



January 2015

Eligibility Overview

Washington Apple Health (Medicaid) Programs





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What is Washington Apple Health (Medicaid)?

Medicaid is the federally matched medical aid programs under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that covers the Categorically Needy (CN) and Medically Needy (MN) programs.

Washington Apple Health is an umbrella term or "brand name" for all Washington State medical assistance programs, including Medicaid. The brand name may be shortened to "Apple Health."

The Health Care Authority (HCA) administers most Washington Apple Health programs. (The Department of Social and Health Services administers the Classic Medicaid programs.)

Medicaid expansion: Building on compassion

The Patient Protection and Affordable Care Act (ACA), enacted by Congress in 2010, created an unrivaled opportunity for increasing health coverage. States had the option to expand eligibility for Medicaid and Washington State said yes.

Before Medicaid expansion, coverage was essentially limited to low-income children, people with

disabilities or devastating illnesses, and those whose incomes were far below the federal poverty level.

Today, Apple Health covers adults with incomes up to 138 percent of the federal poverty level. In April 2014, that translated to about \$16,000 for a single person or \$32,900 for a family of four.

For the first time, many low-income adults suffering from chronic conditions, such as diabetes, high blood pressure, asthma, and other diseases have better options than waiting until they are sick enough to go to the emergency room. People living on the edge financially don't have to choose between going to the doctor and paying the electric bill. And people used to doing without are able to get regular doctor visits, including preventive care.

More people served today

The number of people eligible for Apple Health increased significantly with higher income limits. Others who had previously qualified but not enrolled also obtained coverage in 2014. By November 2014, nearly 480,000 new enrollees had received Apple Health for Adults coverage in Washington State.



How to use this guide

This guide gives an overview of eligibility requirements for Washington Apple Health. It doesn't include every requirement or consider every situation that might arise. The explanation of Scope of Care on page 3 will be helpful in understanding the differences between the programs. Also, refer to the Definitions on page 16 if you are not familiar with some of the terms used in this guide.

Income levels, such as those based on Federal Poverty Level (FPL) and Cost of Living Adjustments (COLA), and specific program standards change yearly, but in different months. Please understand that, while the information in this publication is current at the time of publication, some of these standards will change before the next annual update. For the most current information, go to the Health Care Authority website www.hca.wa.gov/medicaid/Pages/index.aspx.





Scope of care

Scope of care describes which medical and health care services a particular Apple Health program covers. There are four categories of scope of care:

- **Categorically Needy (CN):** The broadest, most comprehensive scope of health care services covered.
- **Alternative Benefits Plan (ABP):** The same scope of care as CN, with the addition of habilitative services, applicable to the Apple Health for Adults program.
- **Medically Needy (MN):** This scope of care covers slightly fewer health care services than Categorically Needy. Medically Needy coverage is available to individuals who qualify for disability-based Apple Health, Apple Health for Long-Term Care, or Apple Health for Kids or Pregnant Women, except that their income and/or resources are above the applicable Apple Health program limits.
- **Medical Care Services (MCS):** This scope of care covers fewer health care services than Medically Needy. MCS is a state-funded medical program available to adults who are not eligible for Apple Health programs with CN, ABP, or MN scope of care and meet the eligibility criteria for either the Aged, Blind or Disabled–cash or the Housing Essential Needs (HEN) program.



Modified Adjusted Gross Income (MAGI) Programs

Adults

Adult Medical (N05):

Effective April 1, 2014	
Household Size	Monthly Income Limit
1	\$1,294
2	\$1,744
3	\$2,194
4	\$2,644
5	\$3,094
6	\$3,544

This program provides ABP coverage to adults with countable income at or below 133 percent of the FPL who are ages 19 up to 65, who are not incarcerated, and who are not entitled to Medicare.

