



Washington Apple Health

For children in foster care
or adoption support, and former foster care youth



Where to call with questions

Foster Care Medical Team (FCMT)

Calling us is as easy as 1...2...3
**Start by dialing
1-800-562-3022**

You will hear a recorded message
"You have reached the Health Care Authority...to continue in English stay on the line..."

Do not say anything.

The next prompt will say
"If you have the extension number say 'DIAL' now."

Do not say anything.

**When the prompt is finished
PRESS 1**

You will hear a prompt that says
"Payment, Medical, or Other".

Do not say anything.

**When the prompt is finished
PRESS 2**

You will hear a recorded message that says
"For foster care press 3, clients with other questions press 1".

**When the prompt is finished
PRESS 3**

You will be transferred to the Foster Care Medical Team (FCMT) where your call will be answered in just a few seconds.

Quick look at the contents of this booklet

Information for all clients receiving health coverage through Apple Health Foster Care	Pages 5-11
Rights, responsibilities, privacy	Pages 10-11
Where to get answers to your questions	Page 11
If you're unhappy with your health plan	Page 11
Option for children receiving adoption support services and for former foster care youth	Page 12

Disclaimer about this booklet:

This booklet will introduce you to your benefits and explain your rights and responsibilities, and how to access services through your health plan. Please be advised this booklet does not create any legal rights or entitlements. You should not rely on this booklet as your only source of information about Apple Health Foster Care (AHFC). You can get detailed information about AHFC by going to the *Laws and Rules* page on the Health Care Authority website www.hca.wa.gov/pages/rules_index.aspx and reviewing [add citation].

Welcome to Washington Apple Health

You are receiving this booklet because you recently enrolled in AHFC (Apple Health Foster Care), which provides coverage for children who are in foster care or receiving adoption support services, and former foster care youth.*

The Washington State Health Care Authority (HCA) administers Washington Apple Health, including AHFC, and contracts with a health plan to provide your coverage. Later you will receive Your Medical Benefits Book from your health plan. It will provide more detail about your covered benefits.

Overview of your health care benefits

These are some of the available services:

- Appointments with a doctor or health care professional for necessary care including preventive and wellness services and chronic disease management
- Medical care in an emergency
- Pediatric services, including oral and vision care
- Laboratory services
- Prescription drugs
- Hospitalization
- Ambulatory patient services
- Rehabilitative and habilitative** services and devices
- Mental health services
- Maternity and newborn care

This list is for general information only and does not guarantee that AHFC will cover the service.

Check the medical benefits book from your health plan for additional covered benefits and services. If a service you need is not listed, check with your health care provider or your health plan.

Contact your health plan's member services number when you:

- Have a problem with your health plan.
- Want to change your primary care provider (PCP).
- Lose your health plan ID card and want another one.
- Have a special health care need (or your child does).

**We use "you" throughout this booklet to identify the person who is receiving these benefits. We understand that most of the time, an adult responsible for a child receiving the benefits will actually be reading this booklet.*

***Contact your health plan to see if you are eligible.*

Your health plan

The Health Care Authority (HCA) has contracted with the following health plan to provide your coverage:

Coordinated Care

For some situations you can receive health care without enrolling in a health plan. Call our Foster Care Medical Team right away if one or more of the following situations apply to you. To reach us, use the calling instructions on page 4.

- **You have health insurance** other than Apple Health or become eligible for Medicare.
- **You are homeless**, live in a shelter, or have a temporary address.
- **You are American Indian or Alaska Native.** You can choose a health plan, a Primary Care Case Management (PCCM) clinic (see page 13), or Apple Health fee-for-service.
- **On a case-by-case basis**, if you have a verifiable medical condition, and changing doctors or health plans would interrupt your treatment and place your health at risk.



Your services card



Most people will receive two cards in the mail. The first is your Services Card, which you are receiving because you have Washington Apple Health coverage. You do not have

to activate your new Services Card. HCA will activate your card before mailing it.

If you don't receive your Services Card within two weeks or you lose your card, please call the Foster Care Medical Team. To reach us, use the calling instructions on page 4.

The second card will come from the health plan that will manage your care.

