

HCA Medical Programs and Subsidized Insurance in Washington State as of December 1, 2022

Introductory Notes

Pandemic changes: Some programs described herein have relaxed rules or processes due to the ongoing COVID-19 public health emergency (PHE). For example, DSHS and HCA are largely barred from making eligibility, benefits, or cost-sharing changes for Medicaid enrollees until at least 4/1/23. See Consolidated Appropriations Act of 2023, Pub. L. No. 117-328, Sec. 5131). Note that some temporary programs to assist Washington residents during the pandemic are not reflected in statute or WAC. For information about COVID-related program changes, see <https://www.hca.wa.gov/about-hca/information-about-novel-coronavirus-covid-19#wah-clients> and <https://www.dshs.wa.gov/alert/covid-19-information>. WAC 182-521-100 governs income and resource exclusions during the pandemic. See also WAC 182-512-0550(24) and WAC 182-521-0200 (Coverage after the PHE ends).

HCA labels its health coverage programs as **Washington Apple Health**. We refer to this using the abbreviation “WAH.” A summary of WAH programs is available at [WAC 182-503-0510](https://www.hca.wa.gov/about-hca/information-about-novel-coronavirus-covid-19#wah-clients).

Medicaid redetermination: Before terminating medical assistance, the state agency must determine whether a person is eligible for any other type of medical coverage. The person remains eligible for medical assistance pending a full redetermination. WAC 182-503-0505(7), 182-504-0035, 182-504-0125; 42 CFR 435.916.

Immigrants: Immigrants are eligible for certain programs in this chart. Eligibility rules for immigrants are complex and particularly subject to change. Pages 12-13 list the health programs with no or limited immigration status requirements. Northwest Justice Project's immigrant public benefits advocate with the Medical-Legal Partnership is available for consultation regarding immigrants' medical eligibility (phone 206-464-1519).

Medicaid/Medicare dual eligibles: Medicare enrollees who also receive Categorically Needy or Medically Needy Medicaid (most are in Categories B5 through B7, and D) receive prescription drugs through their Medicare Part D prescription drug plans (some drugs excluded from Medicare coverage may be covered by Medicaid). WAC 182-530-7700. People receiving Medicaid payment for Medicare premiums and/or cost-sharing (Medicare Savings Plan categories C9 through C11 below) have prescription coverage only through Medicare.

Financial standards for medical programs: HCA Income and Resource Standards charts are available through a link on this page: <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/program-standard-income-and-resources>; for Apple Health children, pregnant people, and adult (Medicaid expansion) groups, charts that include the 5% income “disregard” are at <https://www.hca.wa.gov/assets/free-or-low-cost/19-003.pdf> Long Term Care standards information is available at <https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/standards-ltss> Use caution; charts may not describe whether gross or countable income is applied to the relevant standard. See program rules for details.

Medicaid premium payment programs: Several Medicaid programs in WA allow reimbursement to clients for health insurance premiums when cost effective. Rules are in WAC Chapter 182-558. For more information and application forms, see <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>.

HCA interpretive materials: The Apple Health Eligibility Manual contains instructions to state agency staff for implementing the regulations: <https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/apple-health-eligibility-manual-overview>. The manual includes detailed instructions regarding eligibility issues. Provider guides, instructions and other resources can be found on the HCA website: <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage>.

CATEGORY**BASIC REQUIREMENTS****WAC REFERENCES****A. MAGI-BASED PROGRAMS – CATEGORICALLY NEEDY**

- These programs for adults, pregnant/postpartum people, and children have no resource limits.
- Countable income is calculated using IRS federal tax program “Modified Adjusted Gross Income” with variations specific to Medicaid. See WAC [182-509](#).
- “Deemed eligible” WAH programs do not require an income determination. These are listed at WAC 182-503-0510(4) and WAC 182-505-0115.

