

# Apple Health and Individuals from Ukraine

Office of Medicaid Eligibility Policy  
Medicaid Programs Division  
June 2022

# Agenda

---

- ▶ Background
- ▶ Apple Health Eligibility for Individuals from Ukraine
- ▶ Refugee Medical Assistance
- ▶ AREP
- ▶ After-Pregnancy Coverage
- ▶ Resources

# Background

# Background

---

- ▶ On April 21, 2022, President Biden announced Uniting for Ukraine, a new streamlined process to provide Ukrainian citizens fleeing the war in Ukraine, opportunities to come to the United States.
- ▶ The Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) passed on May 21, 2022.
  - ▶ Ukrainians, and non-Ukrainian individuals, who last habitually resided in Ukraine may now be eligible for Washington Apple Health.

# Apple Health Eligibility for Individual from Ukraine

# Eligibility

---

- ▶ Individuals will have one of the following statuses:
  - ▶ Temporary Protected Status (TPS)
  - ▶ Parole: Granted before February 24, 2022, for less than one year
  - ▶ Humanitarian Parole: Granted on or after February 24, 2022, through September 30, 2023, for less than one year or up to 2 years.
- ▶ Individuals are not automatically granted a social security number but may be issued one after applying for an employment authorization card.
  - ▶ For more information visit Washington Apple Health – [Social Security number requirements](#).\*

\*[hca.wa.gov/health-care-services-and-supports/program-administration/wac-182-503-0515-washington-apple-health](https://hca.wa.gov/health-care-services-and-supports/program-administration/wac-182-503-0515-washington-apple-health)

# Eligibility

---

- ▶ Individuals who were paroled and entered the United States prior to February 24, 2022, may be eligible for Apple Health if they are a child, pregnant, or have a qualifying emergency medical condition under AEM.
- ▶ Individuals granted Temporary Protected Status (TPS) may be eligible for Apple Health if they are a child, pregnant, or have a qualifying emergency medical condition under AEM.
- ▶ Individuals who are paroled and entered the United States between February 24, 2022, and September 30, 2023, may be eligible for Apple Health for children, pregnant, and adults.

# Eligibility

---

- ▶ Apple Health program eligibility based on immigration status

Category/status	Children's Medical	Pregnancy Medical	Adult Medical	AEM
Parolee (DT) (prior to 2/24/22)	Eligible	Eligible	Not eligible	Eligible
Parolee (on or after 2/24/22 to 9/30/23)	Eligible	Eligible	Eligible	Not eligible
TPS Status	Eligible	Eligible	Not eligible	Eligible



# Entering Immigration Information

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? \* ?

Yes

No

Please check the box below for any member who is not a US citizen or national:

Helen Incredible  
Is this person lawfully present in the US? \* ?

Date of entry to U.S. \* ?

Does this person have an immigration document? \* ?

Immigration Document Type \* ?

Bob Incredible  
 Violet Incredible  
 Dash Incredible

[ Yes ] No

E.g.: MM/DD/YYYY

Yes No

Select an option

Select an option

- Permanent Resident Card with photograph (Form I-551)
- I-20 Certificate of Eligibility for non-immigrant student
- I-327 Reentry Permit
- I-571 Refugee Travel Document
- DS2019 Certificate of Eligibility for Exchange Visitor
- I-766 Employment Authorization Card
- Temporary I-551 Stamp
- I-94 Arrival or Departure Record
- Machine Readable Immigrant Visa (with Temp I-551 Language)
- Other

▶ Selecting No to the citizenship question will allow you to select the applicable person(s) and answer:

- ▶ Lawfully present
- ▶ Date of entry
- ▶ Immigration documents (yes/no)
- ▶ If yes, document type

# Selecting Document Type: Other

Please check the box below for any member who is not a US citizen or national.

