington's Medicaid program and is also part of the COPES waiver. Patients qualifying medically for hospice services can attain Medicaid eligibility through multiple categories, including home and community based waiver programs and institutional programs with more liberal income and resource rules.	475-0150(1)(f); 513-1315(6); 513-1395; Chapter 182-551

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES*
<b>D. <u>STATE-SUBSIDIZED HEALTH INSURANCE: BASIC HEALTH (BH)</u></b>		
<p>The Washington State Health Care Authority's BH is managed care health coverage for state residents, with reduced premiums. Enrollees must have income below 200% FPL (as of March 2011, they must also have "countable" income below 133% FPL). Foster parents with income below 300% FPL and are also eligible. Excluded: Medicare-eligibles, full-time students with temporary visas, and DSHS medical assistance recipients. A preliminary injunction in <i>Unthaksinkun v. Porter</i>, currently in effect, reversed the March 2011 immigration restrictions; currently BH enrollees must be U.S. citizens or lawfully present in the U.S., and must be age 19-64.</p> <p>The minimum insurance premium is \$17 per month per individual. Premiums depend on income, age, and the managed care plan selected. \$250 annual deductible, 20% cost sharing for some services, and copayments for many services. Major budget reductions since 2009 have resulted in a waiting list of approximately 150,000 people as of June 2011. There is no longer a pre-existing condition waiting period. Many children under age 19 qualify for "BH Plus," which is Medicaid coverage offered through BH - see A.5.b. above; they have no waiting lists, premiums, copayments or pre-existing condition exclusions. Phone: 1-800-826-2444; <a href="http://www.basicealth.hca.wa.gov">http://www.basicealth.hca.wa.gov</a>.</p> <p><i>Note: Some people, including foster parents and personal care workers, may bypass the waiting list and apply for Basic Health directly. Information: <a href="http://www.basicealth.hca.wa.gov/">http://www.basicealth.hca.wa.gov/</a></i></p>	<p>WAC 182-22; 182-24-020</p> <p>Information regarding <i>Unthaksinkun v. Porter</i> preliminary injunction available at <a href="http://www.basicealth.hca.wa.gov">www.basicealth.hca.wa.gov</a> and <a href="#">here</a>.</p>	
<b>E. <u>WASHINGTON HEALTH PROGRAM (WHP)</u></b>		
<p>Washington's Health Care Authority's WHP is an unsubsidized health insurance plan for state residents. The plan has a \$75,000 or \$100,000 yearly cap, depending on which plan an applicant chooses. Premiums depend on age, location, and smoking habits. Enrollees can be enrolled in WHP and retain their position on the BH Wait List. There is 30% cost sharing for most services as well as a \$500 deductible and out-of-pocket maximum of \$3,000 for individuals. Pre-existing conditions are excluded from coverage for 9 months. 1-800-660-9840; <a href="http://www.washingtonhealthprogram.hca.wa.gov">http://www.washingtonhealthprogram.hca.wa.gov</a></p>	<p>WAC 182-22; 182-23</p>	

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