Adults

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
1. MAGI-Based WAH Adult	Adult age 19-64, non-Medicare Part A or B, not otherwise eligible for “classic” Medicaid (described in subsections A2 and B), with countable income below 138% FPL (133% plus automatic 5% income disregard). Clients in this group receive “alternative benefits plan” scope of coverage (see WACs 182-500-0010, 182-501-0060 and 501-0065). Note: ABD cash recipients who meet Medicaid immigration status requirements should be on this medical program; others who are lawfully present should be on Medical Care Services (see E3).	182-505-0250
2. WAH Parent and Caretaker Relative	Parent or caretaker relative related to a dependent child by blood, adoption or marriage with countable income below amounts specified in WAC 182-505-0100. Although these individuals will also qualify as MAGI-Based WAH Adults under the higher income rules of category 1 above, this category may be beneficial as it provides a link to medical extensions listed in 2a.	182-505-0240; 182-500-0020 (definition of caretaker relative)
2a. 12-month extension	Became ineligible for WAH for Parent and Caretaker Relative category due to increased earnings or hours of employment. The Eligibility for the person and all dependent children living in the household is extended 12 months. (Deemed eligibility program.) Eligibility does not change based on incarceration status.	182-523-0100 through -0130
Pregnant and postpartum people		
<ul style="list-style-type: none"> • Pregnant people who are over the income limit may be eligible for other categories. See: QHP subsidies (F) and Medically Needy (D18). 		
3a. WAH Pregnancy Coverage (with or without other children)	Countable family income below 198% FPL (193% plus automatic 5% income disregard). No immigration status requirement for non-citizens. Unborn is counted as member of assistance unit. Eligibility continues through pregnancy and through a postpartum period regardless of changes in income or living situation (postpartum coverage described in 3c). Note special rules for pregnant minors in 3b.	182-505-0115 182-503-0535(2) 182-506-0010(2)(b)
3b. WAH for Pregnant Minors	No income standards. Lack of immigration status does not disqualify an individual from this program.	182-505-0117 182-503-0535(2)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
3c. WAH After-Pregnancy Coverage	12-month post-pregnancy coverage extension for people who were eligible for WAH CN or MN at any time prior to end of pregnancy, and for people who apply during the 12-month postpartum period and meet requirements of the WAH pregnancy program (other than pregnancy).	182-505-0115, 182-505-0117(7)
3d. Post-pregnancy Family Planning Extension	Family planning services only, for 12 months after pregnancy coverage ends, if not otherwise eligible for a broader scope of health coverage. This extension predated WAH After-Pregnancy Coverage (see 3c), which now provides 12 months of comprehensive health coverage to people who received WAH Pregnancy Coverage (see 3a). That coverage includes family planning services. <i>See also A16 below (Family Planning Only).</i>	182-532-510, 182-532-001
Children <ul style="list-style-type: none"> • We refer to these programs as “WAH” (Washington Apple Health) • Some programs include adults under age 21 • Children may be eligible for other categories that are not MAGI-based. See: Aged/Blind/Disabled CN and MN programs (SSI-related), Home and Community Based Waivers, Alien Medical Program, and QHP subsidies. 		
4a. Newborn up to one year	Up to one year old, Washington resident, and the birth parent was eligible for WAH on the date of the birth. Eligibility may be established retroactively or spenddown may be met with expenses incurred on or prior to child’s birthdate. (Deemed eligibility program.)	182-505-0210(2)
4b. Children under age 19	<p>Child under 19 with countable family income up to 215% FPL (210% plus automatic 5% income disregard), residing in Washington. No resource limit or citizenship/immigration status requirement. 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 WAH without meeting these.</p>	182-505-0210(1),(3) 182-504-0125(6)
4c. Children under 19, premium-based health insurance	<p>Uninsured child under 19, residing in Washington, with countable income under 317% FPL (312% plus automatic 5% income disregard). Premiums for 215-260% FPL: \$20/month per child up to \$40 per household. Premiums for 260%-317% FPL: \$30/month per child up to \$60 per household.</p> <p>Excludes children eligible for Apple Health and children with creditable health insurance <u>except</u> those covered under SEBB and PEBB (public and school employee insurance).</p>	182-505-0210(4); 505-0215; 505-0225