Jimbo Limbo

Is this person lawfully present in the US? \* ⓘ

Yes  No

Date of entry to U.S. \* ⓘ

01/01/2022

Does this person have an immigration document? \*

Yes  No

Immigration Document Type \* ⓘ

Other ▼

Alien Number \* ⓘ

Alien Number

Description \* ⓘ

Description

Does this person have a foreign passport? \*

Yes  No

- ▶ If only an 'A' number is available, select document type Other. Then enter the 'A' number and description of the document.
- ▶ If an 'A' Number has 8 digits, add a zero to the beginning to make it a 9-digit number.
- ▶ Entering passport information is not required. However, if the only document available is a passport, the information should be entered

# Foreign Passport with Stamp



▶ The date of entry is located on the stamp.

Does this person have a foreign passport? *	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Passport number *	<input type="text" value="E.g.: 1234567890"/>	
Country of Issuance *	<input type="text" value="Select an Option"/>	
Passport Expiry Date *	<input type="text" value="E.g.: MM/DD/YYYY"/>	

▶ The passport number is on the upper right corner.  
▶ This can be all numbers or alpha numeric

# I-94 Arrival/Departure Record

 **U.S. Customs and Border Protection**  
Securing America's Borders

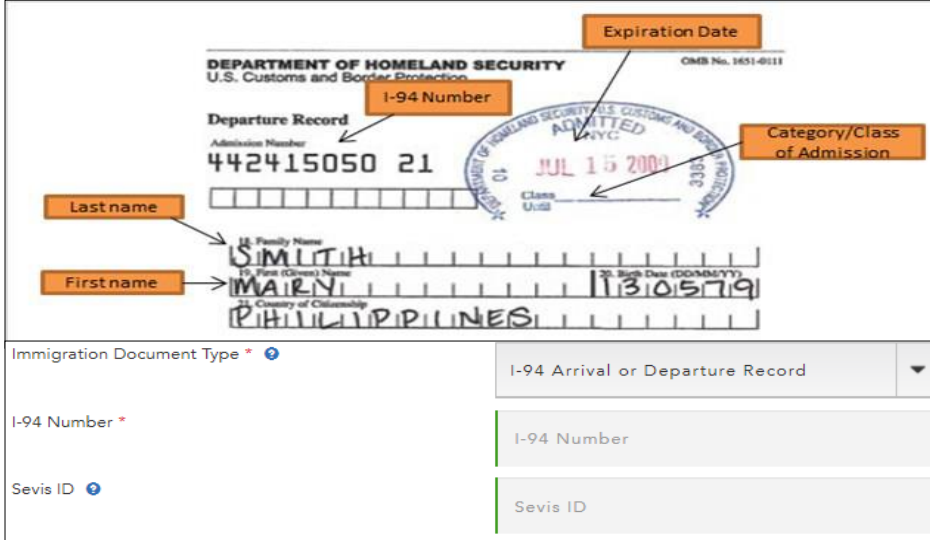
---

### Most Recent I-94

---

Admission (I-94) Record Number : 51415565885  
Most Recent Date of Entry: 2017 July 25  
Class of Admission F1  
Admit Until Date D/S  
Details provided on the I-94 Information form:

Last/Surname :   
First (Given) Name :   
Birth Date :   
Passport Number :   
Country of Issuance : China



**DEPARTMENT OF HOMELAND SECURITY**  
U.S. Customs and Border Protection  
OMB No. 1651-0111

**Departure Record**  
Admission Number: 442415050 21  
I-94 Number: 442415050 21  
Expiration Date: JUL 15 2009  
Category/Class of Admission: F1

18. Family Name: SMITH  
19. First (Given) Name: MAIRI  
20. Birth Date (DDMMYY): 11310579  
21. Country of Citizenship: PHILIPPINES

Immigration Document Type \*   
I-94 Number \*   
Sevis ID

- ▶ The I-94 record number is 11 characters either all numbers or alpha numeric.
- ▶ Stamp with date of entry will be on the card.