Family Medical (N01):

Effective April 1, 2014	
Household Size	Monthly Income Limit
1	\$511
2	\$658
3	\$820
4	\$972
5	\$1,127
6	\$1,284

This program provides CN coverage to adults with countable income at or below the applicable Medicaid standard and who have dependent children living in their home who are under the age of 18.

Health Care Extension (N02):

This program provides CN coverage to individuals who lost eligibility for Family Medical because of an increase in their earned income after they received Family Medical coverage for at least 3 of the last 6 months. These individuals are eligible for up to 12 months extended CN medical benefits.

Pregnancy and Family Planning

Pregnancy Medical (N03, N23):

Effective April 1, 2014	
Household Size	Monthly Income Limit
1	N/A
2	\$2,530
3	\$3,183
4	\$3,836
5	\$4,489
6	\$5,142

This program provides CN coverage to pregnant women with countable income at or below 193 percent of the FPL without regard to citizenship or immigration status. Once enrolled in Apple Health for Pregnant Women, the individual is covered regardless of any change in income through the end of the month after the 60th day after the pregnancy end date (e.g., pregnancy ends June 10, health care coverage continues through August 31). Women receive this post-partum coverage regardless of how the pregnancy ends.

Women who apply for Pregnancy Medical after the baby's birth may not receive postpartum coverage, but they may qualify for help paying costs related to the baby's birth if they submit the application within three months after the month in which the child was born.

To determine the pregnant woman's family size, include the number of unborn children with the number of household members (e.g., a woman living alone and pregnant with twins is considered a three-person household).

Medically Needy Pregnant Women (P99):

This program provides MN coverage to pregnant women with income above 193 percent of the FPL. Individuals who qualify are eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the 193 percent FPL standard.

Family Planning Extension (P05):

This program provides family planning services only for 10 months after Pregnancy Medical ends. Women receive the Family Planning Extension automatically, regardless of how the pregnancy ends.

Take Charge (P06):

This program provides both men and women coverage for pre-pregnancy family planning services to help participants take charge of their lives and prevent unintended pregnancies.

Take Charge covers:

- Annual examination.
- Family planning education and risk reduction counseling.
- FDA-approved contraceptive methods including: birth control pills, IUDs, and emergency contraception.
- Over the counter contraceptive products, such as condoms, and contraceptive creams and foams.
- Sterilization procedures.

Clients access Take Charge services through local family planning clinics that participate in the program.

Find additional information at www.hca.wa.gov/medicaid/familyplan/pages/index.aspx.

Apple Health for Kids

Apple Health for Kids coverage is free to children in households with income at or below 210 percent of the FPL and available for a monthly premium to children in households with income at or below 312 percent of the FPL.

Effective April 1, 2014

Household Size	Monthly Income Limit 210% FPL (No Cost)	Monthly Income Limit 260% FPL (\$20 Premium/Child, \$40 Family Maximum)	Monthly Income Limit 312% FPL (\$30 Premium/Child, \$60 Family Maximum)
1	\$2,043	\$2,529	\$3,035
2	\$2,753	\$3,409	\$4,090
3	\$3,464	\$4,288	\$5,146
4	\$4,174	\$5,168	\$6,201
5	\$4,885	\$6,048	\$7,257
6	\$5,595	\$6,927	\$8,313

Apple Health for Newborns (N10):

This program provides 12 months of CN coverage if the mother was enrolled in an Apple Health program when the child was born. There is no resource or income limit for this program.

Apple Health for Kids (N11, N31):

This program provides CN coverage to children under age 19 whose families have income at or below 210 percent of the FPL. Children who would have been eligible for Apple Health for Kids had they met immigration status requirements receive CN coverage under state-funded Apple Health for Kids.

Apple Health for Kids with Premiums (N13, N33):

This program provides CN coverage to children under age 19 whose families have income above 210 percent and at or below 312 percent of the FPL. Participants pay a low-cost monthly premium.

Children who would have been eligible for Apple Health for Kids with Premiums had they met immigration status requirements receive CN coverage under state-funded Apple Health for Kids with Premiums.