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
4d. WAH Long-Term Care, under age 21	<p>Under 19: resides or is expected to reside in a medical institution, hospice care center, nursing home, or inpatient psychiatric facility, <u>or</u> functionally eligible for Home and Community Based (HCB) waiver programs, may be eligible for WAH for Kids based on institutional rules described in WAC 182-514 and WAC 182-515.</p> <p>Individuals between 19 and 21 may be eligible for long term care under MAGI-based adult healthcare coverage. See WAC 182-514-0250.</p> <p>Once the person meets institutional status, only income received by the person or on behalf of the person counts when determining eligibility. WAC 182-514-0240(3). If not income eligible for CN, see D20 and D21 for Medically Needy Institutional programs.</p> <p>For psychiatric inpatient stays that begin before age 21, see WAC 182-514-0250(7) and 182-513-1317(5)(c). For involuntary commitment to psychiatric state hospitals, see 182-514-0270.</p>	182-505-0210(3)(c), - 0210(4)(c)(ii) 182-513-1317(5); 182-513-1320
4e. WAH Foster Care and subsidized adoption	<p>Under age 26; is in foster care or receives subsidized adoption services <u>or</u> was formerly in foster care.</p> <p>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. (Deemed eligibility program.)</p>	182-505-0211
B. NON-MAGI BASED PROGRAMS – CATEGORICALLY NEEDY <ul style="list-style-type: none"> These programs have income and often resource limits. (No resource limits: HWD; MSP, effective 2023) 		
SSI and SSI-related CN (Aged, Blind, or Disabled)		
5. Supplemental Security Income (SSI) - CN	Eligible to receive SSI.	182-503-0010(4)(a); 182-510-0001; 510-0005. See also 182-512-0050 (regarding SSI-related programs).

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
6. SSI-related CN <ul style="list-style-type: none"> • SSI-related is defined in WAC 182-512-0050(1). • See also section 7 for people receiving long term services and supports 		
6a. Meeting SSI criteria	Meets SSI eligibility criteria, though not receiving SSI cash.	182-512-0100; 182-510-0001; 182-508-0001(2); see 182-505-0210 and category 4d above regarding children
6b. Terminated SSI extension	Terminated SSI - disability ended, redetermination of eligibility pending or on appeal.	182-510-0010(1), (2) 182-510-0001(6)(c) (re appeal)
6c. Healthcare for Workers with Disabilities (HWD)	Workers of at least 16 years of age who meet federal disability standards may get Medicaid by enrolling in HWD and paying premiums. Following changes in 2020, the program now has no income limit, no upper age limit, and no resource limit. It has work and disability requirements, and percent-of-income premium payments.	182-511
6d. "Pickle" people (COLA disregards)	Former SSI/SSP recipient now entitled only to Social Security benefits but would be eligible for SSI/SSP if COLA increases to Social Security Title II benefits for self plus family (that were added after date SSI/SSP ended) are disregarded from income. This applies only if recipient formerly was entitled to both SSI/SSP and Social Security Title II in a month after April 1977 and received at least SSI/SSP (not necessarily Social Security Title II) in that month, and if the deduction of the COLA increases puts income below the current SSI/SSP standard.	182-512-0880(1). See 42 CFR 435.135; preamble to rules at 51 Fed. Reg. 12326 (April 10, 1986); <i>Lynch v. Rank</i> , 747 F.2d, 528 (9 th Cir. 1984)
6e. Qualified Severely Impaired persons ("1619(b)" workers)	SSA determines eligibility for this status. Includes 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. Clients who lose SSI benefits due to earnings need to have 1619(b) status established by the Social Security office, and report income and other changes to SSA to stay on this status.	182-503-0010(4)(b) 182-510-0001(4)(c) 182-512-0880(5) 182-512-0050(3) 42 U.S.C. 1382h(b)
6f. 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.	182-510-0001(6); 182-512-0880(2)(a)
6g. 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. (Disregard applies only until Part A begins.)	182-510-0001(6); 182-512-0880(2)(b)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
6h. 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." The income is from 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. But mistakes can happen, especially if the DAC moves from/to a different state.	182-510-0001(6); 182-512-0880(3)
6i. Other "grandfatheres"	Certain SSDI recipients who in 1972 received a 20% SSDI increase. (Rare group.)	182-512-0880(4)
7. SSI-related (aged/blind/disabled) people receiving long term supports and services in their own homes, in Medical Institutions, Alternate Living Facilities, or Hospice (CN). <ul style="list-style-type: none"> HCA policy manual for these programs: https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/long-term-services-and-supports-manual Programs classified as Institutional or as Home and Community Based waiver programs have more liberal rules for deeming of income and resources than apply to most non-institutional SSI-related programs. Transfer of asset restrictions apply to most institutional and waiver programs. See: https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/transfer-asset 		
7a. Adults Institutionalized in a Medical Facility	<p>Adults meeting institutional status requirements in 182-513-1320, including MAGI-based adults and adults receiving SSI (or would be eligible for SSI if they were not institutionalized; see 42 CFR § 435.211).</p> <p>For SSI-related clients with income above the SSI level but under the "SIL," see section 7b below.</p>	182-513-1315, -1316, -1317 182-514; 182-514-0250 for MAGI-based adults age 19 and up 182-508-0001(4)
7b. Aged, Blind or Disabled and institutionalized with income under a "SIL" (Special Income Level)	<p>SSI-related (aged/blind/disabled) people not otherwise eligible for Medicaid, who meet institutional status under 182-513-1320 and meet level of care standards. Gross income must be under a "special income level" (SIL) set at 300% of the SSI federal benefit standard. 42 CFR § 435.236, -435.1005.</p> <p>Institutionalization in Eastern and Western state hospitals is covered only for adults over age 65. 182-513-1317(5).</p> <p>Institutional programs use more liberal rules for deeming of income and resources than non-institutional SSI-related programs use. Transfer of asset restrictions also apply.</p>	182-513-1315 to -1317 Level of care standard 388-106-0355 Transfer of assets 182-513-1363; hardship 182-513-1367

