WAC 182-503-0120 Washington apple health—Equal access services. (1) When you have a mental, neurological, cognitive, physical or sensory impairment, or limitation that prevents you from receiving health care coverage, we provide services to help you apply for, maintain, and understand the health care coverage options available and eligibility decisions we make. These services are called equal access (EA) services.

(2) We provide EA services on an ongoing basis to ensure that you are able to maintain health care coverage and access to services we provide. EA services include, but are not limited to:

(a) Helping you to:

(i) Apply for or renew coverage;

(ii) Complete and submit forms;

(iii) Give us information to determine or continue your eligibility;

(iv) Ask for continued coverage;

(v) Ask for reinstated (restarted) coverage after your coverage ends; and

(vi) Ask for and participate in a hearing.

(b) Giving you additional time, when needed, for you to give us information before we reduce or end your health care coverage;

(c) Explaining our decision to change, reduce, end, or deny your health care coverage;

(d) Working with your authorized representative, if you have one, and giving that person copies of notices and letters we send you; and

(e) Providing you the services of a sign language interpreter/transliterator who is certified by the Registry of Interpreters for the Deaf at the appropriate level of certification.

(i) These services may include in-person sign language interpreter services, relay interpreter services, and video interpreter services, as well as other services; we decide which services to offer you based on your communication needs and preferences.

(ii) We offer these services as a reasonable accommodation, free of charge, if you are deaf, hard-of-hearing, or a deaf-blind person who uses sign language to communicate.

(f) Not taking adverse action in your case, or automatically reinstating your coverage for up to three months after the adverse action was taken, if we determine that your impairment or limitation was the cause of your failure to follow through on something you need to do to get or keep your Washington apple health coverage, such as:

(i) Applying for or renewing coverage;

(ii) Completing and submitting forms;

(iii) Giving us information to determine or continue your eligibility;

(iv) Asking for continued or reinstated coverage; or

(v) Asking for and participating in a hearing.

(3) We inform you of your right to EA services listed in subsection (2) of this section:

(a) On printed applications and notices, including the printed rights and responsibilities form;

(b) In the Washington healthplanfinder website, including the electronic rights and responsibilities form; and

(c) During contact with us.

(4) We provide you the EA services listed in subsection (2) of this section if you ask for EA services, you are receiving services through the home and community living administration, or we determine

that you would benefit from EA services. We determine you would benefit from EA services if you:

(a) Appear to have or claim to have any impairment or limitation described in subsection (1) of this section;

(b) Have a developmental disability;

(c) Are disabled by alcohol or drug addiction;

(d) Are unable to read or write in any language;

(e) Appear to have limitations in your ability to communicate, understand, remember, process information, exercise judgment and make decisions, perform routine tasks, or relate appropriately with others (whether or not you have a disability) that may prevent you from understanding the nature of EA services or affect your ability to access our programs; or

(f) Are a minor not residing with your parents.

(5) If we determine that you are eligible for EA services, we develop and document an EA plan appropriate to your needs. The plan may be updated or changed at any time based on your request or a change in your needs.

(6) You may at any time refuse the EA services offered to you.

(7) We reinstate your coverage when:

(a) We end coverage because we were unable to determine if you continue to qualify; and

(b) You provide proof that you are still qualified for coverage within 20 calendar days from when we ended your coverage. We restore your coverage retroactive to the first of the month so there is no break in your coverage.

(8) If you believe that we have discriminated against you on the basis of a disability or another protected status, the person may file a complaint with the U.S. Department of Health and Human Services at http://www.hhs.gov/ocr/civilrights/complaints or Region Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Ave. - M/S: RX-11, Seattle, WA 98121-1831 (voice phone 800-368-1019, fax 206-615-2297, TDD 800-537-7697).

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 25-22-083, s 182-503-0120, filed 11/4/25, effective 12/5/25. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-503-0120, filed 2/28/14, effective 3/31/14.]