Apple Health for Medically Needy Kids (F99):

This program provides MN coverage to children under age 19 whose families have income above 312 percent of the FPL. Children who qualify and are enrolled in Apple Health for Medically Needy Kids become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the 312 percent FPL standard.





Classic Medicaid Programs

Breast and Cervical Cancer Treatment Program (BCCTP) for Women (S30):

This federally-funded program provides health care coverage for women diagnosed with breast or cervical cancer or a related pre-cancerous condition. Eligibility is determined by the Breast, Cervical, and Colon Health Program (BCCHP) in the Washington State Department of Health (DOH). DOH is responsible for screening and eligibility, while HCA administers enrollment and provider payment. Coverage continues through the full course of treatment as certified by the BCCHP.

A woman is eligible if she meets all of the following criteria:

- Screened for breast or cervical cancer under the BCCHP.
- Requires treatment for either breast or cervical cancer or for a related pre-cancerous condition.
- Is under age 65.
- Is not covered for another CN (Categorically Needy) Apple Health program.
- Has no insurance or has insurance that is not creditable coverage.
- Meets residency requirements.
- Meets social security number requirements.
- Meets citizenship or immigration status requirements.
- Meets income limits set by the BCCHP.

For further information, go to the DOH website:

www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth.aspx

Foster Care/Adoption Support/Former Foster Care (D01, D02, D26):

This program provides CN coverage to children receiving foster care or adoption support services. This program also provides CN coverage to individuals from the age of 18 up to 26 who age out of foster care in Washington State.

Medical Care Services (A01, A05):

This state-funded program provides limited health care coverage to adults who are not eligible for Apple Health programs with CN, ABP, or MN scope of care and meet the eligibility criteria for either the Aged, Blind or Disabled–cash or the Housing Essential Needs (HEN) program.

Refugee (R02, R03):

The Refugee Medical Assistance program (RMA) provides CN coverage to refugees who are not eligible for Apple Health programs with CN or ABP scope of care and who meet the income and resource standards for this program. RMA is a 100 percent federally funded program for persons granted asylum in the U.S. as refugees or asylees. Individuals enrolled in RMA are covered from the date they entered the U.S.

Eligibility for refugees/asylees that have been in the United States for more than eight months is determined the same as for U.S. citizens.

Immigrants from Iraq and Afghanistan who were granted Special Immigrant status under Section 101(a)(27) of the Immigration and Nationality Act (INA) are eligible for Medicaid and Refugee Medical Assistance (RMA) the same as refugees.





Non-Citizen Programs

Alien Emergency Medical (AEM) (K03, L04, L24, N21, N25, S07):

This program covers health care services to treat qualifying emergency medical conditions. To be eligible for AEM, an individual must:

- Be categorically relatable to a Medicaid program but not eligible for the Medicaid program solely due to immigration status requirements (which program an individual is related to determines whether they follow the MAGI or Classic Medicaid eligibility rules and application processing); and
- Have a qualifying emergency medical condition as described in WAC 182-507-0115, 182-507-0120, or 182-507-0125 that is approved by HCA's medical consultant team.

Below is a summary of the 3 WACs that cover Alien Medical Programs:

- **182-507-0115: Alien Emergency Medical (AEM)** – The qualifying services must be provided in a hospital setting (inpatient, outpatient surgery, emergency room) that includes evaluation and management visits by a physician and be needed to treat the emergency medical condition. Certification is limited to the dates on which the qualifying services were provided.
- **182-507-0120: Alien Medical for Dialysis and Cancer Treatment** – The qualifying services must be needed to treat the qualifying condition of cancer, acute renal failure, or end stage renal disease, or be anti-rejection medication. These services do not need to be provided in a hospital setting.
- **182-507-0125: Alien Nursing Facility Program** – The applicant must meet all other eligibility factors for nursing home placement and receive prior authorization by the Aging & Long-Term Support Administration (ALTSa). This program is subject to caseload limits.