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
7c. Home and Community Based Waiver programs: COPES/DDA/Other	<p>Home and community-based waiver programs are for SSI-related individuals who meet level of care standards for medical institutions, and instead live in own home or in an Alternate Living Facility (e.g., Adult Family Home, Assisted Living Facility). Transfer of asset restrictions apply. COPES and other HCBS programs administered by DSHS-AL TSA are for disabled/aged adults, not children. (DSHS-DDA administers the DDA waivers, for children or adults with intellectual/developmental disabilities (I/DD).)</p> <p>Waiver programs give an entry to Medicaid eligibility for people who do not otherwise qualify for Medicaid due to income or resources, especially resources of a spouse (COPES) or parent (DDA). HCBS waiver program eligibility policy is found here: https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/long-term-services-and-supports-manual</p> <p>For COPES, previous “medically needy” waiver programs for people with income above the “Special Income Level,” or “SIL,” were <i>combined</i> into one COPES waiver. Now all COPES clients receive CN Medicaid. (The “SIL” amount is 300% of the federal SSI benefit level. See 42 CFR §§ 435.236 and 435.1005.) DDA waivers, however, still use the SIL income limit, and do not have a Medically Needy option.</p>	<p>182-513-1315, -1316, -1318, Chapter 182-515.</p> <p>Level of care assessments: By DSHS-AL TSA: Chapter 388-106 (see 388-106-0310, -0355) By DDA: Chapter 388-845</p> <p>Transfer of assets: 182-513-1363; hardship 182-513-1367</p>
7d. Adults in Alternate Living Facilities (Non-institutional Medicaid program)	<p>Adults in agency-contracted alternate living facilities can receive CN non-institutional Medicaid; requires income below a special SSP standard based on the cost of facility care for SSI-related clients. Once eligible for this program, clients who are functionally eligible for CFC in a residential setting may get Medicaid program payment for the residential costs of a state-contracted facility under CFC. Clients also may be private pay clients in a facility and pay the facility charges privately; this program provides them CN coverage for their non-facility medical expenses. State policy manual: https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/determining-eligibility-noninstitutional-coverage-alternative-living-facility-g03-or-l52-group-c-and-d</p>	<p>182-513-1205</p> <p>182-508-0001(5) (this summary rule still uses the old reference to 513-1305, not the current provision in 513-1205)</p>