# Refugee Medical Assistance

# Refugee Medical Assistance (RMA)

---

- ▶ People from Ukraine and immigrants from Iraq and Afghanistan, who were granted Special Immigrant status under Section 101(a)(27) of the Immigration and Nationality Act (INA), are eligible for Medicaid and Refugee Medical Assistance (RMA); the same as refugees.
- ▶ The Refugee Medical Assistance (RMA) is a program for individuals who are not eligible for Apple Health programs but who meet the income and resource standard of the RMA program.
- ▶ RMA ends on the last day of the eighth month from the month an individual enters the U.S. For example, if they entered the U.S. on May 28, 2022, you are eligible through the end of December 2022.

# Eligibility for RMA

---

- ▶ Individuals may be eligible for RMA when they:
  - ▶ Meet immigration status requirements listed in the [Health Care Authority Apple Health for Refugees webpage](#)\*.
  - ▶ Have countable resources below \$1000 on the date of application.
  - ▶ Have a countable income equal to or below 200% of the federal poverty level (FPL) on the date of application.
  - ▶ Received refugee cash assistance (RCA).

\*[hca.wa.gov/health-care-services-supports/program-administration/apple-health-refugees](https://hca.wa.gov/health-care-services-supports/program-administration/apple-health-refugees)

# Eligibility for RMA

---

- ▶ When an individual's spouse arrives in the U.S., they may be eligible for Medicaid and other programs depending on countable income.
  - ▶ If they are not eligible due to income requirements, the spouse is still eligible for RMA for eight months following the spouse's entry into the U.S.
- ▶ An individual is not eligible for RMA if they are:
  - ▶ Already eligible for Medicaid or a children's health care program as described in WAC 182-505-0210.
  - ▶ A full-time student in an institution of higher education, unless the educational activity is part of a DSHS-approved individual responsibility plan (IRP).
  - ▶ A nonrefugee spouse of a refugee.



# AREP

# AREP Overview

---

- ▶ An Authorized Representative (AREP) is a person or organization that is authorized by an applicant or recipient to act on their behalf for Apple Health eligibility purposes. The AREP must be:
  - ▶ An adult and
  - ▶ Someone outside the medical assistance unit (MAU)
- ▶ An AREP may:
  - ▶ Sign an application on the applicant's behalf
  - ▶ Complete and submit a renewal form
  - ▶ Receive copies of the notices and communications from the agency
  - ▶ Act on behalf of the applicant in all eligibility matters with the agency

# AREP Responsibilities

---

- ▶ An AREP can share any information relevant to eligibility; however, the agency can only share information with the AREP that is necessary for the purposes of determining financial eligibility.
  - ▶ Examples of information the agency cannot share are:
    - ▶ Social Security Numbers (SSN)
    - ▶ Birthdates
    - ▶ Home or mailing addresses
    - ▶ Places of employment that are outside of a request for specific employment verification
    - ▶ Estimated Due Dates (EDD)

# Termination of AREP Authorization

---

- ▶ The AREP designation may be terminated at any time by either the applicant or AREP, verbally or in writing.
- ▶ When the applicant or beneficiary is deceased the AREP designation terminates, except when the AREP is:
  - ▶ The executor or administrator of the deceased's estate
  - ▶ Legally authorized by the courts or by state law to act on behalf of the deceased or their estate
- ▶ Legal guardianship and POA assigned while the client is living ends after the client is deceased.

# Application for Health Care Coverage

## PART 1

- ▶ An AREP can be designated by an individual on the Application for Health Care Coverage.