Income and resource limits are the same as for the program to which the AEM applications are categorically relatable.





Supplemental Security Income (SSI) Related Programs

SSI Program (S01):

This program provides CN coverage to individuals receiving SSI (Supplemental Security Income) cash benefits.

SSI-Related Program (S02):

Effective January 1, 2015

Household Size	Monthly Income Limit	Resource Limit
1	\$733	\$2,000
2	\$1,100	\$3,000

This program provides CN coverage to individuals who meet the SSI income and resource limits and at least one of the following requirements:

- 65 years old or older (aged).
- Blind (as defined by the Social Security Administration and determined by DSHS).
- Disabled (as defined by the Social Security Administration and determined by DSHS).

SSI-Related MN Program (S95, S99):

Effective January 1, 2015

Household Size	Monthly Income Limit
1	\$733
2	\$733
3	\$733
4	\$742
5	\$858
6	\$975

This program provides MN coverage to individuals with income above the SSI income and resource limits. Individuals who qualify and enroll in the Apple Health SSI-Related MN Program become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the SSI income standard.

Healthcare for Workers with Disabilities (HWD) (S08):

This program provides CN coverage to people with disabilities (aged 16 through 64) with earned income who purchase health care coverage based on a sliding income scale.

HWD has no asset test and the net income limit is based on 220 percent of the Federal Poverty Level (FPL).

Effective April 1, 2014

Household Size	Income Limit - 220% FPL
1	\$2,140
2	\$2,884

To be eligible, an individual must meet federal disability requirements, be employed (including self-employment) full or part time, and pay the monthly premium. To receive HWD benefits, enrollees pay a monthly premium determined as a percentage of their income. The premium will never exceed 7.5 percent of total income and may be less. American Indians and Alaska Natives are exempt from paying premiums for HWD.





Medically Needy (MN) and Spenddown

Medically Needy (F99, G95, G99, K95, K99, L95, L99, P99, S95, S99):

The Medically Needy (MN) program is a federal and state-funded Medicaid program for individuals who are aged, blind, disabled, pregnant, or a child with income above the applicable CN limits. MN provides slightly less health care coverage than CN and requires greater financial participation by the individual.

Spenddown

An individual with income above the limits for the applicable CN program may enroll in the MN program. An enrollee is given a base period, typically three or six months, to spend down excess income—in other words, to incur financial obligations for medical expenses equal to his or her spenddown amount. (Spenddown is the amount of the individual's income minus the income limit for his/her particular program.) The enrollee is responsible for paying these medical expenses.

The enrollee receives MN health care coverage for the selected base period once the spenddown is met.



Example: Martha is 67 years of age and applies for Apple Health for MN coverage in April. Her monthly Social Security benefit is \$1,166. She is over the SSI monthly income limit of \$733 by \$413 (\$20 is disregarded from her Social Security benefits).

Martha is found eligible for the MN spenddown program for the aged. She selects a six-month spenddown base period. Her spenddown amount is \$2,478 (\$413 x 6 months) for April through September. This means that Martha is responsible for the first \$2,478 in medical costs she incurs.

On May 12, Martha has surgery. After Medicare pays the eligible 80 percent of the bill, there remains a balance of \$5,200 that Martha is responsible to pay. Based on her participation in the MN spenddown program, she is liable for \$2,478. Once her spenddown has been met, Apple Health will pay the remaining amount of the bill. Her certification period is May 12 to September 30.

If Martha's monthly income were below \$733, she would have qualified for the no-cost Apple Health for the Aged program for 12 months coverage.



Medicare Savings Program (MSP)

The Medicare Savings Program (MSP) can provide assistance with premium costs, copayments, deductibles, and co-insurance for individuals who are entitled to Medicare and meet program requirements.

Qualified Medicare Beneficiary (QMB) (S03)

- Pays Part A and Part B premiums.
- Pays deductibles.
- Pays copayments except for prescriptions.