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
7e. Hospice patients	<p>The Hospice program* is for an SSI-related person who elects to receive hospice care and is not otherwise eligible for a CN, MN, or ABP noninstitutional program or HCB waiver, or is in an institution and elects hospice. Eligibility for people outside an institution mirrors the COPES rules, except income must be under the SIL (300% of the SSI Federal benefit rate). Transfer of assets restrictions do not apply. The program is available to in-home or institutional clients, but not to clients in residential settings (those clients must be on a program that pays for the residential facility services). Examples: Client needing hospice has income above MAGI standards but doesn't yet meet functional criteria for COPES (or assessment hasn't occurred) or is ineligible for COPES due to transfer of assets.</p> <p>Once a client gets WAH eligibility on the hospice program, personal care services (CFC) may be available as a state plan service. If COPES eligibility criteria are met later, the person is reassigned to that program.</p> <p>A person who receives coverage under the alien emergency medical (AEM) program (see section D1) may be eligible for payment for hospice services if preapproved.</p> <p>*"Hospice" is also a state-plan service, available when a person has WAH eligibility apart from having this hospice <i>program</i>.</p>	<p>182-513-1315, 182-513-1240. Chapter 182-551</p> <p>182-508-0001(6)</p>
Refugees, Asylees and Certain Other Immigrants		
8. Refugee Medical Assistance	<p>Refugees, asylees, and certain other immigrants, for the first 12 months they are in the U.S. (8 months if date of entry was before 10/1/21). This program does not require an SSI-related disability or age category and uses different income and resource rules. Note: Previously, during the COVID-19 Public Health Emergency, Refugee Cash Assistance and Refugee Medical Assistance were automatically extended through 9/30/21 for persons who became eligible on or after 4/1/19. For details, see https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-21-05-Continued-Assistance-for-ORR-Populations-through-September-30-2021.pdf</p>	182-507-0130, -0135

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CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
C. OTHER NON-MAGI BASED PROGRAMS – NOT CATEGORICALLY NEEDY <ul style="list-style-type: none"> These programs have income and often resource limits. The benefits provided through these programs are limited compared to CN 		
Medicare Savings Programs and state “Medicare Buy-In”		
9. QMB (Qualified Medicare Beneficiary)	<p>Medicare recipients with income at or below 100% FPL (for household size), and until Jan. 1, 2023, resources equal to or less than the Medicare Part D Full Low-Income Subsidy (LIS) resource standard. <i>Resource limits no longer apply as of Jan. 1, 2023.</i></p> <p>If an applicant does not meet the income standard under SSI methodology but has other dependents in the household, an alternative eligibility determination is made based on the larger household size.</p> <p>QMB covers Medicare Parts A and B premiums following the month that eligibility is determined, and coinsurance, copays and deductibles for Parts A, B and C.</p>	<p>182-517- 0100</p> <p>182-517-0100(3)(a)(ii)</p> <p>182-502-0110</p>
10. SLMB (Low-Income Medicare Beneficiary) and QI-1	<p>SLMB: Medicare recipients with income above 100% but at or below 120% FPL, and resources same as for QMB (item 8 above). <i>Resource limits no longer apply as of Jan. 1, 2023.</i> SLMB pays Part B premiums only, not cost-sharing.</p> <p>QI-1: Medicare recipients with income above 120% FPL but at or below 135% FPL, same resource limits as QMB and SLMB (and no longer applicable as of Jan. 1, 2023).</p> <p>QI-1, also known as ESLMB, pays Medicare Part B premiums only. QI-1 has federal funding limits.</p> <p>If an applicant does not meet the income standard under SSI methodology but has other dependents in the household, an alternative eligibility determination is made based on the higher household size.</p>	<p>182-502-0110, 517-0100</p>
11. QDWI (Qualified Disabled Working Individual)	<p>Certain former Soc. Security recipients under age 65 with incomes over 135% FPL but at or below 200% FPL, and assets below \$4000 (individual) or \$6000 (couple). QDWI pays Medicare Part A premiums.</p> <p>If an applicant does not meet the income standard under SSI methodology but has other dependents in the household, an alternative eligibility determination is made based on the higher household size.</p>	<p>182-502-0110, 517-0100.</p>
12. State-funded Medicare “buy-in”	<p>Medicaid recipients who do not qualify for any federal Medicare savings program (QMB, SLMB or QI-1). The state-funded “buy-in” pays Medicare Part B premiums. The state can enroll clients outside the usual enrollment periods. The Medicaid coverage “wraps around” the primary Medicare coverage.</p>	<p>182-502-0110, 517-0300.</p>

