

**2SSB 5103** - H COMM AMD

By Committee on Health Care & Wellness

**NOT ADOPTED 04/12/2023**

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

3 **"Sec. 1.** RCW 74.09.520 and 2022 c 255 s 4 are each amended to  
4 read as follows:

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

- 7 (a) Inpatient hospital services; (b) outpatient hospital services;  
8 (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  
11 care, or any other type of remedial care as may be established by the  
12 secretary or director; (g) home health care services; (h) private  
13 duty nursing services; (i) dental services; (j) physical and  
14 occupational therapy and related services; (k) prescribed drugs,  
15 dentures, and prosthetic devices; and eyeglasses prescribed by a  
16 physician skilled in diseases of the eye or by an optometrist,  
17 whichever the individual may select; (l) personal care services, as  
18 provided in this section; (m) hospice services; (n) other diagnostic,  
19 screening, preventive, and rehabilitative services; and (o) like  
20 services when furnished to a child by a school district in a manner  
21 consistent with the requirements of this chapter. For the purposes of  
22 this section, neither the authority nor the department may cut off  
23 any prescription medications, oxygen supplies, respiratory services,  
24 or other life-sustaining medical services or supplies.

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

30 (2) The department shall adopt, amend, or rescind such  
31 administrative rules as are necessary to ensure that Title XIX

1 personal care services are provided to eligible persons in  
2 conformance with federal regulations.

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

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

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

15 (3) The department shall design and implement a means to assess  
16 the level of functional disability of persons eligible for personal  
17 care services under this section. The personal care services benefit  
18 shall be provided to the extent funding is available according to the  
19 assessed level of functional disability. Any reductions in services  
20 made necessary for funding reasons should be accomplished in a manner  
21 that assures that priority for maintaining services is given to  
22 persons with the greatest need as determined by the assessment of  
23 functional disability.

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

26 (5) For Title XIX personal care services administered by the  
27 department, the department shall contract with area agencies on aging  
28 or may contract with a federally recognized Indian tribe under RCW  
29 74.39A.090(3):

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

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

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

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

1 (6) In the event that an area agency on aging or federally  
2 recognized Indian tribe is unwilling to enter into or satisfactorily  
3 fulfill a contract or an individual consumer's need for case  
4 management services will be met through an alternative delivery  
5 system, the department is authorized to:

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

7 (b) Provide the services directly until a qualified contractor  
8 can be found.

9 (7) Subject to the availability of amounts appropriated for this  
10 specific purpose, the authority may offer medicare part D  
11 prescription drug copayment coverage to full benefit dual eligible  
12 beneficiaries.

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

18 (9) Subject to the availability of amounts appropriated for this  
19 specific purpose, effective January 1, 2018, the authority shall  
20 require provider payment for annual depression screening for youth  
21 ages twelve through eighteen as recommended by the bright futures  
22 guidelines of the American academy of pediatrics, as they existed on  
23 January 1, 2017. Providers may include, but are not limited to,  
24 primary care providers, public health nurses, and other providers in  
25 a clinical setting. This requirement is subject to the availability  
26 of funds appropriated for this specific purpose.

27 (10) Subject to the availability of amounts appropriated for this  
28 specific purpose, effective January 1, 2018, the authority shall  
29 require provider payment for maternal depression screening for  
30 mothers of children ages birth to six months. This requirement is  
31 subject to the availability of funds appropriated for this specific  
32 purpose.

33 (11) Subject to the availability of amounts appropriated for this  
34 specific purpose, the authority shall:

35 (a) Allow otherwise eligible reimbursement for the following  
36 related to mental health assessment and diagnosis of children from  
37 birth through five years of age:

38 (i) Up to five sessions for purposes of intake and assessment, if  
39 necessary;

1 (ii) Assessments in home or community settings, including  
2 reimbursement for provider travel; and

3 (b) Require providers to use the current version of the DC:0-5  
4 diagnostic classification system for mental health assessment and  
5 diagnosis of children from birth through five years of age.

6 (12)(a) Subject to the availability of amounts appropriated for  
7 this specific purpose, the authority shall require or provide payment  
8 to the hospital for any day of a hospital stay in which an adult or  
9 child patient enrolled in medical assistance, including home and  
10 community services or with a medicaid managed care organization,  
11 under this chapter:

12 (i) Does not meet the criteria for acute inpatient level of care  
13 as defined by the authority;

14 (ii) Meets the criteria for discharge, as defined by the  
15 authority or department, to any appropriate placement including, but  
16 not limited to:

17 (A) A nursing home licensed under chapter 18.51 RCW;

18 (B) An assisted living facility licensed under chapter 18.20 RCW;

19 (C) An adult family home licensed under chapter 70.128 RCW; or

20 (D) A setting in which residential services are provided or  
21 funded by the developmental disabilities administration of the  
22 department, including supported living as defined in RCW 71A.10.020;  
23 and

24 (iii) Is not discharged from the hospital because placement in  
25 the appropriate location described in (a)(ii) of this subsection is  
26 not available.

27 (b) The authority shall adopt rules identifying which services  
28 are included in the payment described in (a) of this subsection and  
29 which services may be billed separately, including specific revenue  
30 codes or services required on the inpatient claim.

31 (c) Allowable medically necessary services performed during a  
32 stay described in (a) of this subsection shall be billed by and paid  
33 to the hospital separately. Such services may include but are not  
34 limited to hemodialysis, laboratory charges, and x-rays.

35 (d) Pharmacy services and pharmaceuticals shall be billed by and  
36 paid to the hospital separately.

37 (e) The requirements of this subsection do not alter requirements  
38 for billing or payment for inpatient care.

39 (f) The authority shall adopt, amend, or rescind such  
40 administrative rules as necessary to facilitate calculation and

1 payment of the amounts described in this subsection, including for  
2 clients of medicaid managed care organizations.

3 (g) The authority shall adopt rules requiring medicaid managed  
4 care organizations to establish specific and uniform administrative  
5 and review processes for payment under this subsection.

6 (h) For patients meeting the criteria in (a)(ii)(A) of this  
7 subsection, hospitals must utilize swing beds or skilled nursing beds  
8 to the extent the services are available within their facility and  
9 the associated reimbursement methodology prior to the billing under  
10 the methodology in (a) of this subsection, if the hospital determines  
11 that such swing bed or skilled nursing bed placement is appropriate  
12 for the patient's care needs, the patient is appropriate for the  
13 existing patient mix, and appropriate staffing is available."

14 Correct the title.

EFFECT: Specifies that the requirement that hospitals use swing beds and skilled nursing beds for patients meeting the payment methodology criteria applies to the extent that those services are available.

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