Specified Low-Income Medicare Beneficiary (SLMB) (S05)

- Pays Part B premiums.

Qualified Individual (QI-1) (S06)

- Pays Part B premiums.

Qualified Disabled Working Individual (QDWI) (S04)

- Pays Part A premiums.

Income Limits—Effective April 1, 2014

Medicare Savings Program	Federal Poverty Level (FPL)	Monthly Income Limit – One Person	Monthly Income Limit – Two Persons
QMB	100%	\$973	\$1,311
SLMB	120%	\$1,168	\$1,574
QI-1	135%	\$1,314	\$1,770
QDWI	200%	\$1,946	\$2,622

Resource Limits—Effective April 1, 2014

Medicare Savings Program	Resource Limit – One Person	Resource Limit – Two Persons
QMB	\$7,160	\$10,750
SLMB	\$7,160	\$10,750
QI-1	\$7,160	\$10,750
QDWI	\$4,000	\$6,000





Long-Term Care (LTC) and Hospice

Long-Term Care (LTC):

LTC programs are tailored to fit individual needs and situations. Home and Community Based (HCB) Services, such as COPES and DDA waivers, enable people to continue living in their homes with assistance to meet their physical, medical, and social needs. When these needs cannot be met at home, care in a residential or nursing facility is available.

Different income standards are used to determine eligibility for Categorically Needy (CN) or Medically Needy (MN) LTC services coverage. A person must meet both the financial eligibility rules and be found eligible for the LTC services based on a comprehensive assessment to be eligible for most LTC programs. Contact a local Home and Community Services Office for more information at www.altsa.dshs.wa.gov/Resources/clickmap.htm.

Long-Term Care services include the following programs:

- Community Options Program Entry System (COPES) (L21, L22)
- New Freedom (L21, L22)
- Developmental Disabilities Administration (DDA) Waivers (L21, L22)
- Program of All-inclusive Care for the Elderly (PACE) (L21, L22)
- Hospice (L21, L22, L95, L99)
- Family LTC (K01, K95, K99)
- Nursing Facility LTC (L01, L02, L95, L99)



Covered services—scope of service

Apple Health provides access to a wide range of medical services. Not all eligibility groups receive all services. Coverage is broadest under the Categorically Needy (CN) and Alternative Benefits Plan (ABP) programs.

The scope of services covered for any individual depends on the Apple Health program in which the individual is enrolled. The table on pages 12-13 lists specific health care services and shows which scope of service category covers which services. An individual's age is also a factor. Some services may require prior authorization from HCA, the individual's Apple Health Managed Care plan, or DSHS as applicable.

This table is provided for general information only and does not in any way guarantee that any service will actually be covered at the time of inquiry, because benefits, coverage, and interpretation of benefits and coverage may change at any time. Coverage limitations can be found in federal statutes and regulations, state statutes and regulations, state budget provisions, and Medicaid provider guides. Individuals with questions regarding coverage should call the 800 number on the back of their Services Card.