Your AHFC (Apple Health Foster Care) health plan card

A few weeks after you enroll in Apple Health, you will receive a health plan ID card as well as more information about how to choose a doctor or primary

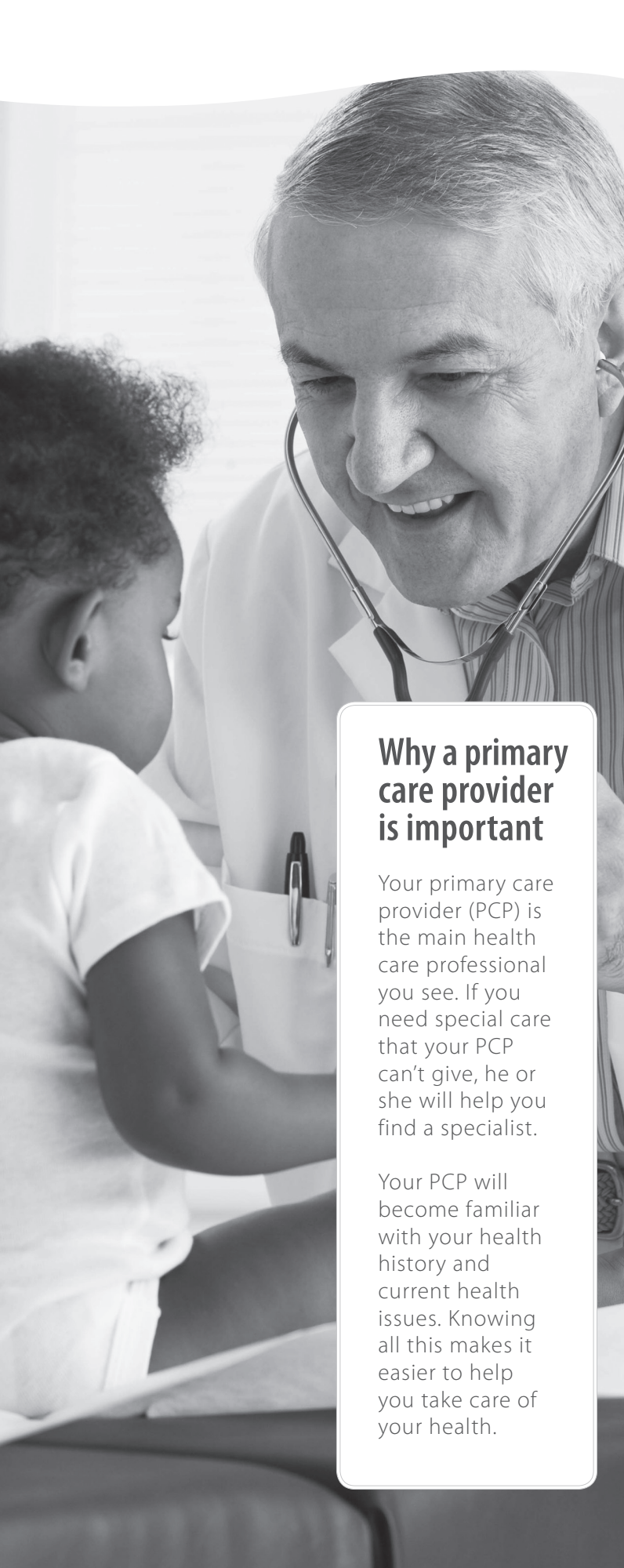
care provider (PCP). Your health plan ID card will look like the one shown above. Keep this card, too! Take both your Services Card and your health plan card with you when you go to a doctor, pharmacy, or other health care provider. You may also need a photo ID.

ProviderOne

You'll see "ProviderOne" on your Services Card. ProviderOne is the information system that coordinates the health plans for us and helps HCA send you information at various times. The number on the card is your ProviderOne client number.

Each member of your household who is eligible for AHFC will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.

We won't mail you a new card if you had previous Apple Health coverage (or had Medicaid before we called it Washington Apple Health). Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.



Why a primary care provider is important

Your primary care provider (PCP) is the main health care professional you see. If you need special care that your PCP can't give, he or she will help you find a specialist.

Your PCP will become familiar with your health history and current health issues. Knowing all this makes it easier to help you take care of your health.

