
SECOND SUBSTITUTE HOUSE BILL 1095

State of Washington

60th Legislature

2007 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Barlow, Hinkle, Appleton, Green, Ormsby, Schual-Berke, Cody, Blake, B. Sullivan, Hurst, O'Brien, Clibborn, Morrell, Conway, Kenney, Linville, Rolfes, Moeller and Dunn; by request of Governor Gregoire)

READ FIRST TIME 01/22/07.

1 AN ACT Relating to implementing the part D drug copayment program;
2 and amending RCW 74.09.520 and 74.09.010.

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

4 **Sec. 1.** RCW 74.09.520 and 2004 c 141 s 2 are each amended to read
5 as follows:

6 (1) The term "medical assistance" may include the following care
7 and services: (a) Inpatient hospital services; (b) outpatient hospital
8 services; (c) other laboratory and X-ray services; (d) nursing facility
9 services; (e) physicians' services, which shall include prescribed
10 medication and instruction on birth control devices; (f) medical care,
11 or any other type of remedial care as may be established by the
12 secretary; (g) home health care services; (h) private duty nursing
13 services; (i) dental services; (j) physical and occupational therapy
14 and related services; (k) prescribed drugs, dentures, and prosthetic
15 devices; and eyeglasses prescribed by a physician skilled in diseases
16 of the eye or by an optometrist, whichever the individual may select;
17 (l) personal care services, as provided in this section; (m) hospice
18 services; (n) other diagnostic, screening, preventive, and
19 rehabilitative services; and (o) like services when furnished to a

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

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

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

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

18 (a) These administrative rules shall include financial eligibility
19 indexed according to the requirements of the social security act
20 providing for medicaid eligibility.

21 (b) The rules shall require clients be assessed as having a medical
22 condition requiring assistance with personal care tasks. Plans of care
23 for clients requiring health-related consultation for assessment and
24 service planning may be reviewed by a nurse.

25 (c) The department shall determine by rule which clients have a
26 health-related assessment or service planning need requiring registered
27 nurse consultation or review. This definition may include clients that
28 meet indicators or protocols for review, consultation, or visit.

29 (4) The department shall design and implement a means to assess the
30 level of functional disability of persons eligible for personal care
31 services under this section. The personal care services benefit shall
32 be provided to the extent funding is available according to the
33 assessed level of functional disability. Any reductions in services
34 made necessary for funding reasons should be accomplished in a manner
35 that assures that priority for maintaining services is given to persons
36 with the greatest need as determined by the assessment of functional
37 disability.

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

3 (6) For Title XIX personal care services administered by aging and
4 disability services administration of the department, the department
5 shall contract with area agencies on aging:

6 (a) To provide case management services to individuals receiving
7 Title XIX personal care services in their own home; and

8 (b) To reassess and reauthorize Title XIX personal care services or
9 other home and community services as defined in RCW 74.39A.009 in home
10 or in other settings for individuals consistent with the intent of this
11 section:

12 (i) Who have been initially authorized by the department to receive
13 Title XIX personal care services or other home and community services
14 as defined in RCW 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 or an individual consumer's
19 need for case management services will be met through an alternative
20 delivery system, the department is authorized to:

21 (a) Obtain the services through competitive bid; and

22 (b) Provide the services directly until a qualified contractor can
23 be found.

24 (8) Subject to the availability of amounts appropriated for this
25 specific purpose, effective July 1, 2007, the department may offer
26 medicare part D prescription drug copayment coverage to full benefit
27 dual eligible beneficiaries.

28 **Sec. 2.** RCW 74.09.010 and 1990 c 296 s 6 are each amended to read
29 as follows:

30 As used in this chapter:

31 (1) "Children's health program" means the health care services
32 program provided to children under eighteen years of age and in
33 households with incomes at or below the federal poverty level as
34 annually defined by the federal department of health and human services
35 as adjusted for family size, and who are not otherwise eligible for
36 medical assistance or the limited casualty program for the medically
37 needy.

1 (2) "Committee" means the children's health services committee
2 created in section 3 of this act.

3 (3) "County" means the board of county commissioners, county
4 council, county executive, or tribal jurisdiction, or its designee. A
5 combination of two or more county authorities or tribal jurisdictions
6 may enter into joint agreements to fulfill the requirements of RCW
7 74.09.415 through 74.09.435.

8 (4) "Department" means the department of social and health
9 services.

10 (5) "Department of health" means the Washington state department of
11 health created pursuant to RCW 43.70.020.

12 (6) "Internal management" means the administration of medical
13 assistance, medical care services, the children's health program, and
14 the limited casualty program.

15 (7) "Limited casualty program" means the medical care program
16 provided to medically needy persons as defined under Title XIX of the
17 federal social security act, and to medically indigent persons who are
18 without income or resources sufficient to secure necessary medical
19 services.

20 (8) "Medical assistance" means the federal aid medical care program
21 provided to categorically needy persons as defined under Title XIX of
22 the federal social security act.

23 (9) "Medical care services" means the limited scope of care
24 financed by state funds and provided to general assistance recipients,
25 and recipients of alcohol and drug addiction services provided under
26 chapter 74.50 RCW.

27 (10) "Nursing home" means nursing home as defined in RCW 18.51.010.

28 (11) "Poverty" means the federal poverty level determined annually
29 by the United States department of health and human services, or
30 successor agency.

31 (12) "Secretary" means the secretary of social and health services.

32 (13) "Full benefit dual eligible beneficiary" means an individual
33 who, for any month: Has coverage for the month under a medicare
34 prescription drug plan or medicare advantage plan with part D coverage;
35 and is determined eligible by the state for full medicaid benefits for
36 the month under any eligibility category in the state's medicaid plan

1 or a section 1115 demonstration waiver that provides pharmacy benefits.

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