

Application Process on Behalf of Deceased Individuals

The following individuals are authorized to submit applications for Washington Apple Health (Medicaid) on behalf of deceased individuals.

- A legal guardian or representative of the applicant or estate that extends past death;
- A surviving spouse;
- A parent of an applicant who is a minor;
- A tax filer on behalf of a tax dependent, or
- An adult child applying for their parent and no surviving spouse exists.

Navigators, certified application counselors, Health Care Authority (HCA) community partners, and hospital financial counselors **are not authorized** to submit applications for deceased individuals unless they have been appointed as legal guardians or representatives that extend past death.

Other individuals wishing to apply on behalf of a deceased individual should apply for legal guardianship with the courts. The individual may be considered on a case-by-case basis as determined by HCA.

To apply for MAGI-Based Apple Health (Medicaid) coverage for adults without Medicare, children, pregnant individuals, parents/caretakers.

1. Complete a paper [Application for Health Care Coverage \(18-001\)](#). **Do not submit the application in Washington Healthplanfinder.** Include the following information on the application:
 - The applicant is deceased;
 - The date of death;
 - All household income received in the month of death, including by the deceased applicant; and
 - Verification of legal guardianship or representation that extends past death, if applicable.
2. If retroactive eligibility is needed, fill out the [Retroactive Healthcare Coverage Request form \(HCA 13- 952\)](#). **Additional verification may be requested by HCA before eligibility can be determined.**
3. Fax the completed application and other related documents to:
 - **Fax:** 1-866-841-2267
 - **Attn:** Health Care Authority, MEDS
 - **Re:** Deceased application

To Apply for Classic Apple Health coverage for individuals who are 65 or older, have a blindness or a disability with Medicare, or in need of Long-Term Services and Supports (LTSS).

1. Complete a paper application [Long-Term Care/Aged, Blind, Disabled Coverage \(HCA 18-005\)](#)
 - Fax your application to 1-888-338-7410
 - Take your application to a local Community Services Office (CSO); or
2. Fill out an online application through [Washington Connection](#).

Additional Resources

- [WAC 182-503-0010 – Washington Apple Health – Who may apply](#)
- [HCA Area Representative](#)
- [Office Locator | DSHS \(wa.gov\)](#)