If you need a doctor or prescription before your cards arrive

After you are enrolled, it may take 30 to 60 days to be set up with your health plan. If you need to go to a doctor, or fill a prescription before your cards arrive, you can go to any doctor, health clinic, or pharmacy your health plan contracts with (its network). You can call your health plan for help, even if you have not received your Services Card or health plan ID card. For example, call your plan if you need help connecting with a primary care provider in your area.

Choosing a primary care provider

To choose a primary care provider (PCP), follow the directions sent to you by your health plan, or call your health plan's member services phone number. You can also choose a PCP through your health plan's website.

If you are already seeing a PCP you like, or have heard about a provider you want to try, you can ask for that provider. But your PCP has to be part of your health plan's network.

You can ask for a male or female PCP. You can also ask for a provider who speaks your language, specializes in your disability, or understands your culture.

Your PCP should be someone you feel comfortable with. If you aren't happy with your PCP for any reason, call your plan's member services phone line at any time to change to another provider.

If you don't choose a PCP, your health plan will choose one for you.

How to make an appointment

Once you have selected a PCP, call to make an appointment. You must have an appointment to see a provider. If you have immediate health concerns or needs, you should be able to see your PCP within a few days.

Every child/youth in out-of-home placement should receive an EPSDT examination within 30 days of entering care through Foster Care, Relative, or Suitable Placement. EPSDT stands for Early and Periodic Screen, Diagnostic and Treatment examination.

If you need care

Routine care	Make an appointment with your primary care provider (PCP). You should be able to make an office visit with your PCP or other provider within 10 days.
Preventive care	Make an appointment with your PCP or other provider. You should be able to get an appointment within 30 days.
For after-hours care	Call your health plan's nurse advice line.
For urgent care	Go to an urgent care center that contracts with your health plan, or call your PCP or the nurse advice line. You should be able to visit with your PCP or other provider within 24 hours.
For emergency care	Call 911 or go to the nearest place where emergency providers can help. As soon as possible, you or someone you know must call your PCP or your health plan to report your emergency. This is available 24 hours a day, 7 days per week.
For care away from home	If it is not an emergency, call your PCP or the nurse advice line.

Behavioral Health Services

Your primary care provider and your health plan can help coordinate your care if you need behavioral health services. Behavioral health includes services for mental health or substance abuse disorder. They may include:

Brief intervention treatment — short term help

Evaluation and treatment/community hospitalization — care in a hospital

Individual treatment services — help to meet your goals

Medication management — medicines and information about side effects

Residential services — services in your home

Psychological assessment — help in diagnosing your illness and planning your treatment

Special population evaluation — help from someone with special training with your needs and goals if you are a child, older adult, or minority

Therapeutic psycho-education — education about your illness, care choices, medicine, and recovery

Day support — help with living skills

Group treatment services — help in a group setting

Intake evaluation — first meeting, to see what help you need

Medication monitoring — help taking your medicines on time

Peer support — help from someone who has a mental illness but is doing well and is trained to help you

Rehabilitation case management — someone who helps you with your inpatient care, outpatient care, and physical care

Stabilization services — help in your home or home-like setting after you have been in the hospital or to prevent a hospital stay

Detoxification — including both sub-acute and acute (hospital-based) options

Case management — someone who helps you get care

Outpatient treatment — both individual and group counseling sessions

Services Covered by Apple Health Fee-for-Service

The Apple Health fee-for-service program covers certain benefits and services even if you are enrolled in a health plan through Apple Health Foster Care. Some of these benefits include:

- Alcohol and substance use disorder, inpatient, outpatient, and detoxification
- Long-term care services and services for people with developmental disabilities
- Dental services
- Eyeglasses and fitting services for children (under age 21)
- In-patient psychiatric care and crisis services
- Maternity support services, prenatal genetic counseling, and pregnancy terminations

If you have a question about a benefit or service not listed here, call the Foster Care Medical Team. To reach us, use the calling instructions on page 4.

Services you may need to access health care

You might need an interpreter

If you don't speak English well, professional interpreters are available in many languages, including sign language, at no cost to you. When you make a health care appointment, let the receptionist know if you need an interpreter. The interpreter can go to the provider's office or be on the phone during your appointment.

It's better to use one of these professional interpreters than to bring a family member or friend to interpret for you. The interpreters are trained to understand health care terms. They will help you and your provider understand each other.

If you have a disability

If you have a speech or hearing disability or a mobility issue, you should tell the receptionist when you make your appointment. The receptionist will help you make any necessary arrangements.

