

**SENATE BILL 5316**

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**State of Washington**

**52nd Legislature**

**1991 Regular Session**

**By** Senator Moore.

Read first time January 28, 1991. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to medical assistance and limited casualty program  
2 coverage of mental health services; amending RCW 74.09.700; and  
3 reenacting and amending RCW 74.09.520.

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

5 **Sec. 1.** RCW 74.09.520 and 1990 c 33 s 594 and 1990 c 25 s 1 are  
6 each reenacted and amended to read as follows:

7 (1) The term "medical assistance" may include the following care  
8 and services: (a) Inpatient hospital services; (b) outpatient hospital  
9 services; (c) other laboratory and x-ray services; (d) skilled nursing  
10 home services; (e) physicians' services, which shall include prescribed  
11 medication and instruction on birth control devices; (f) medical care,  
12 which includes, upon referral by a physician, mental health care  
13 provided by a licensed psychologist or psychiatrist, or any other type  
14 of remedial care as may be established by the secretary; (g) home  
15 health care services; (h) private duty nursing services; (i) dental

1 services; (j) physical therapy and related services; (k) prescribed  
2 drugs, dentures, and prosthetic devices; and eyeglasses prescribed by  
3 a physician skilled in diseases of the eye or by an optometrist,  
4 whichever the individual may select; (l) personal care services, as  
5 provided in this section; (m) hospice services; (n) other diagnostic,  
6 screening, preventive, and rehabilitative services; and (o) like  
7 services when furnished to a handicapped child by a school district as  
8 part of an individualized education program established pursuant to RCW  
9 28A.155.010 through 28A.155.100. For the purposes of this section, the  
10 department may not cut off any prescription medications, oxygen  
11 supplies, respiratory services, or other life-sustaining medical  
12 services or supplies.

13 "Medical assistance," notwithstanding any other provision of law,  
14 shall not include routine foot care, or dental services delivered by  
15 any health care provider, that are not mandated by Title XIX of the  
16 social security act unless there is a specific appropriation for these  
17 services. Services included in an individualized education program for  
18 a handicapped child under RCW 28A.155.010 through 28A.155.100 shall not  
19 qualify as medical assistance prior to the implementation of the  
20 funding process developed under RCW 74.09.524.

21 (2) The department shall amend the state plan for medical  
22 assistance under Title XIX of the federal social security act to  
23 include personal care services, as defined in 42 C.F.R. 440.170(f), in  
24 the categorically needy program.

25 (3) The department shall adopt, amend, or rescind such  
26 administrative rules as are necessary to ensure that Title XIX personal  
27 care services are provided to eligible persons in conformance with  
28 federal regulations.

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

4 (b) The rules shall require clients be assessed as having a medical  
5 condition requiring assistance with personal care tasks. Plans of care  
6 must be approved by a physician and reviewed by a nurse every ninety  
7 days.

8 (4) The department shall design and implement a means to assess the  
9 level of functional disability of persons eligible for personal care  
10 services under this section. The personal care services benefit shall  
11 be provided to the extent funding is available according to the  
12 assessed level of functional disability. Any reductions in services  
13 made necessary for funding reasons should be accomplished in a manner  
14 that assures that priority for maintaining services is given to persons  
15 with the greatest need as determined by the assessment of functional  
16 disability.

17 (5) The department shall report to the appropriate fiscal  
18 committees of the legislature on the utilization and associated costs  
19 of the personal care option under Title XIX of the federal social  
20 security act, as defined in 42 C.F.R. 440.170(f), in the categorically  
21 needy program. This report shall be submitted by January 1, 1990, and  
22 submitted on a yearly basis thereafter.

23 (6) Effective July 1, 1989, the department shall offer hospice  
24 services in accordance with available funds. The department shall  
25 provide a complete accounting of the costs of providing hospice  
26 services under this section by December 20, 1990. The report shall  
27 include an assessment of cost savings which may result by providing  
28 hospice to persons who otherwise would use hospitals, nursing homes, or  
29 more expensive care. The hospice benefit under this section shall  
30 terminate on June 30, 1991, unless extended by the legislature.

1       **Sec. 2.** RCW 74.09.700 and 1989 c 87 s 3 are each amended to read  
2 as follows:

3       (1) To the extent of available funds, medical care may be provided  
4 under the limited casualty program to persons not otherwise eligible  
5 for medical assistance or medical care services who are medically needy  
6 as defined in the social security Title XIX state plan and medical  
7 indigents in accordance with medical eligibility requirements  
8 established by the department. This includes residents of skilled  
9 nursing homes, intermediate care facilities, and intermediate care  
10 facilities for the mentally retarded who are aged, blind, or disabled  
11 as defined in Title XVI of the federal social security act and whose  
12 income exceeds three hundred percent of the federal supplement security  
13 income benefit level.

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

17       (a) Only inpatient hospital services; outpatient hospital and rural  
18 health clinic services; physicians' and clinic services, which include,  
19 upon referral by a physician, mental health care provided by a licensed  
20 psychologist or psychiatrist; prescribed drugs, dentures, prosthetic  
21 devices, and eyeglasses; skilled nursing home services, intermediate  
22 care facility services, and intermediate care facility services for the  
23 mentally retarded; home health services; other laboratory and x-ray  
24 services; rehabilitative services; medically necessary transportation;  
25 and other services for which funds are specifically provided in the  
26 omnibus appropriations act shall be covered;

27       (b) Persons who are medically indigent and are not eligible for a  
28 federal aid program shall satisfy a deductible of not less than one  
29 hundred dollars nor more than five hundred dollars in any twelve-month  
30 period;

1 (c) Medical care services provided to the medically indigent and  
2 received no more than seven days prior to the date of application shall  
3 be retroactively certified and approved for payment on behalf of a  
4 person who was otherwise eligible at the time the medical services were  
5 furnished: PROVIDED, That eligible persons who fail to apply within  
6 the seven-day time period for medical reasons or other good cause may  
7 be retroactively certified and approved for payment.

8 (3) The department shall establish standards of assistance and  
9 resource and income exemptions. All nonexempt income and resources of  
10 limited casualty program recipients shall be applied against the cost  
11 of their medical care services.