

UNDERSTANDING MEDICAID WASHINGTON

INTRODUCTION TO WASHINGTON'S MEDICAID

Washington state's Medicaid program is called **Apple Health**. It is free or low-cost health insurance coverage for those who qualify.

There are 2 types of Apple Health coverage.

Modified Adjusted Gross Income (MAGI) Medicaid: for adults, children, parent or caretakers, and pregnant individuals.

Classic Medicaid: for individuals age 65 or older, blind, disabled, or in need of long-term services and supports.

There are 4 categories of scopes of care that describe what medical and health services are available in each Apple Health program. Your scope of care is by the Department of Social and Health Services (DSHS) when you apply.

Categorically Needy (CN)

Most comprehensive scope of health care services are covered.

Alternative Benefits Plan (ABP)

Same scope as CN, plus habilitative services. Applicable to Apple Health for Adults programs

Medically Needy (MN)

Covers fewer health care services than CN. Available to individuals who qualify for Apple Health but whose income exceeds the program limits.

Medical Care Services (MCS)

Covers fewer health care services than MN. Available to adults who are not eligible for Apple Health programs, but meet the eligibility criteria for either the Aged, Blind or Disabled-cash or the Housing Essential Needs (HEN) program

MEDICAID SERVICES

You are eligible for Apple Health if You are a Washington resident, a US national, citizen, permanent resident, or legal alien in need of healthcare/ insurance assistance, whose financial situation would be characterized as low or very low income.

You must also be one of the following:

- ☐ Pregnant
- ☐ Responsible for a child 18 years of age or younger
- ☐ Blind
- ☐ Older adult (65+)
- ☐ Have a disability as defined by the Social Security Administration (SSA)
 - Note: the definition of what qualifies as a disability is different in [children](#) and [adults](#).

You may also qualify if you have Supplemental Security Income (SSI) and you:

- Have been eligible for an SSI cash payment for at least 1 month
- Still meet the disability requirements
- Still meet all other non-disability SSI requirements
- Need Medicaid benefits to continue to work
- Have gross earnings that are insufficient to replace SSI, Medicaid and publicly funded attendant care services

Income requirements will greatly vary depending on what services you are seeking and what eligibility criteria you meet.

For those with IDD, the income criteria is subject to change every January.

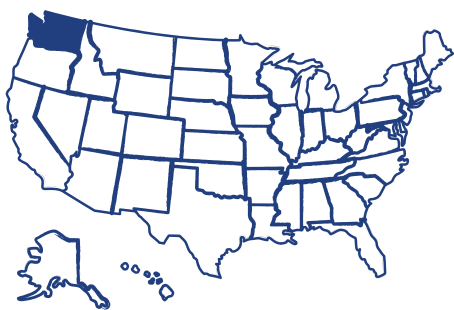
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MEDICAID SERVICES CONTINUED

There are a wide range of different Apple Health services available, depending on which program you are a part of.

Visit [Program benefit packages and scope of services | Washington State Health Care Authority](#) for a full list of included services per plan.



Services include:

- Appointments with a doctor or healthcare professionals for necessary care
- Emergency medical care and hospitalization
- Maternity and newborn care
- Mental health services
- Pediatric services, including dental and vision care
- Limited dental and vision care for adults
- Prescription medications
- Laboratory services
- Transportation to and from medical appointments, when necessary
- And more

HOW TO APPLY FOR MEDICAID

Ways to Apply to Medicaid:



Through the Washington Department of Social and Health Services (DSHS)



In Person/By Mail
Download the [Washington Apple Health Application for Long-term Care/Aged, Blind, Disabled Coverage Form](#) (Form 18-005) or call/visit your local HCS office for an application



Online Apply at [Washington Connection](#) or [Washington Health Plan Finder](#)

If you need assistance applying, contact your Case Resource Manager, or call 1-877-501-2233

You will need required documents during the application process. Required documents include:

- ☐ Social Security number
- ☐ Proof of identification
- ☐ Proof of income
- ☐ Documentation of resources (such as bank statements, property tax statements, life insurance, immigration or alien documents (if applicable))
- ☐ Proof of citizenship if you do not receive Medicare or Supplemental Security Income (SSI)

You may need to provide more documents after you apply.

The state has 90 days to determine qualifications.

