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HOUSE BILL 1264

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State of Washington

65th Legislature

2017 Regular Session

By Representatives McBride, Harris, Blake, Appleton, Goodman, Kloba, Tarleton, Jinkins, Kilduff, Fey, Doglio, Ryu, Pollet, and Dolan

Read first time 01/16/17. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to medical assistance coverage for hearing  
2 devices for adults; and amending RCW 74.09.520.

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

4 **Sec. 1.** RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each  
5 amended to read as follows:

6 (1) The term "medical assistance" may include the following care  
7 and services subject to rules adopted by the authority or department:

8 (a) Inpatient hospital services; (b) outpatient hospital services;

9 (c) other laboratory and X-ray services; (d) nursing facility

10 services; (e) physicians' services, which shall include prescribed

11 medication and instruction on birth control devices; (f) medical

12 care, or any other type of remedial care as may be established by the

13 secretary or director; (g) home health care services; (h) private

14 duty nursing services; (i) dental services; (j) physical and

15 occupational therapy and related services; (k) prescribed drugs,

16 dentures, and prosthetic devices; and eyeglasses prescribed by a

17 physician skilled in diseases of the eye or by an optometrist,

18 whichever the individual may select; (l) personal care services, as

19 provided in this section; (m) hospice services; (n) other diagnostic,

20 screening, preventive, and rehabilitative services; and (o) like

21 services when furnished to a child by a school district in a manner

1 consistent with the requirements of this chapter. For the purposes of  
2 this section, neither the authority nor the department may cut off  
3 any prescription medications, oxygen supplies, respiratory services,  
4 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  
9 these services.

10 (2) The department shall adopt, amend, or rescind such  
11 administrative rules as are necessary to ensure that Title XIX  
12 personal care services are provided to eligible persons in  
13 conformance with federal regulations.

14 (a) These administrative rules shall include financial  
15 eligibility indexed according to the requirements of the social  
16 security act providing for medicaid eligibility.

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

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

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

35 (4) Effective July 1, 1989, the authority shall offer hospice  
36 services in accordance with available funds.

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

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

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

7 (i) Who have been initially authorized by the department to  
8 receive Title XIX personal care services or other home and community  
9 services as defined in RCW 74.39A.009; and

10 (ii) Who, at the time of reassessment and reauthorization, are  
11 receiving such services in their own home.

12 (6) In the event that an area agency on aging is unwilling to  
13 enter into or satisfactorily fulfill a contract or an individual  
14 consumer's need for case management services will be met through an  
15 alternative delivery system, the department is authorized to:

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

17 (b) Provide the services directly until a qualified contractor  
18 can be found.

19 (7) Subject to the availability of amounts appropriated for this  
20 specific purpose, the authority may offer medicare part D  
21 prescription drug copayment coverage to full benefit dual eligible  
22 beneficiaries.

23 (8) Effective January 1, 2016, the authority shall require  
24 universal screening and provider payment for autism and developmental  
25 delays as recommended by the bright futures guidelines of the  
26 American academy of pediatrics, as they existed on August 27, 2015.  
27 This requirement is subject to the availability of funds.

28 (9) Effective January 1, 2018, the authority shall require that:

29 (a) For enrollees twenty-one years of age and older who have an  
30 average decibel loss of forty-five or greater in the enrollee's  
31 better ear, as defined by the authority, medical assistance includes:

32 (i) The purchase of one new nonrefurbished monaural hearing aid,  
33 every five years, including the ear mold or other earpiece and  
34 connecting tubing or wire and including a prefitting evaluation and  
35 follow-up appointments; and

36 (ii) The replacement, repair, reprogramming, and rental of  
37 hearing aids that are lost, damaged, or need maintenance and the  
38 replacement of ear molds, ear pieces and tubing and/or wire that no  
39 longer fit properly or are worn out, as established by the authority.

1 (b) For enrollees twenty-one years of age and older who have an  
2 average decibel loss of fifty-six or greater in each ear, as defined  
3 by the authority, medical assistance includes:

4 (i) The purchase of two new nonrefurbished hearing aids, every  
5 five years including the ear molds or other earpieces and the  
6 connecting tubing or wire and including a prefitting evaluation and  
7 follow-up appointments.

8 (ii) The replacement, repair, reprogramming, and rental of  
9 hearing aids that are lost, damaged, or need maintenance, and the  
10 replacement of ear molds, ear pieces and tubing or wire that no  
11 longer fit properly or are worn out, as established by the authority.

12 (c) For enrollees twenty-one years of age and older who have  
13 tried to adapt with one hearing aid for a period of six months, whose  
14 auditory screening shows an average decibel loss in both ears of  
15 forty-five or greater, as defined by the authority, medical  
16 assistance includes the coverage described in (b) of this subsection  
17 if one or more of the following is documented:

18 (i) The inability to hear has caused difficulty with job  
19 performance or functioning in the school environment; or

20 (ii) The client is legally blind.

21 (d) For enrollees twenty-one years of age and older, medical  
22 assistance includes repair, maintenance, and replacement parts for  
23 cochlear implant devices and bone conduction devices, as established  
24 by the authority.

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