

**WSR 15-11-007**  
**EXPEDITED RULES**  
**HEALTH CARE AUTHORITY**  
(Washington Apple Health)  
[Filed May 7, 2015, 2:34 p.m.]

Title of Rule and Other Identifying Information: WAC 182-505-0210 Washington apple health—Eligibility for children.

**NOTICE**

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Jason R. P. Crabbe, Rules Coordinator, HCA, P.O. Box 42716, Olympia, WA 98504-2716, or deliver to Cherry Street Plaza, 626 8th Avenue S.E., Olympia, WA 98504, e-mail arc@hca.wa.gov, fax (360) 586-9727, AND RECEIVED BY July 20, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: This rule filing is necessary to update an incorrect cross-citation referenced in this section and to make housekeeping changes.

Reasons Supporting Proposal: This revision will provide accurate information and improve clarify [clarity] for the reader.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Statute Being Implemented: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Melinda Froud, P.O. Box 42716, Olympia, WA 98504-2716, (360) 725-1408; Implementation and Enforcement: Mick Petterson, P.O. Box 45534, Olympia, WA 98504-5534, (360) 725-0913.

May 7, 2015  
Jason R. P. Crabbe  
Rules Coordinator

AMENDATORY SECTION (Amending WSR 14-16-052, filed 7/29/14, effective 8/29/14)

**WAC 182-505-0210 Washington apple health—Eligibility for children.** (1) Unless otherwise stated in this section, a child is a person (~~who is under nineteen years of~~) age eighteen or younger (including the month the ~~(person)~~ child turns nineteen). To be eligible for one of the Washington apple health (WAH) for kids programs (~~(described below)~~), a child must:

(a) Be a resident of Washington state (~~(as described in)~~) under WAC 182-503-0520 and 182-503-0525;

(b) Provide a Social Security number (SSN) (~~(as described in)~~) under WAC 182-503-0515 unless exempt; and  
(c) Meet any additional requirements listed for the specific program.

(2) Children (~~(under)~~) younger than age one (~~(year of age)~~) are eligible for WAH categorically needy (CN) coverage, without a new application, when they are born to a mother who is eligible for WAH:

(a) On the date of the newborn's birth, including a retroactive eligibility determination; or

(b) Based on meeting a medically needy (MN) spend-down liability with expenses incurred (~~(no later than)~~) by the date of the newborn's birth.

(3) Children are eligible for WAH at no cost when they:

(a) Have countable family income that is no more than two hundred ten percent of the federal poverty level (FPL) (~~(as described in)~~) under WAC 182-505-0100;

(b) Are currently eligible for supplemental security income (SSI); or

(c) Received SSI payments in August 1996 and would continue to be eligible for those payments except for the August 1996 passage of amendments to federal disability definitions.

(4) Children are eligible for premium-based WAH (~~(as described in)~~) under WAC 182-505-0215 when they:

(a) Have countable family income that is not more than three hundred twelve percent of FPL (~~(as described in)~~) under WAC 182-505-0100;

(b) Do not have other creditable health insurance (~~(as described in WAC 182-505-0220)~~) under WAC 182-500-0020; and

(c) Pay the required monthly premiums (~~(as described in)~~) under WAC 182-505-0225.

(5) Children are eligible for WAH home and community based waiver programs (~~(as described in)~~) under chapter 182-515 WAC when they:

(a) Meet citizenship or immigration status (~~(as described in)~~) under WAC 182-503-0525;

(b) Meet SSI-related eligibility requirements (~~(as described in)~~) under chapter 182-512 WAC; and

(c) Meet program-specific age requirements.

(6) Children are eligible for the WAH long-term care program when they meet the institutional program rules (~~(as described in)~~) under chapter 182-513 or 182-514 WAC, and either:

(a) Reside or are expected to reside in a medical institution, intermediate care facility for the intellectually disabled (ICF/ID), hospice care center, or nursing home for thirty days or longer; or

(b) Reside or are expected to reside in an institution for mental diseases (IMD) (as defined in WAC 182-500-0050(1)) or inpatient psychiatric facility:

(i) For ninety days or longer and are age seventeen or younger; or

(ii) For thirty days or longer and are age eighteen through twenty-one.

(7) Children are eligible for the WAH-MN program (~~(as described in)~~) under WAC 182-519-0100 when they:

(a) Meet citizenship or immigrant status (~~(as described in)~~) under WAC 182-503-0535;

(b) Have countable family income that exceeds three hundred twelve percent of FPL (~~(as described in)~~) under WAC 182-505-0100; or

(c) Have countable family income that is more than two hundred ten percent of FPL, but are not eligible for premium-based WAH as described in subsection (4) of this section because of creditable coverage; and

(d) Meet a spenddown liability (~~(as described in)~~) under WAC 182-519-0110, if required.

