Chapter 182-523 WAC
MEDICAL EXTENSIONS

WAC

WAC 182-523-0100 Medical extensions—Eligibility. (1) A family who received temporary assistance for needy families (TANF), or family medical program in any three of the last six months in the state of Washington is eligible for extended medical benefits when they become ineligible for their current medical program because the family receives:

(a) Child or spousal support, which exceeds the payment standard described in WAC 388-478-0065, and they are not eligible for any other categorically needy (CN) medical program; or

(b) Increased earned income, resulting in income exceeding the CN income standard described in WAC 388-478-0065.

(2) A family is eligible to receive extended medical benefits beginning the month after termination from TANF cash or family medical program for:

(a) Four months for a family described in subsection (1)(a) of this section; or

(b) Up to twelve months, in two six-month segments, for a family described in subsection (1)(b) of this section. For the purposes of this chapter, months one through six are the initial six-month extension period. Months seven through twelve are the second six-month extension period.

(3) A family member is eligible to receive six months of medical extension benefits as described in subsection (2)(b) of this section unless:

(a) The individual family member:

(i) Moves out of state;

(ii) Dies;

(iii) Becomes an inmate of a public institution;

(iv) Leaves the household; or

(v) Does not cooperate, without good cause, with the division of child support or with third-party liability requirements.

(b) The family:

(i) Moves out of state;

(ii) Loses contact with the department or the department does not know the whereabouts of the family; or

(iii) No longer includes a child as defined in WAC 388-404-0005(1).

(4) A family member is eligible to receive the second six months of medical extension benefits as described in subsection (2)(b) of this section unless:

(a) The family is no longer eligible for the reasons described in subsection (3)(a) or (b); or

(b) The individual family member is the caretaker adult who:

(i) Stops working or whose earned income stops;

(ii) Does not, without good cause, complete and return the completed medical extension report or otherwise provide the required income and child care information; or

(iii) Does not, without good cause, pay the billed premium amount for one month.

(5) A family described in subsection (3) will not receive medical extension benefits for any family member who has been found ineligible for TANF/SFA cash because of fraud in any of the six months prior to the medical extension period.

(6) For the purposes of this chapter, only individual family members that are eligible for medicaid are certified to receive medical benefits under this program.

[WSR 12-13-056, recodified as § 182-523-0100, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 74.08.090, 74.08A.100, 74.09.080, and 74.09.415. WSR 02-17-030, § 388-523-0100, filed 8/12/02, effective 9/12/02. Statutory Authority: RCW 74.08.090 and 2001 c 7 § 209. WSR 02-10-018, § 388-523-0100, filed 4/22/02, effective 5/23/02. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. WSR 98-16-044, § 388-523-0100, filed 7/31/98, effective 9/1/98. Formerly WAC 388-522-2210, 388-523-2305 and 388-523-2320.]

WAC 182-523-0110 Medical extensions—Reporting requirements. (1) The family must report family income and employment-related child care costs the family pays by the twenty-first day of:

(a) Month four of the extension period, for months one, two, and three; and

(b) Month seven of the extension period, for months four, five, and six.

(2) Circumstances may prevent a family from meeting the reporting requirements in subsection (1) of this section. The family remains eligible for the medical extension when good cause exists. Reasons for good cause include, but are not limited to:

(a) Illness, mental impairment, injury, trauma, or stress;

(b) Lack of understanding the reporting requirement due to a language barrier;

(c) Transportation problems;

(d) Payment for work in each month of the reporting period was paid in a different month than it was earned;

(e) The client expected to be able to meet the family medical needs, but could not; or

(f) The client was given incorrect information about the reporting requirements. Refer to WAC 388-422-0020 (4) and (5).

[WSR 12-13-056, recodified as § 182-523-0110, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 74.08.090 and 2001 c 7 § 209. WSR 02-10-018, § 388-523-0110, filed 4/22/02, effective 5/23/02.]