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
Other Non-MAGI Based Programs		
13. Breast and Cervical Cancer Treatment Program	Uninsured or underinsured women under age 65, with income up to 300% FPL depending on the service, screened through the Department of Health's early detection program (described in section G below) and found to require treatment for breast or cervical cancer or for a related precancerous condition.	182-505-0120
14. Kidney Disease Program (KDP)	Dialysis, medications and other services for End Stage Renal Disease (ESRD) after other funding exhausted; nonexempt countable resources under QMB levels; countable income under 220% FPL.	182-540-015 through -065
15. Family Planning Only (formerly "Take Charge")	People with income below 260% FPL may receive family planning coverage if uninsured for family planning (exemptions for those with insurance under certain circumstances). There is no citizenship or immigration status requirement.	182-532-510; 182-532-570
16. Medicaid Alternative Care (MAC)	Program offered under Washington's Medicaid Transformation Demonstration project, currently extended through June 2023 (with 5-year renewal pending with CMS). For people age 55 and older who are eligible for a Medical program with CN or ABP benefits, and who forego traditional long-term services and supports (LTSS) (such as Community First Choice personal care services). MAC instead offers limited services to assist the person's unpaid caregiver in providing quality care and maintaining the caregiver's well-being. Traditional LTSS program requirements that do NOT apply include: transfer of asset penalties, estate recovery, limitations on home equity, annuity restrictions, "participation" (in paying the cost of care). (Note: Financial eligibility can be established using spousal impoverishment criteria.)	182-513-1600, -1605, -1660
17. Tailored Supports for Older Adults (TSOA)	Program offered under Washington's Transformation waiver, currently extended through June 2023 (with 5-year renewal pending with CMS). For people age 55 and older who are "at risk" of needing LTSS in the future and do not meet Medicaid financial eligibility criteria for full scope medical programs. Offers same services as MAC (above) plus limited personal care services for people who don't have an unpaid caregiver. Traditional LTSS program requirements that do NOT apply include: transfer of asset penalties, estate recovery, limitations on home equity, "participation" (in paying the cost of care), meeting SSI-related disability standard, and others. Financial eligibility allows higher income and resources than allowed by SSI-related non-institutional programs. Unlike the HCBS waiver program "COPES" (see 6b above), income is limited to the SIL, and resource limits are higher.	182-513-1610 through 182-513-1660

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

D. <u>MEDICALLY NEEDED</u> (MN) PROGRAMS: Spenddown required if income above Medically Needed Income Level <ul style="list-style-type: none"> MN programs use SSI-related methodology unless otherwise indicated. Prospective MN clients may also qualify for MAGI-based WAH coverage or QHP subsidies (see p. 9, Section E). They may wish to compare the programs before enrolling. 		
18. Children, pregnant people, SSI-related individuals	Person's countable income exceeds limits for CN programs listed above for which they would otherwise qualify. For children and pregnant people, the program uses TANF methodology. For SSI-related individuals, SSI-related program methodology applies.	182-508-0001(7); 505-0210(2)(a), (4)(a), (4)(b); 505-0115; 506-0010; 512-0150; 519-0100(5)(e)
19. SSI-related ineligible spouses	Spouse of SSI recipient who is not receiving SSI but is SSI-relatable (aged over 65, blind, or disabled).	182-508-0001(9); 519-0100, -0100(4)(d), -0100(5)(d); 182-512-0150(1)(b); 182-506-0015(4)(d)
20. Institutional (SSI-related MN)	Aged, blind, or disabled (SSI-related), and meets institutional status (182-513-1320); above SSI-CN resource limit OR income above the "SIL" (300% of SSI Federal benefit rate) but under amount needed for private pay rate plus recurring medical expenses. Compared to non-institutional Medicaid programs: more liberal deeming rules, restrictions on transfer of assets.	182-513-1315, -1316, -1317, -1345, -1395, 182-508-0001(7), (8)
21. Non-SSI-related institutional Medically Needed for pregnant people and people under age 21	Meets institutional status. Institutional medically needed program for pregnant people and people under age 21. (Note: If the person meets the requirements here but also is SSI related, the person can choose between this program and the SSI-related program, see C3 above. WAC 182-513-1395.)	182-514-0263; 182-513-1315, -1316, -1317
22. MN-Non-institutional for Alternate Facility residents	Special MN noninstitutional coverage for SSI-related people in agency-contracted alternate facilities (e.g., Assisted Living, Adult Family Homes) with income above the level allowed for the CN program (section B7d above). Spenddown applies. On this program, clients paying privately for facility care and not receiving state-paid services can get Medicaid MN coverage for their non-institutional expenses. HCA policy manual: https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/determining-eligibility-noninstitutional-coverage-alternative-living-facility-g03-or-l52-group-c-and-d	182-513-1205(4), (7)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
23. Hospice patients (MN)	<p>The medically needy hospice program (as an eligibility program, not as a service available to someone with another basis for WAH eligibility), is available only for people on hospice in a medical institution.</p> <p>See additional information about hospice in section B7e above.</p>	182-513-1245 Chapter 182-551
E. HCA PROGRAMS FOR IMMIGRANTS NOT OTHERWISE QUALIFIED BASED ON IMMIGRATION STATUS		
1. Emergency medical programs for immigrants (called “Alien Medical Programs”)	<p>Immigrants with certain emergency medical conditions, who meet all eligibility requirements for a <u>CN or MN</u> Medicaid program <i>except</i> immigration status, qualify regardless of date of arrival in U.S. Covers only services necessary to treat the emergency condition.</p> <p>Three types of coverage:</p> <p>1. Alien Emergency Medicaid. Covers only services necessary to treat an emergency condition that are provided in a hospital setting (inpatient admission, emergency room, or outpatient surgery) or by a physician immediately prior to a hospital admission.</p> <p><i>Note: During the COVID-19 Public Health Emergency, AEM coverage includes COVID-19 testing and specified treatment and related services including in non-hospital settings, as specified in emergency rule and agency policy at https://hca.wa.gov/assets/billers-and-providers/alien-emergency-medical-COVID19-policy.pdf.</i></p> <p>2. Alien Medical for Dialysis and Cancer Treatment. Covers only services related to a previously diagnosed condition – renal disease, cancer, and organ transplant anti-rejection medications.</p> <p>3. State-Funded Long-Term Care Services Program. Provides CN scope of care to individuals residing in their own homes, or in an adult family home, assisted living facility, enhanced adult residential care facility, adult residential care facility, or nursing facility. Requires pre-authorization by Aging & Disability Services Administration. Limited slots.</p>	<p>182-507-0110; 182-505-0210(5)</p> <p>182-507-0115 (Emergency rule at WSR 22-22-014 10/21/22)</p> <p>182-507-0120</p> <p>182-507-0125 More information about AMP programs: https://www.hca.wa.gov/health-care-services-supports/program-administration/apple-health-alien-emergency-medical</p>
2. Refugee Medical Assistance (CN)	See B8 above.	