Benefit packages by program

Service	ABP 20-	ABP 21+	CN 20-	CN 21+	MN 20-	MN 21+	MCS	FP/ TC
Ambulance (Ground/Air)	Y	Y	Y	Y	Y	Y	Y	R ¹
Ambulatory Surgery (Center Based)	Y	Y	Y	Y	Y	Y	Y	R ¹
Applied Behavior Analysis (ABA)	R ³	N	Y	N	Y	N	N	N
Blood/Blood Administration	Y	Y	Y	Y	Y	Y	Y	R ¹
Behavioral Health Services								
Mental health (MH) inpatient care	Y	Y	Y	Y	Y	Y	Y	N
MH outpatient community care	Y	Y	Y	Y	Y	Y	R	N
MH psychiatric visits	Y	Y	Y	Y	Y	Y	R	N
MH medication management	Y	Y	Y	Y	Y	Y	Y	N
Substance use disorder (SUD) detoxification	Y	Y	Y	Y	Y	Y	Y	N
SUD diagnostic assessment	Y	Y	Y	Y	Y	Y	Y	N
SUD residential treatment	Y	Y	Y	Y	Y	Y	Y	N
SUD outpatient treatment	Y	Y	Y	Y	Y	Y	Y	N
Chiropractic	R ³	R ³	Y	N	Y	N	N	N
Dental	Y	Y	Y	Y	Y	Y	R	N
Dentures	Y	Y	Y	Y	Y	Y	N	N
Detoxification	Y	Y	Y	Y	Y	Y	R	N
Diabetes Education	Y	Y	Y	Y	Y	Y	Y	N
Dialysis	Y	Y	Y	Y	Y	Y	Y	N
Early Periodic Screening Diagnosis & Treatment (EPSDT)	R ³	N	Y	N	Y	N	N	N
Family Planning Services	Y	Y	Y	Y	Y	Y	Y	Y
Habilitative Services	R	R	N	N	N	N	N	N
Hearing Aid	R ³	N	Y	N	Y	N	N	N
Hearing Evaluations	Y	Y	Y	Y	Y	Y	Y	N
HIV/AIDS Case Management	Y	Y	Y	Y	Y	Y	N	N
Home Health Services	Y	Y	Y	Y	Y	Y	Y	N
Home Infusion Therapy/Parental Nutrition	Y	Y	Y	Y	Y	Y	Y	N
Hospice	Y	Y	Y	Y	Y	Y	N	N
Pediatric Palliative Care Services	R ³	R ³	Y	N	Y	N	N	N
Hospital Services - Inpatient and Outpatient	Y	Y	Y	Y	Y	Y	Y	R ¹
Intermediate care facility/services for persons with intellectual disabilities	Y	Y	Y	Y	Y	Y	Y	N
Maternity Care & Delivery Services	Y	Y	Y	Y	Y	Y	N	N

Benefit packages by program

Service	ABP 20-	ABP 21+	CN 20-	CN 21+	MN 20-	MN 21+	MCS	FP/ TC
Medical Equipment								
Enteral Nutrition Services	R ³	R ³	Y	R	Y	R	R	N
Nondurable Medical Supplies and Equipment (MSE)	Y	Y	Y	Y	Y	Y	Y	N
Wheelchairs, Durable Medical Equipment and Supplies (DME), Complex Rehabilitation Technology	Y	Y	Y	Y	Y	Y	Y	N
Medical Nutrition Program (RD Consult)	R ³	R ³	R ²	R	R ²	N	R ²	N
Nursing Facility Services	Y	Y	Y	Y	Y	Y	Y	N
Organ Transplants	Y	Y	Y	Y	Y	Y	Y	N
Orthodontics	R ³	N	Y	N	Y	N	N	N
Out of State Services (Excludes Border Cities)	Y	Y	Y	Y	Y	Y	N ⁴	N
Oxygen Respiratory Services	Y	Y	Y	Y	Y	Y	Y	N
Personal Care Services	R	R	R	R	R	R	N	N
Physician Related Services	Y	Y	Y	Y	Y	Y	Y	R ¹
Prenatal Diagnosis Genetic Counseling	Y	Y	Y	Y	Y	Y	N	N
Prescription Drugs ⁶	Y	Y	Y	Y	Y	Y	Y	R ¹
Private Duty Nursing for Children	R ³	R ³	Y	N	Y	N	N	N
Prosthetic/Orthotic Devices	Y	Y	Y	Y	Y	Y	Y	N
School Based Health Care Services	R ³	N	Y	N	Y	N	N	N
Smoking Cessation	Y	Y	Y	Y	Y	Y	Y	N
Substance Abuse Services (Chemical Dependency)	Y	Y	Y	Y	Y	Y	Y ⁵	N
Therapy (Outpatient Rehab)- Occupational, Physical, Speech	R	R	Y	Y	Y	N	Y	N
Vaccinations	Y	R	Y	R	Y	R	R	R ¹
Vision hardware	Y	N	Y	N	Y	N	N	N

Abbreviations:

20- age 20 and younger

21+ age 21 and older

ABP Alternative Benefits Plan

CN Categorically Needy Program

FP/TC Family Planning Only/TAKE CHARGE

MCS Medical Care Services

MN Medically Needy Program

Legend:

Y = Yes, service is usually included.

