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<u>SSB 5732</u> - H AMD **1131** By Representative Cody

ADOPTED 03/04/2004

1 On page 4, after line 13, insert the following:

- 2 "Sec. 2. RCW 74.09.520 and 2003 c 279 s 1 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; (q) 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 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 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.
- (5) Effective July 1, 1989, the department shall offer hospice services in accordance with available funds.
- (6) For Title XIX personal care services administered by aging and ((adult)) disability 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
- (b) To reassess and reauthorize Title XIX personal care services or other home and community services as defined in RCW 74.39A.009 in home or in other settings for individuals consistent with the intent of this section:
- 36 (i) Who have been initially authorized by the department to receive 37 Title XIX personal care services or other home and community services 38 as defined in RCW 74.39A.009; and

- 1 (ii) Who, at the time of reassessment and reauthorization, are receiving such services in their own home.
- (7) In the event that an area agency on aging is unwilling to enter into or satisfactorily fulfill a contract ((to provide these services)) or an individual consumer's need for case management services will be met through an alternative delivery system, the department is authorized to:
 - (a) Obtain the services through competitive bid; and

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- 9 (b) Provide the services directly until a qualified contractor can 10 be found.
- 11 **Sec. 3.** RCW 74.39A.090 and 1999 c 175 s 2 are each amended to read 12 as follows:
 - (1) The legislature intends that any staff reassigned by the result of shifting of the department as a reauthorization responsibilities by contract outlined in this section shall be dedicated for discharge planning and assisting with discharge planning and information on existing discharge planning cases. planning, as directed in this section, is intended for residents and patients identified for discharge to long-term care pursuant to RCW 70.41.320, 74.39A.040, and 74.42.058. The purpose of discharge planning is to protect residents and patients from the financial incentives inherent in keeping residents or patients in a more expensive higher level of care and shall focus on care options that are in the best interest of the patient or resident.
 - (2) The department shall contract with area agencies on aging:
 - (a) To provide case management services to consumers receiving home and community services in their own home; and
 - (b) To reassess and reauthorize home and community services in home or in other settings for consumers consistent with the intent of this section:
 - (i) Who have been initially authorized by the department to receive home and community services; and
- 33 (ii) Who, at the time of reassessment and reauthorization, are 34 receiving home and community services in their own home.
- 35 (3) In the event that an area agency on aging is unwilling to enter 36 into or satisfactorily fulfill a contract ((to provide these services)) 37 or an individual consumer's need for case management services will be

1 met through an alternative delivery system, the department is
2 authorized to:

- (a) Obtain the services through competitive bid; and
- (b) Provide the services directly until a qualified contractor can be found.
 - (4) The department shall include, in its oversight and monitoring of area agency on aging performance, assessment of case management roles undertaken by area agencies on aging in this section. The scope of oversight and monitoring ((must be expanded to)) includes, but is not limited to, assessing the degree and quality of the case management performed by area agency on aging staff for elderly and disabled persons in the community.
 - (5) Area agencies on aging shall assess the quality of the in-home care services provided to consumers who are receiving services under the medicaid personal care, community options programs entry system or chore services program through an individual provider or home care agency. Quality indicators may include, but are not limited to, home care consumers satisfaction surveys, how quickly home care consumers are linked with home care workers, and whether the plan of care under RCW 74.39A.095 has been honored by the agency or the individual provider.
 - (6) The department shall develop model language for the plan of care established in RCW 74.39A.095. The plan of care shall be in clear language, and written at a reading level that will ensure the ability of consumers to understand the rights and responsibilities expressed in the plan of care."
- 27 Correct the title.

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