

WAC 182-551-1860 Concurrent care for hospice clients age twenty and younger. (1) In accordance with 42 U.S.C. 1396d (o)(1)(C), a client age twenty and younger may voluntarily elect hospice care without waiving any rights to services that the client is entitled to under Title XIX Medicaid and Title XXI Children's Health Insurance Program (CHIP) that are related to the treatment of the client's condition for which a diagnosis of terminal illness has been made.

(2) The related services in subsection (1) of this section and medications requested for clients age twenty and younger are subject to the medicaid agency's specific program rules governing those services or medications.

(3) When a noncovered service is recommended based on the early and periodic screening, diagnosis, and treatment (EPSDT) program, the agency evaluates the request for medical necessity based on the definition in WAC 182-500-0070 and the process in WAC 182-501-0165.

(4) If the medicaid agency denies a request for a covered service, refer to WAC 182-502-0160, billing a client, for when a client may be responsible to pay for a covered service.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-24-008, § 182-551-1860, filed 11/26/18, effective 1/1/19. Statutory Authority: RCW 41.05.021, 41.05.160, section 2302 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. 1396d (o)(1)(C). WSR 17-12-082, § 182-551-1860, filed 6/5/17, effective 7/6/17. Statutory Authority: RCW 41.05.021, Section 2302 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), and Section 1814 (a)(7) of the Social Security Act. WSR 12-09-079, § 182-551-1860, filed 4/17/12, effective 5/18/12.]