N = No, service is not included.

R = Restricted with coverage limitations (see footnotes).

Footnotes:

1. Services limited by program (i.e., TAKE CHARGE, Family Planning sterilization services).

2. Coverage limited to children age 20 years old and younger if done through an EPSDT screening referral, or as required by the enteral nutrition program.

3. Coverage limited to recipients age 19 through 20 years of age.

4. Border cities are considered "in state" for MCS coverage.

5. Service is covered directly through DSHS' Division of Behavioral Health and Recovery (DBHR).

6. Medicare recipients receive outpatient prescriptions through their Medicare Part D plan.



Other services

Non-Emergency Medical Transportation (Brokered Transport)

HCA covers non-emergency medical transportation for eligible clients to or from covered services through contracted brokers. The brokers arrange and pay for trips for qualifying clients. Currently, eligible clients are those in Apple Health (Medicaid & CHIP) and other state-funded medical assistance programs that include a transportation benefit. Transportation may be authorized for individuals who have no other means to access medical care.

The most common types of transportation available include: public transit bus, gas vouchers, client and volunteer mileage reimbursement, taxi, wheelchair van or accessible vehicle, commercial bus and air, and ferry tickets. More information is

available online at: www.hca.wa.gov/medicaid/transportation/pages/index.aspx. Comments and questions may be directed to HCA Transportation Services at hcanemttrans@hca.wa.gov.

Interpreter Services – Sign Language

HCA covers the cost of sign language interpreters for eligible clients. This service must be requested by Medicaid providers, HCA staff or HCA-authorized DSHS staff, and must be provided by the HCA-approved contractor.

Interpreter Services – Spoken language

HCA covers interpreter service for eligible clients through the HCA approved contractor. Requests for this service must be submitted by Medicaid providers, HCA staff, or HCA-authorized DSHS staff.



Where to apply for health care coverage

Modified Adjusted Gross Income (MAGI) programs

- **Online:** www.wahealthplanfinder.org.
- **Phone:** 1-855-923-4633
- **Paper:** HCA Form 18-001P (Application for Health Care Coverage) available at www.hca.wa.gov/medicaid/forms/Documents/18-001P.pdf.

To submit a completed application by mail:
Washington Healthplanfinder
P.O. Box 946, Olympia, WA 98507

Or send it by fax to: 1-855-867-4467

If you want help applying, you can work with an in-person assister or call Healthplanfinder Customer Support at 1-855-923-4633.

Aged, Blind, Disabled Coverage

Disability-based Washington Apple Health, refugee coverage, coverage for seniors 65+, and programs that help pay for Medicare premiums and expenses:

- **Online:** www.washingtonconnection.org
- **Paper:** HCA Form 18-005 (Application for LTC/ABD) available at www.hca.wa.gov/medicaid/forms/Documents/18-005.pdf.

To submit a completed application by mail:
DSHS – Community Services Division
P.O. Box 11699, Tacoma, WA 98411-6699

Or send it by fax to: 1-888-338-7410

- **In-person:** Visit a local Community Service Office. For locations, go to www.dshs.wa.gov/esa/community-services-find-an-office.

Questions? Call 1-877-501-2233

Long-Term Care

Nursing home care, in-home personal care, assisted-living facilities, and adult family home programs:

- **Online:** www.washingtonconnection.org.
- **Paper:** HCA Form 18-005 (Application for LTC/ABD) available at www.hca.wa.gov/medicaid/forms/Documents/18-005.pdf.

