

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1341

Chapter 269, Laws of 2001

57th Legislature
2001 Regular Legislative Session

COMMUNITY RESIDENTIAL OPTIONS FOR NURSING FACILITY ELIGIBLE
CLIENTS

EFFECTIVE DATE: 7/22/01

Passed by the House April 18, 2001
Yeas 92 Nays 0

FRANK CHOPP
Speaker of the House of Representatives

CLYDE BALLARD
Speaker of the House of Representatives

Passed by the Senate April 12, 2001
Yeas 45 Nays 0

BRAD OWEN
President of the Senate

Approved May 11, 2001

GARY LOCKE
Governor of the State of Washington

CERTIFICATE

We, Timothy A. Martin and Cynthia Zehnder, Co-Chief Clerks of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1341** as passed by the House of Representatives and the Senate on the dates hereon set forth.

CYNTHIA ZEHNDER
Chief Clerk

TIMOTHY A. MARTIN
Chief Clerk

FILED

May 11, 2001 - 10:01 a.m.

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1341

AS AMENDED BY THE SENATE

Passed Legislature - 2001 Regular Session

State of Washington 57th Legislature 2001 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Campbell, Conway, Boldt, Ruderman and Van Luven; by request of Department of Social and Health Services)

Read first time 03/08/2001. Referred to Committee on .

1 AN ACT Relating to increasing community residential options for
2 nursing facility eligible clients; amending RCW 74.09.700; and adding
3 a new section to chapter 74.39 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 74.09.700 and 1993 c 57 s 2 are each amended to read
6 as follows:

7 (1) To the extent of available funds and subject to any conditions
8 placed on appropriations made for this purpose, medical care may be
9 provided under the limited casualty program to persons not otherwise
10 eligible for medical assistance or medical care services who are
11 medically needy as defined in the social security Title XIX state plan
12 and medical indigents in accordance with eligibility requirements
13 established by the department. The eligibility requirements may
14 include minimum levels of incurred medical expenses. This includes
15 residents of nursing facilities ((and)), residents of intermediate care
16 facilities for the mentally retarded, and individuals who are otherwise
17 eligible for section 1915(c) of the federal social security act home
18 and community-based waiver services, administered by the department of
19 social and health services aging and adult services administration, who

1 are aged, blind, or disabled as defined in Title XVI of the federal
2 social security act and whose income exceeds three hundred percent of
3 the federal supplement security income benefit level.

4 (2) Determination of the amount, scope, and duration of medical
5 coverage under the limited casualty program shall be the responsibility
6 of the department, subject to the following:

7 (a) Only the following services may be covered:

8 (i) For persons who are medically needy as defined in the social
9 security Title XIX state plan: Inpatient and outpatient hospital
10 services, and home and community-based waiver services;

11 (ii) For persons who are medically needy as defined in the social
12 security Title XIX state plan, and for persons who are medical
13 indigents under the eligibility requirements established by the
14 department: Rural health clinic services; physicians' and clinic
15 services; prescribed drugs, dentures, prosthetic devices, and
16 eyeglasses; nursing facility services; and intermediate care facility
17 services for the mentally retarded; home health services; hospice
18 services; other laboratory and x-ray services; rehabilitative services,
19 including occupational therapy; medically necessary transportation; and
20 other services for which funds are specifically provided in the omnibus
21 appropriations act;

22 (b) Medical care services provided to the medically indigent and
23 received no more than seven days prior to the date of application shall
24 be retroactively certified and approved for payment on behalf of a
25 person who was otherwise eligible at the time the medical services were
26 furnished: PROVIDED, That eligible persons who fail to apply within
27 the seven-day time period for medical reasons or other good cause may
28 be retroactively certified and approved for payment.

29 (3) The department shall establish standards of assistance and
30 resource and income exemptions. All nonexempt income and resources of
31 limited casualty program recipients shall be applied against the cost
32 of their medical care services.

33 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.39 RCW
34 to read as follows:

35 (1) To the extent of available funds and subject to any conditions
36 placed on appropriations for this purpose, the department may provide
37 one or more home and community-based waiver programs in accordance with
38 section 1915(c) of the federal social security act for Washington

1 residents who have a gross income in excess of three hundred percent of
2 the federal supplemental security income benefit level. The waiver
3 services provided in accordance with this section may differ from, and
4 shall operate with a separate limit or limits on total enrollment than,
5 those provided for persons who are categorically needy as defined in
6 Title XIX of the federal social security act. The department shall
7 adopt rules to establish eligibility criteria, applicable income
8 standards, and the specific waiver services to be provided. Total
9 annual enrollment levels and the services to be provided shall be as
10 specified in the waiver agreement or agreements with the federal
11 government, subject to any conditions on appropriations for this
12 purpose.

13 (2) If a nursing facility resident becomes eligible for home and
14 community-based waiver service alternatives to nursing facility care,
15 but chooses to continue to reside in a nursing facility, the department
16 must allow that choice. However, if the resident is a medicaid
17 recipient, the resident must require a nursing facility level of care.

18 (3) If a recipient of home and community-based waiver services may
19 continue to receive home and community-based waiver services, despite
20 an otherwise disqualifying level of income, but chooses to seek
21 admission to a nursing facility, the department must allow that choice.
22 However, if the resident is a medicaid recipient, the resident must
23 require a nursing facility level of care.

24 (4) The department will fully disclose to all individuals eligible
25 for waiver services under this section the services available in
26 different long-term care settings.

Passed the House April 18, 2001.

Passed the Senate April 12, 2001.

Approved by the Governor May 11, 2001.

Filed in Office of Secretary of State May 11, 2001.