Primary applicant name and contact information				
First name, Middle initial, Last name & Suffix		Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Signature of primary applicant or authorized representative (required) X _____			Social Security number	
Do you have a home address? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>You still need to provide a mailing address.</b> If no, in what county would you like to receive health care services?				
Address where you live		City	County	State
Mailing address (If different)		City	State	ZIP code
Primary phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		E-mail address
Washington Healthplanfinder may need to contact you regarding the status of your application and request additional information. How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS Mail				
Language information				
Do you or anyone you are applying for want an interpreter and to receive documents in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language or alternative format do you need? List all that apply:				
Pregnancy information				
Is someone in the household pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Authorized representative information	
<ol style="list-style-type: none"> <li>1. An authorized representative (AREP) is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. This is different from partnering with a Navigator or a Broker.</li> <li>2. If an applicant is unable to designate an AREP, due to a medical condition, an individual may self-designate as the AREP by completing the Authorization Representative Designation Form (DSHS 14-532) at <a href="http://www.dshs.wa.gov/authorized-rep-form">www.dshs.wa.gov/authorized-rep-form</a>.</li> <li>3. By designating an authorized representative, you are giving permission for your authorized representative to: <ul style="list-style-type: none"> <li>• Sign the application on your behalf;</li> <li>• Receive notices related to your application and account; and</li> <li>• Act on your behalf for all matters related to the application and account.</li> </ul> <ol style="list-style-type: none"> <li>a. Are you designating an authorized representative? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>b. Do you want your authorized representative to receive notices related to your application and account? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ol> </li> </ol>	
Authorized representative name / organization	Phone number
Mailing address of authorized representative	E-mail address

Source: [hca.wa.gov/health-care-services-supports/forms-and-publications?combine=18-001P&field\\_free\\_topic\\_tid=All&field\\_free\\_document\\_type\\_value\\_1=All&sort=filename+ASC](http://hca.wa.gov/health-care-services-supports/forms-and-publications?combine=18-001P&field_free_topic_tid=All&field_free_document_type_value_1=All&sort=filename+ASC)



## Authorized Representative

An Authorized Representative is someone you designate to represent you when you apply for or receive benefits with the Department of Social and Health Services (DSHS) or Health Care Authority (HCA). This individual or organization is authorized to act on your behalf for eligibility purposes. Having an authorized representative is optional; DSHS or HCA cannot withhold benefits if you do not sign this form.

Client Information			
NAME		ACES CLIENT ID NUMBER	
Authorized Representative Information			
NAME	ORGANIZATION AND DEPARTMENT (IF APPLICABLE)	PHONE NUMBER (AREA CODE)	
MAILING ADDRESS	CITY	STATE	ZIP CODE
Program and Duration Information			
Which program(s) do you want your authorized representative to act on in your behalf? Check all that apply.			
<input type="checkbox"/> Cash Benefits <input type="checkbox"/> Basic Food Benefits <input type="checkbox"/> Health Care Coverage <input type="checkbox"/> Long-term Care Coverage			
How long do you want your authorized representative to act on your behalf?			
<input type="checkbox"/> 90 days <input type="checkbox"/> End of certification period (usually one year)			
You may withdraw or revoke your request for an authorized representative at any time, verbally or in writing, without any impact on benefits.			
Correspondence Information			
Please check the level of information or benefits you want your authorized representative to receive.			FOR DEPARTMENT USE ONLY
<b>For Cash, Basic Food, Health Care Coverage or Long-Term Care</b>			<b>Rep Type</b>
<b>(check only one of the four boxes below)</b>			
<input type="checkbox"/>	Discuss my eligibility for benefits with a DSHS/HCA representative and not receive letters.....		NC
<input type="checkbox"/>	Receive DSHS/HCA letters and discuss my eligibility for benefits. ....		NO
<input type="checkbox"/>	Receive DSHS/HCA letters, renewal forms and discuss my eligibility for benefits.....		AD
<input type="checkbox"/>	Receive DSHS/HCA letters, renewal forms, payments, ProviderOne cards and discuss my eligibility for benefits .....		NA
<b>For Health Care Coverage Only (check either box below if applicable)</b>			
<input type="checkbox"/>	Hospital representative – receive letters and discuss my eligibility for benefits.....		HO
<input type="checkbox"/>	Sponsor paying premiums. Sponsors name and address sent to Office of Financial Recovery .....		SB
Client Authorization			
AUTHORIZED BY (CLIENT SIGNATURE)	DATE SIGNED	PRINT NAME	PHONE NUMBER (AREA CODE)

NOTE: HIPAA restrictions prevent us from discussing the client's individual health information with the authorized representative unless the representative has power of attorney for the client or the client has signed a [DSHS 14-012, Consent form](#). This includes disclosure of mental health information, HIV/AIDS and STD test results, or treatment and chemical dependency services.