WAC 182-523-0120 Medical extensions—Premiums. (1) **"Countable income"** means, for the purposes of determining the premium amount described in this chapter, all earned income of the adult family members, minus the amount of employment-related child care paid for by the

family. The earned income of an adult, living in the household, who is financially responsible for other members of the assistance unit is included, whether or not the person is an eligible member of the assistance unit.

(2) The department requires the family to pay premiums for medical coverage provided during the second six-month medical extension period. The premium amount is one percent of the family's average countable income rounded down to the nearest whole dollar. This whole dollar amount is billed per adult per month. See subsection (3).

(3) The premiums for:

(a) Months seven, eight, and nine are based solely on the average countable income received in months one, two and three of the medical extension period; and

(b) Months ten, eleven, and twelve are based solely on the average countable income received in months four, five, and six of the medical extension period.

(4) A subsequent change in income does not effect the premium amount described in subsection (2) and (3) of this section.

(5) When a family's premium is one month in arrears, the family is ineligible for the balance of the medical extension period unless good cause exists. Reasons for good cause include, but are not limited to:

(a) Illness, mental impairment, injury, trauma, or stress;

(b) Lack of understanding the premium payment requirement due to a language barrier;

(c) Transportation problems;

(d) Nonpayment of the premium because the client expected to be able to meet the family medical needs, but could not; or

(e) Receipt of incorrect information or nonreceipt of advance and adequate notice about the premium payment requirements. WAC 388-422-0020 (4) and (5) provisions regarding good cause rights and periodic review apply to good cause for nonpayment of premiums.

(6) The department exempts individual family members from premium payment requirements, as follows:

(a) Children;

(b) Pregnant women;

(c) American Indians and Alaska Natives; and

(d) Caretaker adults in a family whose countable income is equal to or less than one hundred percent of the federal poverty level based on family size as described in WAC 388-478-0075(2).

(7) When determining the exemption described in subsection (6)(b), the premium exemption is effective the first of the month following the client's report of the pregnancy to the department.

(8) When determining the exemption described in subsection (6)(d), the department shall include in the household size an unborn child and a person who is financially responsible for other members of the assistance unit, whether or not the person is an eligible member of the assistance unit. A person receiving SSI cash assistance is not included when determining the household size.

(9) The department determines a family's exemption from the premium requirement as described in subsection (6)(d) for:

(a) Months seven, eight and nine based solely on information available to the department at the time the premium for these months is calculated; and

(b) Months ten, eleven, and twelve based solely on information available to the department at the time the premium for these months is calculated.

(10) Any change resulting in an individual meeting the exemption criteria in subsection (6)(d) after the establishment of the premium amount for months seven, eight and nine is used to calculate the premium amount for months ten, eleven, and twelve. Any change resulting in an individual meeting the exemption criteria in subsection (6)(d) after the establishment of the premium amount for months ten, eleven, and twelve is not used to recalculate the premium amount for months ten, eleven, and twelve.

[WSR 12-13-056, recodified as § 182-523-0120, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 74.08.090 and 2001 c 7 § 209. WSR 03-14-108, § 388-523-0120, filed 6/30/03, effective 6/30/03; WSR 02-10-018, § 388-523-0120, filed 4/22/02, effective 5/23/02.]

WAC 182-523-0130 Medical extension—Redetermination. (1) When the department determines the family or an individual family member is ineligible during the medical extension period, the department must determine if they are eligible for another medical program.

(2) Children are eligible for twelve month continuous eligibility beginning with the first month of the medical extension period.

(3) When a family reports a reduction of income, the family may be eligible for a family medical program instead of medical extension benefits.

(4) Postpartum and family planning extensions are described in WAC 388-462-0015.

[WSR 12-13-056, recodified as § 182-523-0130, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 74.08.090, 74.09.530, and 74.09.415. WSR 05-23-013, § 388-523-0130, filed 11/4/05, effective 1/1/06. Statutory Authority: RCW 74.08.090 and 2001 c 7 § 209. WSR 02-10-018, § 388-523-0130, filed 4/22/02, effective 5/23/02.]