

SSB 6583 - H COMM AMD
By Committee on Appropriations

ADOPTED AS AMENDED 03/06/2008

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 74.09.510 and 2007 c 315 s 1 are each amended to read
4 as follows:

5 (1) Medical assistance may be provided in accordance with
6 eligibility requirements established by the department, as defined in
7 the social security Title XIX state plan for mandatory categorically
8 needy persons and:

9 ~~((1))~~ (a) Individuals who would be eligible for cash assistance
10 except for their institutional status;

11 ~~((2))~~ (b) Individuals who are under twenty-one years of age, who
12 would be eligible for medicaid, but do not qualify as dependent
13 children and who are in ~~((a))~~ (i) foster care, ~~((b))~~ (ii)
14 subsidized adoption, ~~((c))~~ (iii) a nursing facility or an
15 intermediate care facility for persons who are mentally retarded, or
16 ~~((d))~~ (iv) inpatient psychiatric facilities;

17 ~~((3))~~ (c) Individuals who:

18 ~~((a))~~ (i) Are under twenty-one years of age;

19 ~~((b))~~ (ii) On or after July 22, 2007, were in foster care under
20 the legal responsibility of the department or a federally recognized
21 tribe located within the state; and

22 ~~((c))~~ (iii) On their eighteenth birthday, were in foster care
23 under the legal responsibility of the department or a federally
24 recognized tribe located within the state;

25 ~~((4))~~ (d) Persons who are aged, blind, or disabled who: ~~((a))~~
26 (i) Receive only a state supplement, or ~~((b))~~ (ii) would not be
27 eligible for cash assistance if they were not institutionalized;

28 ~~((5))~~ (e) Categorically eligible individuals who meet the income
29 and resource requirements of the cash assistance programs;

1 ~~((6))~~ (f) Individuals who are enrolled in managed health care
2 systems, who have otherwise lost eligibility for medical assistance,
3 but who have not completed a current six-month enrollment in a managed
4 health care system, and who are eligible for federal financial
5 participation under Title XIX of the social security act;

6 ~~((7))~~ (g) Children and pregnant women allowed by federal statute
7 for whom funding is appropriated;

8 ~~((8))~~ (h) Working individuals with disabilities authorized under
9 section 1902(a)(10)(A)(ii) of the social security act for whom funding
10 is appropriated;

11 ~~((9))~~ (i) Other individuals eligible for medical services under
12 RCW 74.09.035 and 74.09.700 for whom federal financial participation is
13 available under Title XIX of the social security act;

14 ~~((10))~~ (j) Persons allowed by section 1931 of the social security
15 act for whom funding is appropriated; and

16 ~~((11))~~ (k) Women who: ~~((a))~~ (i) Are under sixty-five years of
17 age; ~~((b))~~ (ii) have been screened for breast and cervical cancer
18 under the national breast and cervical cancer early detection program
19 administered by the department of health or tribal entity and have been
20 identified as needing treatment for breast or cervical cancer; and
21 ~~((c))~~ (iii) are not otherwise covered by health insurance. Medical
22 assistance provided under this subsection (1)(k) is limited to the
23 period during which the woman requires treatment for breast or cervical
24 cancer, and is subject to any conditions or limitations specified in
25 the omnibus appropriations act.

26 (2) To the extent permitted under federal law, the department shall
27 set the categorically needy income level for adults who are sixty-five
28 years of age or older, blind, or disabled, at eighty percent of the
29 federal poverty level as adjusted annually beginning July 1, 2009. As
30 used in this section, "federal poverty level" refers to the poverty
31 guidelines updated periodically in the federal register by the United
32 States department of health and human services under the authority of
33 42 U.S.C. Sec. 9902(2).

34 **Sec. 2.** RCW 74.09.530 and 2007 c 315 s 2 are each amended to read
35 as follows:

36 (1) The amount and nature of medical assistance and the
37 determination of eligibility of recipients for medical assistance shall

1 be the responsibility of the department of social and health services.
2 The department shall establish reasonable standards of assistance and
3 resource and income exemptions which shall be consistent with the
4 provisions of the Social Security Act and with the regulations of the
5 secretary of health, education and welfare for determining eligibility
6 of individuals for medical assistance and the extent of such assistance
7 to the extent that funds are available from the state and federal
8 government. The department shall not consider resources in determining
9 continuing eligibility for recipients eligible under section 1931 of
10 the social security act.

11 (2) Individuals eligible for medical assistance under RCW
12 74.09.510(~~(+3)~~) (1)(c) shall be transitioned into coverage under that
13 subsection immediately upon their termination from coverage under RCW
14 74.09.510(~~(+2)(a)~~) (1)(b)(i). The department shall use income
15 eligibility standards and eligibility determinations applicable to
16 children placed in foster care. The department, in consultation with
17 the health care authority, shall provide information regarding basic
18 health plan enrollment and shall offer assistance with the application
19 and enrollment process to individuals covered under RCW
20 74.09.510(~~(+3)~~) (1)(c) who are approaching their twenty-first
21 birthday.

22 NEW SECTION. **Sec. 3.** The department of social and health services
23 shall prepare a fiscal analysis of the increases in the medicaid
24 categorically needy income level to eighty percent of the federal
25 poverty level as described in RCW 74.09.510. In developing the fiscal
26 analysis, the department shall present both costs and cost offsets
27 related to continuous access to health services including: Per capita
28 cost reductions that resulted from current medically needy clients
29 having access to continuous coverage through the categorically needy
30 program; any reductions in the number of clients receiving long-term
31 care services; the impact on department staffing needs, including
32 savings associated with reduced medically needy caseloads; shifts in
33 enrollment from the Washington basic health plan to medicaid coverage;
34 and the impact on regional support networks, including additional
35 medicaid revenues, reduced demand for nonmedicaid funded services, and
36 changes in utilization of emergency room and hospital services. The

1 department shall submit the analysis to the governor and the health
2 policy and fiscal committees of the legislature by November 1, 2010.

3 NEW SECTION. **Sec. 4.** This act takes effect July 1, 2009, if
4 specific funding for purposes of this act, referencing this act by bill
5 or chapter number, is provided by June 30, 2009, in the omnibus
6 operating appropriations act. If funding is not so provided, this act
7 is null and void."

8 Correct the title.

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