CERTIFICATION OF ENROLLMENT

HOUSE BILL 1621

Chapter 279, Laws of 2003

58th Legislature 2003 Regular Session

MEDICAID PERSONAL CARE PLANS--NURSE REVIEW

EFFECTIVE DATE: 7/27/03

Passed by the House March 11, 2003 Yeas 91 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 17, 2003 Yeas 44 Nays 0

BRAD OWEN

President of the Senate

Approved May 14, 2003.

CERTIFICATE

I, Cynthia Zehnder, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1621** as passed by the House of Representatives and the Senate on the dates hereon set forth.

CYNTHIA ZEHNDER

Chief Clerk

FILED

May 14, 2003 - 2:54 p.m.

GARY LOCKE

Governor of the State of Washington

Secretary of State State of Washington

HOUSE BILL 1621

Passed Legislature - 2003 Regular Session

State of Washington

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58th Legislature

2003 Regular Session

By Representatives Morrell, Pflug, Skinner, Cody, Clibborn and Schual-Berke; by request of Department of Social and Health Services

Read first time 02/03/2003. Referred to Committee on Health Care.

- AN ACT Relating to modification of the mandatory nurse review of medicaid personal care plans; and amending RCW 74.09.520.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 74.09.520 and 1998 c 245 s 145 are each amended to read as follows:
 - (1) The term "medical assistance" may include the following care and services: (a) Inpatient hospital services; (b) outpatient hospital services; (c) other laboratory and x-ray services; (d) nursing facility services; (e) physicians' services, which shall include prescribed medication and instruction on birth control devices; (f) medical care, or any other type of remedial care as may be established by the secretary; (g) home health care services; (h) private duty nursing services; (i) dental services; (j) physical and occupational therapy and related services; (k) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select; (1) personal care services, as provided in this section; (m) hospice services; (n) other diagnostic, screening, preventive, and rehabilitative services; and (o) like services when furnished to a

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child by a school district in a manner consistent with the requirements of this chapter. For the purposes of this section, the department may not cut off any prescription medications, oxygen supplies, respiratory services, or other life-sustaining medical services or supplies.

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

- (2) The department shall amend the state plan for medical assistance under Title XIX of the federal social security act to include personal care services, as defined in 42 C.F.R. 440.170(f), in the categorically needy program.
- (3) The department shall adopt, amend, or rescind such administrative rules as are necessary to ensure that Title XIX personal care services are provided to eligible persons in conformance with federal regulations.
- (a) These administrative rules shall include financial eligibility indexed according to the requirements of the social security act providing for medicaid eligibility.
- (b) The rules shall require clients be assessed as having a medical condition requiring assistance with personal care tasks. Plans of care ((must)) for clients requiring health-related consultation for assessment and service planning may be reviewed by a nurse.
- (c) The department shall determine by rule which clients have a health-related assessment or service planning need requiring registered nurse consultation or review. This definition may include clients that meet indicators or protocols for review, consultation, or visit.
- (4) The department shall design and implement a means to assess the level of functional disability of persons eligible for personal care services under this section. The personal care services benefit shall be provided to the extent funding is available according to the assessed level of functional disability. Any reductions in services made necessary for funding reasons should be accomplished in a manner that assures that priority for maintaining services is given to persons with the greatest need as determined by the assessment of functional disability.

1 (5) Effective July 1, 1989, the department shall offer hospice 2 services in accordance with available funds.

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- (6) For Title XIX personal care services administered by aging and adult services administration of the department, the department shall contract with area agencies on aging:
- (a) To provide case management services to individuals receiving Title XIX personal care services in their own home; and
- 8 (b) To reassess and reauthorize Title XIX personal care services or other home and community services as defined in RCW ((74.39A.008))
 10 74.39A.009 in home or in other settings for individuals consistent with the intent of this section:
- (i) Who have been initially authorized by the department to receive
 Title XIX personal care services or other home and community services
 as defined in RCW ((74.39A.008)) 74.39A.009; and
- 15 (ii) Who, at the time of reassessment and reauthorization, are 16 receiving such services in their own home.
- 17 (7) In the event that an area agency on aging is unwilling to enter 18 into or satisfactorily fulfill a contract to provide these services, 19 the department is authorized to:
 - (a) Obtain the services through competitive bid; and
- 21 (b) Provide the services directly until a qualified contractor can 22 be found.

Passed by the House March 11, 2003. Passed by the Senate April 17, 2003. Approved by the Governor May 14, 2003. Filed in Office of Secretary of State May 14, 2003.

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