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
3. Certain Aged, Blind, or Disabled Immigrants (ABD, HEN Referral)	Medical Care Services is available to ABD recipients, HEN Referral recipients, and survivors of certain crimes (SCC) including victims of human trafficking, who are lawfully present in the U.S. but ineligible for WAH Adult program due to its immigration status requirements (the 5-year bar or other non-qualifying status).	182-508-0005, -0150 Related programs at WAC 388-449 (ABD), 388-447 (HEN), 388-424-0015(SCC)
3. Children	See A4b and 4c above.	
4. Pregnant and post-pregnancy people	See A3a, 3b and 3c above.	
5. Family planning only	See A3d and C15 above.	
6. COFA Islander Health and Dental Care	Citizens of the COFA (Compact of Free Association) states – the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are now considered “qualified” immigrants for Medicaid as a result of federal legislation effective December 27, 2020. For COFA Islanders who do not qualify for Medicaid, the pre-existing state-funded HCA program continues to pay premiums and out-of-pocket costs for a silver level Qualified Health Plan and a Qualified Dental Plan. Income must be below 133% FPL.	Chapter 182-524 (Qualifying status for Medicaid: 182-503-0535(1)(b)(xv))
7. Kidney Disease Program (KDP)	See C14 above.	
8. Adults under 65 or not on Medicare	Subsidized QHP: See F below.	
9. WSHIP	See G below.	

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CATEGORY

BASIC REQUIREMENTS

WAC REFERENCES

OTHER PROGRAMS

F. WASHINGTON HEALTH BENEFIT EXCHANGE: QUALIFIED HEALTH PLANS WITH SUBSIDIES

The Washington Health Benefit Exchange offers individual health insurance through Qualified Health Plans (QHPs). These commercial insurance products are available by applying through Washington Healthplanfinder, <https://www.wahealthplanfinder.org/>, as is Washington Apple Health. Qualified Dental Plans are also available.

Insurance affordability programs: Individuals may be eligible for health insurance premium tax credits to partially offset the cost of QHP premiums. Tax credit amounts are based on income. In 2021, Congress removed the 400% FPL income limit to qualify for tax credits and increased tax credits at all income levels through 2022. The Inflation Reduction Act of 2022 extended these subsidy improvements through 2025. Additional premium reductions are now provided through a state program, Cascade Care Savings, for households with income under 250% FPL enrolling in Cascade Silver or Gold plans. Persons with household income under 250% FPL may also qualify for federal cost-sharing reductions if a “silver” level plan is purchased.

