

2SSB 5103 - H COMM AMD

By Committee on Appropriations

ADOPTED AND ENGROSSED 04/12/2023

1 Strike everything after the enacting clause and insert the
2 following:

3 **"Sec. 1.** RCW 74.09.520 and 2022 c 255 s 4 are each amended to
4 read as follows:

5 (1) The term "medical assistance" may include the following care
6 and services subject to rules adopted by the authority or department:

- 7 (a) Inpatient hospital services; (b) outpatient hospital services;
8 (c) other laboratory and X-ray services; (d) nursing facility
9 services; (e) physicians' services, which shall include prescribed
10 medication and instruction on birth control devices; (f) medical
11 care, or any other type of remedial care as may be established by the
12 secretary or director; (g) home health care services; (h) private
13 duty nursing services; (i) dental services; (j) physical and
14 occupational therapy and related services; (k) prescribed drugs,
15 dentures, and prosthetic devices; and eyeglasses prescribed by a
16 physician skilled in diseases of the eye or by an optometrist,
17 whichever the individual may select; (l) personal care services, as
18 provided in this section; (m) hospice services; (n) other diagnostic,
19 screening, preventive, and rehabilitative services; and (o) like
20 services when furnished to a child by a school district in a manner
21 consistent with the requirements of this chapter. For the purposes of
22 this section, neither the authority nor the department may cut off
23 any prescription medications, oxygen supplies, respiratory services,
24 or other life-sustaining medical services or supplies.

25 "Medical assistance," notwithstanding any other provision of law,
26 shall not include routine foot care, or dental services delivered by
27 any health care provider, that are not mandated by Title XIX of the
28 social security act unless there is a specific appropriation for
29 these services.

30 (2) The department shall adopt, amend, or rescind such
31 administrative rules as are necessary to ensure that Title XIX

1 personal care services are provided to eligible persons in
2 conformance with federal regulations.

3 (a) These administrative rules shall include financial
4 eligibility indexed according to the requirements of the social
5 security act providing for medicaid eligibility.

6 (b) The rules shall require clients be assessed as having a
7 medical condition requiring assistance with personal care tasks.
8 Plans of care for clients requiring health-related consultation for
9 assessment and service planning may be reviewed by a nurse.

10 (c) The department shall determine by rule which clients have a
11 health-related assessment or service planning need requiring
12 registered nurse consultation or review. This definition may include
13 clients that meet indicators or protocols for review, consultation,
14 or visit.

15 (3) The department shall design and implement a means to assess
16 the level of functional disability of persons eligible for personal
17 care services under this section. The personal care services benefit
18 shall be provided to the extent funding is available according to the
19 assessed level of functional disability. Any reductions in services
20 made necessary for funding reasons should be accomplished in a manner
21 that assures that priority for maintaining services is given to
22 persons with the greatest need as determined by the assessment of
23 functional disability.

24 (4) Effective July 1, 1989, the authority shall offer hospice
25 services in accordance with available funds.

26 (5) For Title XIX personal care services administered by the
27 department, the department shall contract with area agencies on aging
28 or may contract with a federally recognized Indian tribe under RCW
29 74.39A.090(3):

30 (a) To provide case management services to individuals receiving
31 Title XIX personal care services in their own home; and

32 (b) To reassess and reauthorize Title XIX personal care services
33 or other home and community services as defined in RCW 74.39A.009 in
34 home or in other settings for individuals consistent with the intent
35 of this section:

36 (i) Who have been initially authorized by the department to
37 receive Title XIX personal care services or other home and community
38 services as defined in RCW 74.39A.009; and

39 (ii) Who, at the time of reassessment and reauthorization, are
40 receiving such services in their own home.

1 (6) In the event that an area agency on aging or federally
2 recognized Indian tribe is unwilling to enter into or satisfactorily
3 fulfill a contract or an individual consumer's need for case
4 management services will be met through an alternative delivery
5 system, the department is authorized to:

6 (a) Obtain the services through competitive bid; and

7 (b) Provide the services directly until a qualified contractor
8 can be found.

9 (7) Subject to the availability of amounts appropriated for this
10 specific purpose, the authority may offer medicare part D
11 prescription drug copayment coverage to full benefit dual eligible
12 beneficiaries.

