Agency: Health Care Authority

Effective date of rule:
Permanent Rules
☒ 31 days after filing.
☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?
☐ Yes  ☒ No  ☐ Other (specify)

Purpose: The agency is making housekeeping changes only. WAC 182-512-0150 contains incorrect rule cross-references in subsections (1)(e) and (6). In subsection (1)(e) the agency is editing the rule to replace an incorrect reference to WAC 182-513-1305 with the correct reference to 182-513-1205. In subsection (6) the agency is replacing an incorrect reference to WAC 182-513-1305 with the correct reference to 182-513-1395.

Citation of rules affected by this order:
New:
Repealed:
Amended: 182-512-0150
Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority:
PERMANENT RULE (Including Expedited Rule Making)
Adopted under notice filed as WSR 22-07-097 on March 22, 2022 (date).
Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:
Name:
Address:
Phone:
Fax:
TTY:
Email:
Web site:
Other:
Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note. A section may be counted in more than one category.

The number of sections adopted in order to comply with:

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<thead>
<tr>
<th>Category</th>
<th>New</th>
<th>Amended</th>
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<tr>
<td>Federal statute:</td>
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<td>Federal rules or standards:</td>
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<td>Recently enacted state statutes:</td>
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The number of sections adopted at the request of a nongovernmental entity:

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The number of sections adopted on the agency’s own initiative:

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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

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The number of sections adopted using:

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<th>Method</th>
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<td>Negotiated rule making:</td>
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<td>Pilot rule making:</td>
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<tr>
<td>Other alternative rule making:</td>
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<tr>
<th>Date Adopted: May 26, 2022</th>
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<tbody>
<tr>
<td>Name: Wendy Barcus</td>
</tr>
<tr>
<td>Title: HCA Rules Coordinator</td>
</tr>
</tbody>
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Signature: [Signature]

WAC 182-512-0150 SSI-related medical—Medically needy (MN) medical eligibility. (1) Washington apple health (WAH) medically needy (MN) health care coverage is available for any of the following:
   (a) A person who is SSI-related and not eligible for WAH categorically needy (CN) medical coverage because the person has countable income that is above the WAH CN income level (CNIL) (or for long-term care (LTC) recipients, above the special income limit (SIL)): 
      (i) The person's countable income is at or below WAH MN standards, leaving no spenddown requirement; or
      (ii) The person's countable income is above WAH MN standards requiring the person to spenddown their excess income (see subsection (4) of this section). See WAC 182-512-0500 through 182-512-0800 for rules on determining countable income, and WAC 182-519-0050 for program standards or chapter 182-513 WAC for institutional standards.
   (b) An SSI-related ineligible spouse of an SSI recipient;
   (c) A person who meets SSI program criteria but is not eligible for the SSI cash grant due to immigration status or sponsor deeming. See WAC 182-503-0535 for limits on eligibility for aliens;
   (d) A person who meets the WAH MN LTC services requirements of chapter 182-513 WAC;
   (e) A person who lives in an alternate living facility and meets the requirements of WAC ((182-513-1305)) 182-513-1205; or
   (f) A person who meets resource requirements as described in chapter 182-512 WAC, elects and is certified for hospice services per chapter 182-551 WAC.
(2) A person whose countable resources are above the SSI resource standards is not eligible for WAH MN noninstitutional health care coverage. See WAC 182-512-0200 through 182-512-0550 to determine countable resources.
(3) A person who qualifies for services under WAH long-term care programs has different criteria and may spend down excess resources to become eligible for WAH LTC institutional or waiver health care coverage. Refer to WAC 182-513-1315 and 182-513-1395.
(4) A person with income over the effective WAH MN income limit (MNIL) described in WAC 182-519-0050 may become eligible for WAH MN coverage when the person has incurred medical expenses that are equal to the excess income. This is the process of meeting spenddown. Refer to chapter 182-519 WAC for spenddown information.
(5) A person may be eligible for health care coverage for any or all of the three months immediately prior to the month of application, if the person has:
   (a) Met all eligibility requirements for the months being considered; and
   (b) Received medical services covered by medicaid during that time.
(6) A person who is eligible for WAH MN without a spenddown is certified for up to ((twelve)) 12 months. For a person who must meet a spenddown, refer to WAC 182-519-0110. For a person who is eligible for a WAH long-term care MN program, refer to WAC ((182-513-1305)) 182-513-1395 and 182-513-1315.
(7) A person must reapply for each certification period. There is no continuous eligibility for WAH MN.