These QHP subsidies, along with Washington Apple Health (WAH), are called “insurance affordability programs.” Applicants for insurance affordability programs are considered for both WAH coverage and QHP subsidies. Applicants denied WAH are reviewed for QHP subsidy eligibility.

Immigrants eligible for premium tax credits and cost-sharing reductions: Immigrants who are lawfully present in the US may enroll in QHPs and qualify for subsidies, including those who do not meet the Medicaid requirements for immigration status or the 5-year bar for green card holders (Lawful Permanent Residents). For more information, see <https://www.wahbexchange.org/new-customers/who-can-sign-up/immigrants> and a chart of statuses at https://www.wahbexchange.org/content/dam/wahbe/2021/02/citizen-immigration-eligibility-2021/Citizenship%20Immigration%20eligibility%20Oct%202021_English.pdf

The Affordable Care Act prohibits undocumented individuals including Deferred Action Childhood Arrivals (DACA) from enrolling in QHPs.

Overview at WAC 182-503-0001. Additional information available at <https://www.wahbexchange.org/>, <https://www.wahealthplanfinder.org/>, and <https://www.wahealthplanfinder.org/us/en/my-account/savings-options/cascade-care-savings.html>

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G. WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)	
<p>Washington residents who were not accepted by health insurance plans before 12/31/13 because of their medical conditions had been able to purchase coverage through WSHIP. However, WSHIP is now closed to new enrollment except for certain Medicare Part A & B enrollees seeking WSHIP Medicare Supplement policies if they:</p> <ul style="list-style-type: none"> were rejected for coverage by a health carrier, offered substantially reduced coverage on a Medicare supplemental insurance policy, or do not have comprehensive Medicare supplemental coverage available to them, and do not have access to a reasonable choice of Medicare Advantage Plans (Part C) - see county list: https://www.wship.org/medicare_eligibility.asp <p>WSHIP is partially funded through assessments on commercial health plans but enrollee premiums can be costly. Premium discounts based on income may be available. RCW 48.41.200. Information: www.wship.org, 1-800-877-5187. Assistance: Statewide Health Insurance Benefits Advisor (SHIBA), 1-800-562-6900.</p>	<p>WAC 284-91-001</p>
H. BREAST AND CERVICAL CANCER SCREENING	
<p>The Breast, Cervical, and Colon Health Program through the WA Department of Health provides free breast and cervical cancer screenings. Colon cancer screening is currently not available through this program. To qualify, clients must be below 300% FPL, uninsured or underinsured, and be aged 40-64 (or younger, with breast symptoms). More information: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth/Eligibility</p> <p>People screened through this program and found to require treatment for breast or cervical cancer or a related pre-cancerous condition, and who are uninsured or under-insured, may be eligible for HCA's Breast & Cervical Treatment Program (see B13 above).</p>	<p>182-505-0120</p>
I. HIV/AIDS EARLY INTERVENTION PROGRAM (EIP)	
<p>HIV/AIDS EARLY INTERVENTION PROGRAM (EIP): Dept. of Health offers assistance for clients with HIV/AIDS with income below 425% FPL. The program helps with insurance premium payments, including Qualified Health Plans in the Exchange, and covers some costs of care and meeting Medicaid spenddown. Phone 360-236-3426 or 877-376-9316. https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hiv/hiv-care-client-services/early-intervention-program</p> <p>The EIP program also provides Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) for HIV-negative people at very high risk for HIV infection. The program pays for medications and lab costs to reduce a person's risk of becoming infected. For more info: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hiv/prevention/pre-exposure-prophylaxis-drug-assistance-program-prep-dap.</p> <p>EVERGREEN HEALTH INSURANCE PROGRAM: Evergreen pays premiums for commercial health insurance (not dental or vision), COBRA, HWD, Medicare Part D, WSHIP, and QHPs for clients with HIV/AIDS, up to 425% FPL. Asset limit was eliminated. To qualify, clients must first enroll in the EIP. Email ehip@ehip.org or phone 206-323-2834 or 800-945-4256. More information: https://www.ehip.org/.</p>	<p>WAC 246-130</p> <p>RCW 43.70.670</p>