13 (8) Effective January 1, 2016, the authority shall require
14 universal screening and provider payment for autism and developmental
15 delays as recommended by the bright futures guidelines of the
16 American academy of pediatrics, as they existed on August 27, 2015.
17 This requirement is subject to the availability of funds.

18 (9) Subject to the availability of amounts appropriated for this
19 specific purpose, effective January 1, 2018, the authority shall
20 require provider payment for annual depression screening for youth
21 ages twelve through eighteen as recommended by the bright futures
22 guidelines of the American academy of pediatrics, as they existed on
23 January 1, 2017. Providers may include, but are not limited to,
24 primary care providers, public health nurses, and other providers in
25 a clinical setting. This requirement is subject to the availability
26 of funds appropriated for this specific purpose.

27 (10) Subject to the availability of amounts appropriated for this
28 specific purpose, effective January 1, 2018, the authority shall
29 require provider payment for maternal depression screening for
30 mothers of children ages birth to six months. This requirement is
31 subject to the availability of funds appropriated for this specific
32 purpose.

33 (11) Subject to the availability of amounts appropriated for this
34 specific purpose, the authority shall:

35 (a) Allow otherwise eligible reimbursement for the following
36 related to mental health assessment and diagnosis of children from
37 birth through five years of age:

38 (i) Up to five sessions for purposes of intake and assessment, if
39 necessary;

1 (ii) Assessments in home or community settings, including
2 reimbursement for provider travel; and

3 (b) Require providers to use the current version of the DC:0-5
4 diagnostic classification system for mental health assessment and
5 diagnosis of children from birth through five years of age.

6 (12)(a) The authority shall require or provide payment to the
7 hospital for any day of a hospital stay in which an adult or child
8 patient enrolled in medical assistance, including home and community
9 services or with a medicaid managed care organization, under this
10 chapter:

11 (i) Does not meet the criteria for acute inpatient level of care
12 as defined by the authority;

13 (ii) Meets the criteria for discharge, as defined by the
14 authority or department, to any appropriate placement including, but
15 not limited to:

16 (A) A nursing home licensed under chapter 18.51 RCW;

17 (B) An assisted living facility licensed under chapter 18.20 RCW;

18 (C) An adult family home licensed under chapter 70.128 RCW; or

19 (D) A setting in which residential services are provided or
20 funded by the developmental disabilities administration of the
21 department, including supported living as defined in RCW 71A.10.020;
22 and

23 (iii) Is not discharged from the hospital because placement in
24 the appropriate location described in (a)(ii) of this subsection is
25 not available.

26 (b) The authority shall adopt rules identifying which services
27 are included in the payment described in (a) of this subsection and
28 which services may be billed separately, including specific revenue
29 codes or services required on the inpatient claim.

30 (c) Allowable medically necessary services performed during a
31 stay described in (a) of this subsection shall be billed by and paid
32 to the hospital separately. Such services may include but are not
33 limited to hemodialysis, laboratory charges, and x-rays.

34 (d) Pharmacy services and pharmaceuticals shall be billed by and
35 paid to the hospital separately.

36 (e) The requirements of this subsection do not alter requirements
37 for billing or payment for inpatient care.

38 (f) The authority shall adopt, amend, or rescind such
39 administrative rules as necessary to facilitate calculation and

1 payment of the amounts described in this subsection, including for
2 clients of medicaid managed care organizations.

3 (g) The authority shall adopt rules requiring medicaid managed
4 care organizations to establish specific and uniform administrative
5 and review processes for payment under this subsection.

6 (h) For patients meeting the criteria in (a)(ii)(A) of this
7 subsection, hospitals must utilize swing beds or skilled nursing beds
8 to the extent the services are available within their facility and
9 the associated reimbursement methodology prior to the billing under
10 the methodology in (a) of this subsection, if the hospital determines
11 that such swing bed or skilled nursing bed placement is appropriate
12 for the patient's care needs, the patient is appropriate for the
13 existing patient mix, and appropriate staffing is available.

14 NEW SECTION. Sec. 2. By December 1, 2023, the health care
15 authority shall submit a report to the fiscal committees of the
16 legislature containing information about the rate established in RCW
17 74.09.520(12) and the services that are included in the rate."

18 Correct the title.

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