

**WAC 182-508-0150 Enrollment cap for medical care services (MCS).**

(1) Enrollment in medical care services (MCS) coverage is subject to available funds.

(2) The medicaid agency may limit enrollment into MCS coverage by implementing an enrollment cap and wait list.

(3) If a person is denied MCS coverage due to an enrollment cap:

(a) The person is added to the MCS wait list based on the date the person applied.

(b) Applicants with the oldest application date will be the first to receive an opportunity for enrollment when MCS coverage is available as long as the person remains on the MCS wait list.

(4) A person is exempted from the enrollment cap and wait list rules when:

(a) MCS was terminated due to agency error;

(b) The person is in the 30-day reconsideration period for incapacity reviews under WAC 388-447-0110(4);

(c) The person is being terminated from a categorically needy (CN) medical program and was receiving and eligible for CN coverage prior to the date a wait list was implemented and at the time their CN coverage ended, the person met eligibility criteria to receive benefits under either the aged, blind, or disabled program as described in WAC 388-400-0060 or the housing and essential needs referral program as described in WAC 388-400-0070; or

(d) The person applied for a determination by the department of social and health services (DSHS) to be eligible for benefits under one of the following programs, but the determination was not completed before the enrollment cap effective date:

(i) The aged, blind, or disabled program as described in WAC 388-400-0060;

(ii) The housing and essential needs referral program as described in WAC 388-400-0070; or

(iii) The survivors of certain crimes (SCC) program, as described in WAC 388-424-0035, which includes victims of human trafficking as described in RCW 74.04.005.

(5) The person is removed from the MCS wait list if the person:

(a) Is not a Washington resident;

(b) Is deceased;

(c) Requests removal from the wait list;

(d) Is found eligible for categorically or medically needy coverage; or

(e) Is no longer determined by DSHS to be eligible for benefits under:

(i) The aged, blind, or disabled program as described in WAC 388-400-0060;

(ii) The housing and essential needs referral program as described in WAC 388-400-0070; or

(iii) The SCC program as described in WAC 388-424-0035.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 2020 c 136. WSR 22-02-034, § 182-508-0150, filed 12/29/21, effective 2/1/22. Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-019, § 182-508-0150, filed 7/24/14, effective 8/24/14. Statutory Authority: RCW 41.05.021, 74.09.035, and 2011 1st sp.s. c 36. WSR 12-19-051, § 182-508-0150, filed 9/13/12, effective 10/14/12.]