To submit a completed application by mail:
DSHS – Home & Community Services
P.O. Box 45826, Olympia, WA 98504-5826
Or send it by fax to: 1-855-635-8305

- **In-person:** Visit a local HCS office. For locations, go to www.dshs.wa.gov/AL TSA/resources.

Questions? Call a local HCS office. For locations, go to www.dshs.wa.gov/AL TSA/resources.



Resources

Telephone

**Apple Health Medical Assistance
Customer Service Center (MACSC)**
Open 7:30 a.m. – 5 p.m. (weekdays)

Clients
1-800-562-3022 (option 6) or
<https://fortress.wa.gov/hca/p1contactus/>

Providers
1-800-562-3022 (option 5) or
<https://fortress.wa.gov/hca/p1contactus/>

Orders for large print or Braille
1-800-562-3022 (option 1, option 6, option 2)

TTY/TTD: 1-800-848-5429

**Apple Health Medical Eligibility
Determination Services (MEDS)**
Open 7:30 a.m. – 7 p.m. (weekdays)

1-855-623-9357 or
<https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx>
TTY/TTD: 1-800-833-6388

Online

Apple Health (Medicaid) www.hca.wa.gov/medicaid

Apple Health (Medicaid) Manual www.hca.wa.gov/medicaid/manual

Access to rules

**Washington Administrative Code (WAC)
sections pertaining to “scope of care”**

Healthcare general coverage:
<http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0050>

Healthcare coverage
Scope of covered categories of service:
<http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0060>

Healthcare coverage
Description of covered categories of service:
<http://apps.leg.wa.gov/WAC/default.aspx?cite=182-501-0065>





Definitions

Apple Health

See Washington Apple Health

Managed Care

The majority of individuals enrolled in Apple Health receive their health services through a designated health care plan that contracts with the Health Care Authority. This prepaid comprehensive system of medical and health care services is usually called managed care.

Classic Medicaid

The term used to describe the Medicaid health care programs administered by the Department of Social and Health Services (DSHS). These are Long-Term Care services and Aged, Blind or Disabled coverage. The Modified Adjusted Gross Income (MAGI) health care programs are not Classic Medicaid.

Federal Poverty Level (FPL)

A guideline for determining eligibility for a governmental program based on the Consumer Price Index guide from the year just completed. Many health care coverage programs determine eligibility based on a percentage of the FPL.

Fee-for-Service

This is a health care service delivery system where health care providers are paid for each service (such as an office visit, test, or procedure). Individuals who are not covered by Apple Health Managed Care are covered by Apple Health Fee-for-Service.

Health Care Authority (HCA)

HCA is a Washington State agency that administers a number of programs related to health and wellness, including most Washington Apple Health programs.

Medicaid

The federally matched medical aid programs under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that cover the Categorically Needy (CN) and Medically Needy (MN) programs.

Modified Adjusted Gross Income (MAGI)

The methodology used for calculating income and determining household composition to determine eligibility for Apple Health for Adults, Kids, Families and Caretaker Relatives, and Pregnant Women. This method follows federal income tax filing rules with a few exceptions and has no resource or asset limits.

ProviderOne

The online payment system for health care providers serving individuals enrolled in an Apple Health program.

Scope of Care

Scope of care describes which medical and health care services are covered by a particular Apple Health program. There are four categories of scope of care: Categorically Needy (CN), Alternative Benefits Plan (ABP), Medically Needy (MN), and Medical Care Services (MCS).

Spenddown

This process allows individuals with income above the limits for the applicable CN program to spend down excess income within a specified period of time to become eligible for coverage.

Washington Apple Health

The brand name for all Washington State medical assistance programs, including Medicaid. The brand name may be shortened to "Apple Health."



Washington State
Health Care Authority

HCA administers Washington Apple Health (Medicaid).