



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

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April 6, 2023

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Dear Leaders:

SUBJECT: Resuming operations after the Public Health Emergency (PHE) - Classic Apple Health (Medicaid) Eligibility

In response to the COVID-19 public health emergency (PHE), the Health Care Authority (HCA) in partnership with Department of Social and Health Services (DSHS) took steps to ensure that clients maintained their Classic Apple Health (Medicaid) coverage as required by the Families First Coronavirus Response Act. In December 2022, Congress passed the Consolidated Appropriations Act, which separates the continuous eligibility requirement from the PHE.

This Act was followed by an announcement by the Department of Health and Human Services indicating that the PHE will end May 11, 2023.

This guidance is intended to inform the timing and ongoing flexibility for Classic Apple Health policy and operations for the twelve-month unwind which began April 2023 and ends with April 2024 renewals.

Automatic renewals and reinstatements of coverage

During the PHE, coverage was automatically renewed in three-month increments for those clients who failed to complete a renewal. Renewals will no longer be extended after April 2023.

Clients who were found to be ineligible during the PHE were reinstated and coverage continued unless they died, moved out of state, or requested closure. As of April 1, 2023, termination of coverage for all reasons resumed.

Self-attestation and post eligibility verification

During the 12 months of unwinding, eligibility for Classic Apple Health will continue to be based on attestation of income and resources with the addition of post eligibility verification for all applications and renewals.

These Classic Apple Health programs include:

- Apple Health for individuals who are aged 65 or older or have a blindness or disability
- SSI-related medically needy spenddown
- SSI-related long-term services and supports
- Medicare savings programs

A client self-attests to their current circumstances on their signed application for coverage or while completing their renewal. If the client's attestation of their income and resources are reasonably compatible with known information or electronic data sources, eligibility staff may approve or renew Apple Health coverage.

If the client's eligibility is unable to be determined using known information or available data matches, the client will be approved for the appropriate Apple Health program based on their attestation and be required to provide verification post eligibility.

All post eligibility verification should be completed within 60 days of the eligibility determination.

Renewals

Renewals will be attempted to be processed for all categorically needy Classic Apple Health without any action required on behalf of the client. This is called an ex parte renewal.

All renewals will be attempted using available data sources. If available data sources are reasonably compatible with a client's last attested income and resources, they will be renewed for their next certification period for the same Apple Health program they are currently receiving. The client will be sent a recertification letter which includes the information used to renew their eligibility and be given the opportunity to let the agency know if the information is incorrect.

Information from available data sources cannot be used to end or change a client's Apple Health coverage without verifying with the client.

If a client's information is not compatible or not available in existing data sources, the client will be required to take action to renew their coverage. They will receive a renewal letter with an attached eligibility review form. They will need to attest to their current circumstances and provide verification to renew their ongoing coverage.

A renewal can be completed in-person, over the phone, by submitting a paper renewal form or completing the renewal online. Any contact initiated by a client can be used to initiate a renewal during the renewal period.

Clients must act and respond to their renewal to continue receiving medically needy Apple Health. Medically needy Apple Health requires a reapplication at the end of each base or certification period.

Verification – when to request

Verification of circumstances only needs to be requested for client's whose information is not reasonably compatible with existing data sources, the individual has reported new information that cannot be verified using existing data sources, or it is something that has not reasonably changed since their last renewal.

Examples of when verification **is not** required:

- Resources: If a client has a resource that cannot be verified by the Asset Verification System (AVS) and is not likely to increase in value over the course of the certification to exceed the resource standard, verification of the resource is not required.
- Income: If a client is receiving income from a source that cannot be verified through readily available data sources and had been previously verified (i.e. tribal per capita or pension income), verification is not required.

Examples of when verification **is** required:

- Resources: Request verification when the client reports the establishment of a new trust in their name.
- Income: While checking available data sources to renew a client's eligibility, new unemployment compensation is discovered for the client that was not previously reported. This income source will make the client ineligible for the Apple Health program they are currently approved for. An eligibility worker must verify this income source and allow the client to attest to their current circumstances prior to termination.

Asset Verification System (AVS) waiver flexibility

If information is not returned from AVS by the time the client's renewal is ready to be worked, the renewal can be completed without further verification from the client. If information indicating ineligibility is later received from AVS after the renewal is completed, treat this like a change in circumstance and verify with the client before redetermining ongoing eligibility.

Changes of circumstances

If the client reports a change that would cause their coverage to terminate or decrease their coverage, determine if a client has had a renewal within the last 12 months. If they have not, a renewal must be completed to determine ongoing eligibility. Use available data sources and request verification of any missing information to redetermine ongoing eligibility.

If a client has completed a renewal within the last 12 months, accept the change of circumstance and determine ongoing eligibility.

Unemployment compensation

During the PHE, unemployment compensation income was exempt for all Classic Apple Health programs except for individuals who receive a special income disregard or have deemed coverage. This exemption ends as of May 2023 and unemployment compensation will begin counting as clients complete their renewals through the unwind.

Apple Health for Workers with Disabilities (HWD)

Premium collection for HWD will resume in July 2023 with amounts due in August 2023.

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Clients can report any changes to their information prior to premium collection at:

Mail: PO Box 45826
Olympia, WA 98504-5826

Fax: 1-855-623-8305
Phone: 1-800-871-9275

If you have questions, contact AHeligCovid19@hca.wa.gov.

Resources

[Public health emergency and Apple Health](#)

[Redetermination overview](#)

[General verification](#)

[Change of circumstances effect on eligibility](#)

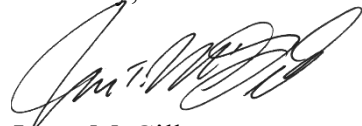
[Change of circumstances reporting requirement](#)

[Asset verification](#)

[Income special disregards](#)

[Apple Health for Workers with Disabilities](#)

Sincerely,



Jason McGill,
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Medicaid Programs Division

By email

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