

Chapter 182-505 WAC

FAMILY, CHILDREN, PREGNANCY AND WOMEN'S MEDICAL PROGRAMS

WAC

182-505-0100	Medical programs—Monthly income standards based on the federal poverty level (FPL).
182-505-0120	Breast and cervical cancer treatment program (BCCTP) for women—Client eligibility.
182-505-0235	Order of payments under the premium-based apple health for kids program as funded by Title XXI of the Social Security Act.
182-505-0245	Income and resource standards for family medical programs.
182-505-0510	How a client is determined "related to" a categorical program.
388-505-0515	Medical coverage resulting from a cash grant.

WAC 182-505-0100 Medical programs—Monthly income standards based on the federal poverty level (FPL). (1) Each year, the federal government publishes new federal poverty level (FPL) income standards in the Federal Register found at <http://aspe.hhs.gov/poverty/index.shtml>. The income standards for the following medical programs change on the first day of April every year based on the new FPL:

- Pregnant women's program up to one hundred eighty-percent of FPL;
 - A program included in apple health for kids up to two hundred percent of FPL;
 - Healthcare for workers with disabilities (HWD) up to two hundred twenty percent of FPL; and
 - Premium-based coverage under a program included in apple health for kids over two hundred percent of FPL, but not over three hundred percent of FPL.
- (2) The department uses the FPL income standards to determine:
- The mandatory or optional medicaid status of an individual; and
 - Premium amount, if any, for a child.
- (3) There are no resource limits for the programs under this section.

[11-23-091, recodified as WAC 182-505-0100, filed 11/17/11, effective 11/21/11. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.402, 74.09.470, and 2008 session law. 09-07-086, § 388-478-0075, filed 3/17/09, effective 4/17/09. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, 74.09.700, and 2007 c 5. 08-05-018, § 388-478-0075, filed 2/12/08, effective 3/14/08. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500 and 42 U.S.C. 9902(2). 06-16-026, § 388-478-0075, filed 7/24/06, effective 8/24/06. Statutory Authority: RCW 74.08.090, 74.09.415, 74.09.530 and 2005 c 279. 06-03-080, § 388-478-0075, filed 1/12/06, effective 2/12/06. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500, and 42 U.S.C. 9902(2). 05-17-157, § 388-478-0075, filed 8/22/05, effective 9/22/05. Statutory Authority: RCW 74.08.090, 74.04.057, 74.04.050, and 74.09.530. 04-15-092, § 388-478-0075, filed 7/16/04, effective 8/16/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, and 42 U.S.C. 9902(2). 03-15-088, § 388-478-0075, filed 7/17/03, effective 7/17/03. Statutory Authority: RCW 74.08.090, 74.08A.100, 74.09.080, and 74.09.415. 02-17-030, § 388-478-0075, filed 8/12/02, effective 9/12/02. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.500, 74.09.510, and Section 1902(a)(10)(A)(ii)(XV) and (XVI) of the Social Security Act. 02-07-090, § 388-478-0075, filed 3/19/02, effective 4/1/02. Statutory Authority: RCW

(12/29/11)

74.08.090, 74.04.050, 74.04.057, 74.09.530, and Section 673(2) (42 U.S.C. 9902(2)). 01-18-056, § 388-478-0075, filed 8/30/01, effective 9/30/01; 00-17-085, § 388-478-0075, filed 8/14/00, effective 9/14/00; 99-19-005, § 388-478-0075, filed 9/3/99, effective 10/4/99. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. 98-16-044, § 388-478-0075, filed 7/31/98, effective 9/1/98. Formerly WAC 388-507-0805, 388-508-0810, 388-509-0910, 388-509-0920, 388-509-0940 and 388-509-0960.]

WAC 182-505-0120 Breast and cervical cancer treatment program (BCCTP) for women—Client eligibility. (1) Effective July 1, 2001, a woman is eligible for categorically needy (CN) coverage under the BCCTP only when she:

- Has been screened for breast or cervical cancer under the center for disease control (CDC) breast and cervical cancer early detection program (BCCEDP);
- Is found to require treatment for either breast or cervical cancer or for a related precancerous condition;
- Is under sixty-five years of age;
- Is not eligible for another CN medicaid program;
- Is uninsured or does not otherwise have creditable coverage;
- Meets residency requirements as described in WAC 388-468-0005;
- Meets Social Security number requirements as described in WAC 388-476-0005; and
- Meets the requirements for citizenship or U.S. national status as defined in WAC 388-424-0001 or "qualified alien" status as described in WAC 388-424-0006 (1) or (4).

(2) The certification periods described in WAC 388-416-0015 (1), (4), and (6) apply to the BCCTP. Eligibility for medicaid continues throughout the course of treatment as certified by the CDC-BCCEDP.

(3) Income and asset limits are set by the CDC-BCCEDP.

[12-02-034, recodified as § 182-505-0120, filed 12/29/11, effective 1/1/12. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057, 74.08.090. 04-15-057, § 388-462-0020, filed 7/13/04, effective 8/13/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, 74.09.510, and Public Law 106-354. 02-01-134, § 388-462-0020, filed 12/19/01, effective 1/19/02.]