If you are accepted, you will receive ProviderOne services card in about 2 weeks.

- If you have previously had coverage, your old card is still valid and you will not get a new card.

If you are denied and want to appeal

- Contact DSHS Customer Service Contact Center at 1-877-501-2233 or visit your local Community Services Office

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HOW TO APPLY FOR MEDICAID CONTINUED

To maintain eligibility, you must:

- Maintain same requirements for initial eligibility
- Renewal every 12 months
 - WashingtonHealthFinder tries to autonew 60 days prior to the end of your certification period

Developmental disabilities are defined by Washington as an intellectual disability, cerebral palsy, epilepsy, autism or another neurological or other condition similar to intellectual disability.

You can renew up to 60 days prior to the end or up to 90 days after coverage has expired.

DEVELOPMENTAL DISABILITIES SERVICES

Individuals with IDD can receive additional supports and services through the Developmental Disabilities Administration.

Some available services include:

- Employment and Day Programs
- Community Residential Services
- Case Management
- Support for families caring for someone with DD at home (respite care, behavior support, parent/sibling education)
- And more

For a full list of offered services, visit [Developmental Disabilities Administration Services & Programs / DSHS](#).

Eligibility

- The disability must have originated before you turned 18, continued or can be expected to continue indefinitely, and results in substantial limitations.
- Based on disability, not income.



How to apply:

- Call the regional or local DDA office and request a DDA eligibility packet, or download and print the eligibility packet at [Eligibility | DSHS](#)
- Complete and return the required forms and supporting documentation
- DDA has 30 days to determine your eligibility and will send written notification of their final determination

If determined eligible, you will be assigned a case resource manager (CRM) to help coordinate services and develop an individual support plan (ISP).

If you are not eligible, you may reapply if:

- Your eligibility will expire at your next birthday
- You were eligible before but your eligibility has expired
- Your eligibility was terminated because you were no longer a Washington State resident
- You were previously found ineligible, but have new information

If you receive certain services from the DDA, such as those provided under a waiver, Medicaid Personal Care (MPC) or Community First Choice (CFC), you are required to have Medicaid coverage.

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INTERSECTION OF MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES

Washington offers multiple Home and Community Based Services (HCBS) Waivers.

HCBS waivers provide additional support when Medicaid state plan services and other supports are not sufficient; each have their own services and eligibility requirements.

No Paid Services (NPS) Caseload

- After enrollment in developmental disabilities services
- When a person does not request or need paid services, they continue to be DDA eligible, and are placed on the NPS caseload
- Case managers will reach out once per year to see what individual needs are, determine their interest in DDA services, and provide an assessment if paid services are requested

Children's Intensive In-home Behavioral Supports (CIIBS)

- Supports youth at risk of out-of-home placement due to challenging behaviors
- Provides community, professional, and caregiving services, as well as goods and services
- Available for individuals aged 8 to 20

Individual and Family Services (IFS)

- Supports individuals who require waiver services to remain in the family home
- Provides community, professional, and caregiving services, as well as goods and services

Community First Choice

- Provides long-term services and supports (LTSS) for people living outside of a medical institution, who are eligible for CN or ABP Medicaid scopes of care, and who meet nursing facility level of care (NFLOC) or the criteria to reside in an Intermediate Care Facility for the Intellectually Disabled (ICF/ID)

Request more information with the [Services and Information Request form](#) or contact your local DDA office.

Appendices

<https://www.dshs.wa.gov/>

<https://www.dshs.wa.gov/dda>

<https://www.benefits.gov/benefit/1644>

<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Eligibility%20and%20Services%20Guide.pdf>

<https://www.hca.wa.gov/assets/free-or-low-cost/19-003.pdf>

<https://www.hca.wa.gov/>

<https://informingfamilies.org/>

<https://disabilityrightswa.org/>

<https://disabilityrightswa.org/programs/dd-ombuds/>

<https://ddombuds.org/>

https://www.ssa.gov/ssi?gad_source=1&gclid=CjwKCAjw4ri0BhAvEiwA8oo6FxfIMFYljtxJYxfg1nPainwcMkhwbETZsXCe7FRGJY8Rr-G1aF5WfhRoCRH8QAvD_BwE

<https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf>

Other non-consumer-facing HCBS Waivers - [Community Protection, Basic Plus, Core](#)