

## WSR 25-04-041

## PERMANENT RULES

## HEALTH CARE AUTHORITY

[Filed January 29, 2025, 10:48 a.m., effective March 1, 2025]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The health care authority is amending this rule to clarify: (1) Which medicaid clients are eligible for the health home program; and (2) that people with third-party medical coverage are ineligible for this program.

Citation of Rules Affected by this Order: Amending WAC 182-557-0200.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Adopted under notice filed as WSR 25-01-102 on December 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: January 29, 2025.

Wendy Barcus  
Rules Coordinator

**OTS-5979.1**

AMENDATORY SECTION (Amending WSR 17-24-111, filed 12/6/17, effective 1/6/18)

**WAC 182-557-0200 Health home program—Eligibility.** (1) To be eligible for the health home program, a client must:

(a) Be a recipient of categorically needy health care coverage or be eligible for services under an alternative benefits plan (ABP), as described in WAC 182-501-0060, through:

- (i) Fee-for-service, including full dual eligible clients; or
- (ii) An agency-contracted managed care organization.

(b) Have one or more chronic conditions as defined in WAC 182-557-0100; and

(c) Have a risk score of 1.5 or greater measured either with algorithms developed by the department of social and health services or the agency's clinical eligibility tool located at [https://www.hca.wa.gov/assets/billers-and-providers/Clinical\\_Eligibility\\_Tool.xls](https://www.hca.wa.gov/assets/billers-and-providers/Clinical_Eligibility_Tool.xls).

(2) A person is ineligible to receive health home services when:

(a) The person (~~has third-party coverage that provides comparable health care services; or~~) is enrolled in a third-party medical

insurance plan. For purposes of this section, a medical insurance plan does not include plans that offer only dental, vision, pregnancy, or maternity care services.

(b) The person has a risk score of less than 1.0 for six consecutive months and has not received health home services.

(3) When the agency determines a client is eligible for health home services, the agency enrolls the client with a qualified health home in the coverage area where the client lives.

(a) The client may decline health home services or change to a different qualified health home or a different health home care coordinator.

(b) If the client chooses to participate in the health home program, a health home care coordinator will:

(i) Work with the participant to develop a health action plan that describes the participant's health goals and includes a plan for reaching those goals; and

(ii) Provide health home services at a level appropriate to the participant's needs.

(4) A participant who does not agree with a decision regarding health home services, including a decision regarding the client's eligibility to receive health home services, has the right to an administrative hearing as described in chapter 182-526 WAC.