WAC 182-503-0050 Verification of eligibility factors. (1) General rules.

- (a) We may verify the information we use to determine, redetermine, or terminate your apple health eligibility.
- (b) We verify the eligibility factors listed in WAC 182-503-0505(3).
- (c) Before we ask you to provide records to verify an eligibility factor, we use information available from state databases, including data from the department of social and health services and the department of employment security, federal databases, or commercially available databases to verify the eligibility factor.
- (d) We may require information from third parties, such as employers, landlords, and insurance companies, to verify an eligibility factor if the information we received:
  - (i) Cannot be verified through available data sources;
  - (ii) Did not verify an eligibility factor; or
  - (iii) Is contradictory, confusing, or outdated.
- (e) We do not require you to submit a record unless it is necessary to determine or redetermine your eligibility.
- (f) If you can obtain verification within three business days and we determine the verification is sufficient to confirm an eligibility factor, we base our initial eligibility decision upon that record.
- (g) If we are unable to verify eligibility as described in (f) of this subsection, then we may consider third-party sources.
- (h) If a fee is required to obtain a necessary record, we pay the fee directly to the holder of the record.
- (i) We do not deny or delay your application if you failed to provide information to verify an eligibility factor in a particular type or form.
- (j) Except for eligibility factors listed in WAC 182-503-0505 (3)(c) and (d), we accept alternative forms of verification. If you give us a reasonable explanation that confirms your eligibility, we may not require additional documentation.
- (k) Once we verify an eligibility factor that will not change, we may not require additional verification. Examples include:
  - (i) U.S. citizenship;
  - (ii) Family relationships by birth;
  - (iii) Social Security numbers; and
- (iv) Dates of birth, death, marriage, dissolution of marriage, or legal separation.
- (1) If we cannot verify your immigration status and you are otherwise eligible for Washington apple health, we approve coverage and give additional time as needed to verify your immigration status.
  - (2) Submission timelines.
- (a) We allow at least 10 calendar days for you to submit requested information.
- (b) If you request more time to provide information, we allow the time requested.
- (c) If the 10th day falls on a weekend or a legal holiday as described in RCW 1.16.050, the due date is the next business day.
- (d) We do not deny or terminate your eligibility when we give you more time to provide information.
- (e) If we do not receive your information by the due date, we make a determination based on all the information available.
  - (3) Notice requirements.

- (a) When we need more information from you to determine your eligibility for apple health coverage, we send all notices according to the requirements of WAC 182-518-0015.
- (b) If we cannot determine you are eligible, we send you a denial or termination notice including information on when we reconsider a denied application under WAC 182-503-0080.
- (4) Equal access and limited-English proficiency services. If you are eligible for equal access services under WAC 182-503-0120 or limited-English proficiency services under WAC 182-503-0110, we provide legally sufficient support services.
- (5) Eligibility factors for nonmodified adjusted gross income (MAGI)-based programs. If you apply for a non-MAGI program under WAC 182-503-0510(3), we verify the factors in WAC 182-503-0505(3). In addition, we verify:
- (a) Household composition, if spousal or dependent deeming under chapter 182-512 WAC or spousal or dependent allowance under chapters 182-513 and 182-515 WAC applies;
  - (b) Income and income deductions;
  - (c) Resources, including:
- (i) Trusts, annuities, life estates, and promissory notes under chapter 182-516 WAC;
  - (ii) Real property transactions; and
- (iii) Financial records, as defined in WAC 182-503-0055, held by financial institutions.
- (d) Medical expenses required to meet any spenddown liability under WAC 182-519-0110;
- (e) All post-eligibility deductions used to determine cost of care for clients eligible for long-term services and supports under chapters 182-513 and 182-515 WAC;
- (f) Transfers of assets under chapter 182-513 WAC and WAC 182-503-0055 when the program is subject to transfer of assets limitations;
- (g) Shelter costs for long-term care cases where spousal and dependent allowances apply;
  - (h) Blindness or disability, if you claim either; and
- (i) Social Security number for a community spouse if needed when you apply for long-term care.
  - (6) Verification for MAGI-based programs.
- (a) After we approve your coverage based on your self-attestation, we may conduct a post-eligibility review to verify your self-attested information.
- (b) When conducting a post-eligibility review, we attempt to verify eligibility factors using your self-attested information available to us through state, federal, and commercially available data sources, or other third parties, before requiring you to provide information.
  - (c) You may be required to provide additional information if:
- (i) We cannot verify an eligibility factor through other data sources listed in subsection (b) of this section; or
- (ii) The information received from the data source is not reasonably compatible with your self-attestation.
- (7) Reapplication following post-eligibility review. If your eligibility for MAGI-based apple health terminates because of a post-eligibility review and you reapply, we may request verification of eligibility factors prior to determining eligibility.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 42 U.S.C. Sec. 1396w. WSR 19-21-007,  $\S$  182-503-0050, filed 10/3/19, effective

11/3/19. Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-06-007, § 182-503-0050, filed 2/17/17, effective 3/20/17. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (Public Law 111-148), 42 C.F.R. §§ 431, 435, 457 and 45 C.F.R. § 155. WSR 14-07-059, § 182-503-0050, filed 3/14/14, effective 4/14/14.]