WAC 182-505-0235 Order of payments under the premium-based apple health for kids program as funded by Title XXI of the Social Security Act. The agency administers the programs included in apple health for kids that provide premium-based coverage through a combination of state and federal funding sources. For expenditures funded by Title XXI of the Social Security Act, also known as the children's health insurance program (CHIP), federal financial participation will be sought in compliance with section 2105 of the act in the following order:

[Ch. 182-505 WAC—p. 1]

(1) For medical assistance for targeted low-income children from birth through age eighteen, as described in section 4 of the Title XXI state plan.

(2) For medical assistance for unborn children, as described in section 4.1.2.1 of the Title XXI state plan.

(3) For medical assistance for medicaid-eligible children, as described in CHIPRA, section 214.

(4) For medical assistance for medicaid-eligible children, as described in section 2105 (g)(4)(A) and (B) of the act.

(5) For allowable administrative expenditures under the ten percent cap, as defined in section 2105 (a)(1)(D) of the act in the following order:

(a) First, for reasonable expenditures necessary to administer the plan, including staffing for eligibility determinations, plan administration, quality assurance, and similar costs.

(b) Second, for a toll-free 800 telephone number providing information regarding the Washington apple health for kids program.

(c) Third, for health services initiatives, such as the funding of the Washington poison center, to the extent that state funds are appropriated by the legislature.

(d) Fourth, for translation or interpretation services in connection with the enrollment, retention, or use of services under this title by individuals for whom English is not their primary language, but only to the extent that state-matching funds are made available.

(e) Fifth, for outreach services for the Washington apple health for kids program, to the extent that appropriated state-matching funds are available.

(f) Sixth, for other CMS-approved activities to the extent that federal matching funds are available, and where such activities do not duplicate efforts conducted under this subsection.

[Statutory Authority: RCW 41.05.021, 74.04.050, 74.04.057, 74.09.500, and PPACA, §2102 (b)(1)(A) of the Social Security Act, and Public Law 111-3 (CHIPRA). 11-23-077, § 182-505-0235, filed 11/15/11, effective 12/16/11.]

WAC 182-505-0245 Income and resource standards for family medical programs. (1) The categorically needy income level (CNIL) standards for family medical are:

(a) For assistance units with obligations to pay shelter costs:

Assistance Unit Size	Payment Standard
1	\$359
2	453
3	562
4	661
5	762
6	866
7	1,000
8	1,107
9	1,215
10 or more	1,321

(b) For assistance units with shelter provided at no cost:

Assistance Unit Size	Payment Standard
1	\$218

Assistance Unit Size	Payment Standard
2	276
3	341
4	402
5	464
6	526
7	608
8	673
9	739
10 or more	803

(2) The countable resource standards for family medical are the same as those of the TANF/SFA cash program as stated in WAC 388-470-0005.

(3) Each unborn child is counted as a household member when determining household size for:

- (a) Family medical;
- (b) Pregnancy medical; and
- (c) Children's medical.

[11-23-091, recodified as WAC 182-505-0245, filed 11/17/11, effective 11/21/11. Statutory Authority: RCW 74.04.050, 74.04.057, and 74.08.090. 11-13-031, § 388-478-0065, filed 6/7/11, effective 7/8/11. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, and 74.09.530. 05-15-080, § 388-478-0065, filed 7/14/05, effective 8/14/05. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, and Section 673(2) (42 U.S.C. 9902(2)). 01-18-056, § 388-478-0065, filed 8/30/01, effective 9/30/01. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. 98-16-044, § 388-478-0065, filed 7/31/98, effective 9/1/98. Formerly WAC 388-507-0710 and 388-508-0820.]

WAC 182-505-0510 How a client is determined "related to" a categorical program. (1) A person is related to the Supplemental Security Income (SSI) program if they are:

- (a) Aged, blind, or disabled as defined in chapter 388-475 WAC; or
- (b) Considered as eligible for SSI under chapter 388-475 WAC; or
- (c) Children meeting the requirements of WAC 388-505-0210(5).

(2) A person or family is considered to be related to the temporary assistance for needy families (TANF) program if they:

- (a) Meet the program requirements for the TANF cash assistance programs or the requirements of WAC 388-505-0220; or
- (b) Would meet such requirements except that the assistance unit's countable income exceeds the TANF program standards in WAC 388-478-0065.

(3) Persons related to SSI or to TANF are eligible for categorically needy (CN) or medically needy (MN) medical coverage if they meet the other eligibility criteria for these medical programs. See chapters 388-475, 388-505 and 388-519 WAC for these eligibility criteria.

(4) Persons related to SSI or to TANF and who receive the related CN medical coverage have redetermination rights as described in WAC 388-503-0505(6).

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RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. 98-16-044, § 388-503-0510, filed 7/31/98, effective 9/1/98.]

WAC 182-505-0515 Medical coverage resulting from a cash grant. (1) Families or individuals eligible for SSI, SSI state supplement or TANF cash grants are automatically eligible for categorically needy (CN) medical coverage. These clients receive medical coverage benefits without making a separate application. Certification for CN medical coverage parallels that for the cash benefits.

(2) Upon termination of cash benefits as described in subsection (1) of this section, medical coverage continues until the client's eligibility for other medical coverage can be completed. Continuing medical coverage is terminated if the client does not cooperate with the eligibility redetermination process.

(3) Individuals eligible for state financial assistance (SFA) cash grants may receive medical coverage for:

(a) An emergent medical condition as described in WAC 388-438-0110; or

(b) Pregnancy as described in WAC 388-462-0015.

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