(8) Children are eligible for WAH SSI-related programs (~~(as described in)~~) under chapter 182-512 WAC when they:

(a) Meet citizenship or immigration status (~~(as described in)~~) under WAC 182-503-0535;

(b) Meet SSI-related eligibility (~~(as described in)~~) under chapter 182-512 WAC; and

(c) Meet an MN spenddown liability (~~(as described in)~~) under WAC 182-519-0110, if required.

(9) Children who are not eligible for WAH under subsections (5) through (8) of this section because of their immigration status, are eligible for the WAH alien emergency medical program if they:

(a) Meet the eligibility requirements of WAC 182-507-0110;

(b) Have countable family income:

(i) That exceeds three hundred twelve percent of FPL (~~(as described in)~~) under WAC 182-505-0100; or

(ii) That is more than two hundred ten percent of FPL, but they are not eligible for premium-based WAH, as described in subsection (4) of this section because of creditable coverage; and

(c) Meet a spenddown liability (~~(as described in)~~) under WAC 182-519-0110, if required.

(10) Children who are in foster care or receive subsidized adoption services are eligible for coverage under the WAH foster care program described in WAC 182-505-0211.

(11) Children who are incarcerated in a public institution (as defined in WAC 182-500-0050(4)) that is not an IMD, are not eligible for any WAH program unless they are receiving inpatient hospital services outside of the public institution.

(12) Children who reside in a public institution that is an IMD are eligible for WAH under this section but are not eligible to receive inpatient hospital services outside of the IMD unless they are unconditionally discharged from the IMD (~~(prior to)~~) before receiving (~~(such)~~) the services.

## WSR 15-11-014

### EXPEDITED RULES

### HEALTH CARE AUTHORITY

(Washington Apple Health)

[Filed May 8, 2015, 2:26 p.m.]

Title of Rule and Other Identifying Information: WAC 182-553-100 Home infusion therapy and parenteral nutrition program—General and 182-553-400 Home infusion therapy and parenteral nutrition program—Provider requirements.

## NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Jason R. P. Crabbe, Rules Coordinator, Health Care Authority, P.O. Box 42716, Olympia, WA 98504-2716, or deliver to Cherry Street Plaza, 626 8th Avenue S.E., Olympia, WA 98504, e-mail arc@hca.wa.gov, fax (360) 586-9727, AND RECEIVED BY July 20, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The proposed rules replace outdated references to "medical assistance" with "Washington apple health" and replaces a reference to WAC 388 WAC with the correct reference to WAC 182-502-0020.

Reasons Supporting Proposal: See Purpose above.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Health care authority, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Chantelle Diaz, P.O. Box 42716, Olympia, WA 98504-2716, (360) 725-1842.

May 8, 2015

Jason R. P. Crabbe  
Rules Coordinator

AMENDATORY SECTION (Amending WSR 15-08-103, filed 4/1/15, effective 5/2/15)

**WAC 182-553-100 Home infusion therapy and parenteral nutrition program—General.** The medicaid agency's home infusion therapy and parenteral nutrition program provides the supplies and equipment necessary for parenteral infusion of therapeutic agents to (~~(medical assistance))~~ Washington apple health clients. An eligible client receives equipment, supplies, and parenteral administration of therapeutic agents in a qualified setting to improve or sustain the client's health.

AMENDATORY SECTION (Amending WSR 15-08-103, filed 4/1/15, effective 5/2/15)

**WAC 182-553-400 Home infusion therapy and parenteral nutrition program—Provider requirements.** (1) Eligible providers of home infusion supplies and equipment and parenteral nutrition solutions must:

(a) Have a signed core provider agreement with the medicaid agency; and

(b) Be one of the following provider types:

(i) Pharmacy provider;

(ii) Durable medical equipment (DME) provider; or

(iii) Infusion therapy provider.

(2) The agency pays eligible providers for home infusion supplies and equipment and parenteral nutrition solutions only when the providers:

(a) Are able to provide home infusion therapy within their scope of practice;

(b) Have evaluated each client in collaboration with the client's physician, pharmacist, or nurse to determine whether home infusion therapy and parenteral nutrition is an appropriate course of action;

(c) Have determined that the therapies prescribed and the client's needs for care can be safely met;

(d) Have assessed the client and obtained a written physician order for all solutions and medications administered to the client in the client's residence or in a dialysis center through intravenous, epidural, subcutaneous, or intrathecal routes;

(e) Meet the requirements in WAC (~~(388-502-0020)~~) 182-502-0020, including keeping legible, accurate, and complete client charts, and providing the following documentation in the client's medical file:

(i) For a client receiving infusion therapy, the file must contain:

(A) A copy of the written prescription for the therapy;

(B) The client's age, height, and weight; and

(C) The medical necessity for the specific home infusion service.

(ii) For a client receiving parenteral nutrition, the file must contain:

(A) All the information listed in (e)(i) of this subsection;

(B) Oral or enteral feeding trials and outcomes, if applicable;

(C) Duration of gastrointestinal impairment; and

(D) The monitoring and reviewing of the client's lab values:

(I) At the initiation of therapy;

(II) At least once per month; and

(III) When the client, the client's lab results, or both, are unstable.