FOR DEPARTMENT USE ONLY INSTRUCTIONS
Rep Type – ACES does not limit the Rep Type selections to the codes listed above. If a program requires a Rep Type not listed above or if one of the above codes is selected but is not appropriate for the situation (such as for a group home, protective payee, etc.) enter the appropriate program specific Rep Type on the AREP screen.

DSHS 14-532 (REV. 11/2014)

Barcode label



▶ Another option is the Authorized Representative form, 14-532.

▶ Source: [dshs.wa.gov/sites/default/files/FSA/forms/pdf/14-532.pdf](https://dshs.wa.gov/sites/default/files/FSA/forms/pdf/14-532.pdf)

# After-Pregnancy Coverage

# Active on Apple Health

---

- ▶ Individuals who are on an Apple Health program and pregnant must report their pregnancy and provide an estimated due date.
  - ▶ The transition into After-Pregnancy Coverage (APC) will be automatic as long as there is an estimated due date.
  - ▶ APC will begin the first day of the following month the pregnancy ends.
  - ▶ Coverage is for 12 months regardless of a change in income or household size.



# New to Apple Health

---

- ▶ Individuals not on Apple Health may apply and must meet the following eligibility requirements:
  - ▶ Have had a pregnancy within 12 months
  - ▶ Reside in Washington State
  - ▶ Have countable income equal to or below 193% of the federal poverty level, and
  - ▶ Not be active in another Apple Health program.
- ▶ Immigration status does not apply.
- ▶ Coverage begins the month the individual applies and is found eligible.

# Resources

# Apply or Report a Change

---

- ▶ **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button.
- ▶ **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- ▶ **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633.
- ▶ **Paper:** Submit an [Application for health care coverage \(18-001P\)](#).
- ▶ **In-person:** At no additional cost, a local [Health Benefit Exchange Navigator](#) can help you apply for health coverage.

Source: [hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apply-or-renew-coverage](https://hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apply-or-renew-coverage)

# Apply for Classic Medicaid (Apple Health)

---

- ▶ Individuals age 65 or older, have blindness or a disability, or need Long-Term Services and Supports (LTSS), apply for Classic Apple Health coverage:
  - ▶ **Online:** Go to [Washington Connection](#)- select the "Apply Now" button.
  - ▶ **Paper:** Submit an [Application for Aged Blind Disabled or Long-Term Services and Support \(HCA 18-005\)](#).
  - ▶ **Phone:** Request an application by calling 1-877-501-2233.
  - ▶ **In-person:** local community services office.
- ▶ Interpreter services are available.

# HCA Resources

---

- ▶ **Apple Health Eligibility for Individuals from Ukraine**  
[hca.wa.gov/assets/free-or-low-cost/apple-health-for-individuals-from-ukraine.pdf](https://hca.wa.gov/assets/free-or-low-cost/apple-health-for-individuals-from-ukraine.pdf)
- ▶ **HCA Information on COVID-19:**  
[hca.wa.gov/coronavirus](https://hca.wa.gov/coronavirus)
- ▶ **HCA Stakeholder Training & Education Resources:**  
[hca.wa.gov/stakeholder-training](https://hca.wa.gov/stakeholder-training)
- ▶ **Cross-agency Desk Aid:**  
[hca.wa.gov/assets/free-or-low-cost/customer\\_support\\_center\\_referrals.pdf](https://hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf)

# HCA Resources

---

- ▶ **HCA Community-Based Specialists**  
[hca.wa.gov/hcacommunitystaff](https://hca.wa.gov/hcacommunitystaff)
- ▶ **Pregnant Individuals Eligibility webpage**  
[hca.wa.gov/apple-health-pregnant-individuals](https://hca.wa.gov/apple-health-pregnant-individuals)
- ▶ **After-Pregnancy Coverage webpage**  
[hca.wa.gov/apc](https://hca.wa.gov/apc)