You can get help with transportation

If you have no way to get to your health care appointment, you may be eligible for help with transportation. The appointment must be for services allowed by your health plan. The transportation will be the most appropriate and least costly, but is at no cost to you. The most common types of transportation available include: public bus, gas vouchers, client and volunteer mileage reimbursement, volunteer drivers, taxi, wheelchair van or accessible vehicle, and commercial bus and air. To learn more about this service, visit www.hca.wa.gov/medicaid/transportation/pages/newrequest.aspx.



Your rights and responsibilities

By law, you have rights regarding the health care services you receive, and you also have certain responsibilities to help maintain and improve your health and avoid unnecessary costs. It is possible to lose your health plan. This might happen if you don't keep your doctor appointments, don't cooperate with your primary care physician, and other reasons. Please contact us if you'd like more information.



You have the right to:

- Help make decisions about your health care, including refusing treatment.
- Be informed about all treatment options available, regardless of cost.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
 - » Your health care and covered services.
 - » Your doctor and how referrals are made to specialists and other providers.
 - » How the health plan pays your providers for your medical care.
 - » All options for care and why you are getting certain kinds of care.
 - » How to get help with filing a grievance or complaint about your care.
 - » Your health plan's organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive the Member's Rights and Responsibilities at least yearly. Your rights include mental health and substance use disorder services.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical health advance directive forms.

You have the responsibility to:

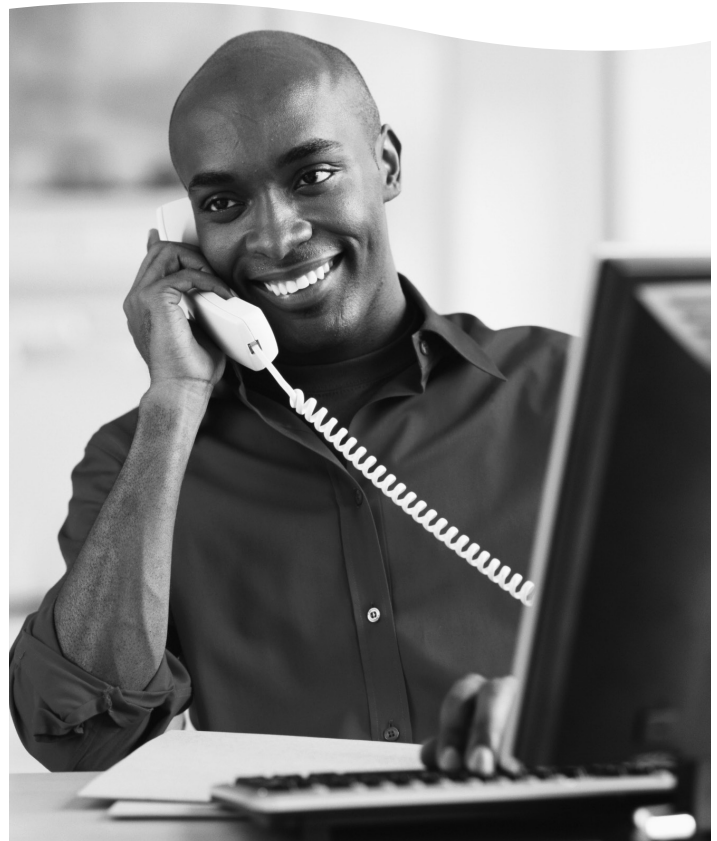
- Help make decisions about your health care, including refusing treatment.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to get paid for providing services to you.
- Show your providers the same respect you want from them.
- Bring your Services Card and health plan ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
- Know your health problems and take part in making agreed-upon treatment goals as much as possible.
- Give your providers and health plan complete information about your health so you can get the care you need.
- Follow your provider's instructions for care that you have agreed to.
- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergent care. You must stay in the same plan for at least 12 months.
- Inform us right away if your family size changes (such as pregnancy, births, adoptions) or your circumstances change (such as a new address, change in income, becoming eligible for Medicare or other insurance).

A note about privacy

Your Services Card does not contain any personal information except your name, your ProviderOne number, and the issue date. This maintains your privacy if the card is lost or stolen. Neither the Health Care Authority (HCA), administrator of Apple Health, nor your health plan will ever contact you directly asking for your personal information to obtain or replace a Services Card. Never give your personal information, such as Social Security number, to someone who calls or emails you to ask for it.

All health plans are required by law to protect your health information. Health plans and HCA use and share protected health information about you to provide your health benefits; to carry out treatment, payment, and health care operations; and for other reasons allowed and required by law. Health plans and HCA have the duty to keep your health information private.

To read HCA’s privacy policy go to www.hca.wa.gov/medicaid/forms/Documents/18-002.pdf. If you want to read your health plan’s privacy policy, call your health plan’s member services or visit the plan’s website.



Where to get answers to your questions

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Eligibility for health care services • Services cards • Changes to your account, such as: income, marital status, pregnancy, births, or adoptions. 	<p>Foster Care Medical Team To reach us, use the calling instructions on page 4.</p>
<ul style="list-style-type: none"> • Choosing a provider • Covered services • Your medical care • Referrals to specialists 	<p>Your health plan. Your health plan’s phone number is listed on page 5 of this booklet and on your ID card.</p>

If you’re unhappy with your health plan

You have the right to file a grievance (complaint) or appeal a decision if you are not happy with the way you have been treated or have been denied a covered service. Your health plan will help you file a grievance or an appeal. It must let you know by phone or letter that it received your grievance or complaint within five working days, and must address your concerns as quickly as possible, not taking more than 45 days.

Is it urgent? If you are appealing a decision and have an urgent medical condition, you or your doctor can ask for an expedited (quick) review or hearing. If your medical condition requires it, a decision will be made about your care within 72 hours. Refer to your plan’s member handbook for more detailed information on these steps.

Option for children receiving adoption support services and for former foster care youth

Are you receiving adoption support services? Are you a former foster care youth? You will be enrolled in the Apple Health Foster Care managed care plan. However, you have the option to change to fee-for-service Medicaid coverage. Only the Apple Health Foster Care plan will provide health care coordination and other services that focus on the needs of children

and youth in foster care and adoption support, and former foster care youth.

If you decide to change to fee-for-service coverage after reviewing this booklet, call the Foster Care Medical Team. To reach us, use the calling instructions on page 4.



To obtain this document in another format (such as Braille or audio) or read in your primary language, call FCMT at 1-800-562-3022 using calling instructions on page 4. This book is also available in other languages at no cost to you. The TTY/TDD line is 711 or 1-800-848-5429 for people who have difficulties with hearing or speech.

Health care from a tribal or urban Indian clinic

If you are American Indian or Alaska Native, you may be able to sign up for the Primary Care Case Management (PCCM) program. Tribal and urban Indian clinics provide PCCM health services. The providers at the clinic know your culture, community, and health care needs. They will give you the care you need or send you to a specialist. If you have questions about the PCCM program, talk to your tribal or urban Indian clinic staff to see if this is a good choice for you.



Primary Care Case Management (PCCM) Clinics

For American Indian or Alaska Native family members

Tribe	Name and location(s) of clinic	Phone number
Any tribe	Seattle Indian Health Board — Seattle	206-324-9360
Any tribe	NATIVE Project — Spokane	509-483-7535
Colville	Lake Roosevelt Community Health Center — Inchelium and Keller	509-722-7006
Colville	Colville Indian Health Center* — Nespelem and Omak	509-634-2900
Lower Elwha	Lower Elwha Health Center — Port Angeles	360-452-6252
Lummi	Lummi Tribal Health Center — Bellingham	360-384-0464
Nooksack	Nooksack Community Clinic — Everson	360-966-2106
Port Gamble S’Klallam	Port Gamble S’Klallam Health Clinic — Kingston	360-297-9601
Puyallup	Puyallup Tribal Health Authority — Tacoma	253-593-0232
Quileute	Quileute Health Center — LaPush	360-374-9035
Quinault	Roger Saux Health Clinic — Taholah	360-276-4405
Spokane	David C. Wynecoop Memorial Clinic* — Wellpinit	509-258-4517
Tulalip	Tulalip Health Center — Tulalip	360-651-4511
Yakama	Yakama Indian Health Services* — Toppenish & White Swan	509-865-2102

*Federally recognized tribal status must be verified to receive services at this site.

Washington State
Health Care Authority

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