



PROPOSED RULE MAKING

CR-102 (July 2022)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

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FILED

DATE: May 18, 2023

TIME: 3:12 PM

WSR 23-11-096

Agency: Health Care Authority

- Original Notice
- Supplemental Notice to WSR _____
- Continuance of WSR _____

- Preproposal Statement of Inquiry was filed as WSR 22-18-050 ; or
- Expedited Rule Making--Proposed notice was filed as WSR _____; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or
- Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) 182-501-0135, Patient review and coordination (PRC)

Hearing location(s):

| Date: | Time: | Location: (be specific) | Comment: |
|---------------|----------|---|---|
| June 27, 2023 | 10:00 AM | The Health Care Authority holds public hearings virtually without a physical meeting place. | To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_Y517j7-oTzq4pOEKrMh1bg If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing |

Date of intended adoption: No sooner than June 28, 2023 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: HCA Rules Coordinator
 Address: PO Box 42716, Olympia WA 98504-2716
 Email: arc@hca.wa.gov
 Fax: 360-586-9727
 Other:
 By (date) June 27, 2023, by 11:59 PM

Assistance for persons with disabilities:

Contact Johanna Larson
 Phone: 360-725-1349
 Fax: 360-586-9727
 TTY: Telecommunication Relay Services (TRS): 711
 Email: Johanna. Larson@hca.wa.gov
 Other:
 By (date) June 16, 2023

Purpose of the proposal and its anticipated effects, including any changes in existing rules: HCA is amending WAC 182-501-0135 to: (a) add clarity between fee-for-service clients and managed care organization enrollees being reviewed for or placed on the PRC program, (b) state that HCA may determine on a case-by-case basis that a client may obtain certain prescription items at any pharmacy, and (c) add that HCA may remove a client from PRC placement if the client has successfully stabilized due to the utilization of treatment medications, including but not limited to, Buprenorphine. During the course of this review, HCA made additional related changes required to improve clarity or update policy.

Reasons supporting proposal: See Purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

- Federal Law? Yes No
- Federal Court Decision? Yes No
- State Court Decision? Yes No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Type of proponent: Private Public Governmental

Name of proponent: (person or organization) Health Care Authority

Name of agency personnel responsible for:

| | Name | Office Location | Phone |
|-----------------|--------------|--------------------------------------|--------------|
| Drafting: | Jason Crabbe | PO Box 42716, Olympia, WA 98504-2716 | 360-725-9563 |
| Implementation: | Dianne Baum | PO Box 45502, Olympia, WA 98504-5502 | 360-725-2028 |
| Enforcement: | Dianne Baum | PO Box 45502, Olympia, WA 98504-5502 | 360-725-2028 |

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)?

Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

- This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:
- | | |
|---|--|
| <input type="checkbox"/> RCW 34.05.310 (4)(b) (Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e) (Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c) (Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f) (Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d) (Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |
- This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#) (does not affect small businesses).
- This rule proposal, or portions of the proposal, is exempt under RCW _____.
- Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: *Check one.*

- The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.
- The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The revised rule does not impose more-than-minor costs on small businesses.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Date: May 18, 2023

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-501-0135 Patient review and coordination (PRC). (1) **Patient review and coordination (PRC)** is a health and safety program that coordinates care and ensures clients enrolled in PRC use services appropriately and in accordance with agency rules and policies.

(a) PRC applies to medical assistance fee-for-service (FFS) clients and managed care (~~(clients)~~) organization (MCO) enrollees.

(b) PRC is authorized under federal medicaid law by 42 U.S.C. 1396n (a) (2) and 42 C.F.R. 431.54.

(2) **Definitions.** Definitions found in chapter 182-500 WAC and WAC 182-526-0010 apply to this section. The following definitions apply to this section (~~(only)~~):

"Agency's designee" - See WAC 182-500-0010.

"Appropriate use" - Use of health care services that are safe and effective for a client's health care needs.

"Assigned provider" - An agency-enrolled health care provider or one participating with an agency-contracted managed care organization (MCO) who agrees to be assigned as a primary provider and coordinator of services for (~~(a fee-for-service)~~) an FFS client or (~~(managed care client)~~) MCO enrollee in the PRC program. Assigned providers can include a primary care provider (PCP), a pharmacy, a prescriber of controlled substances, and a hospital for nonemergency services.

"At-risk" - A term used to describe one or more of the following:

(a) A client with a medical history of:

(i) Seeking and obtaining health care services at a frequency or amount that is not medically necessary; or

(ii) Potential life-threatening events or life-threatening conditions that required or may require medical intervention.

(b) Behaviors or practices that could jeopardize a client's medical treatment or health including, but not limited to:

(i) Indications of forging or altering prescriptions;

(ii) Referrals from medical personnel, social services personnel, or MCO personnel about inappropriate behaviors or practices that place the client at risk;

(iii) Noncompliance with medical or drug and alcohol treatment;

(iv) Paying cash for medical services that result in a controlled substance prescription or paying cash for controlled substances;

(v) Arrests for diverting controlled substance prescriptions;

(vi) Positive urine drug screen for illicit street drugs or non-prescribed controlled substances;

(vii) Negative urine drug screen for prescribed controlled substances; or

(viii) Unauthorized use of a client's services card for an unauthorized purpose.

"Care management" - Services provided to (~~(clients)~~) MCO enrollees with multiple health, behavioral, and social needs to improve care coordination, client education, and client self-management skills.

"Client" - See WAC 182-500-0020.

"Conflicting" - Drugs or health care services that are incompatible or unsuitable for use together because of undesirable chemical or physiological effects.

"Contraindicated" - A medical treatment, procedure, or medication that is inadvisable or not recommended or warranted.

"Duplicative" - Applies to the use of the same or similar drugs and health care services without due medical justification. Example: A client receives health care services from two or more providers for the same or similar condition(s) in an overlapping time frame, or the client receives two or more similarly acting drugs in an overlapping time frame, which could result in a harmful drug interaction or an adverse reaction.

"Emergency department information exchange (EDIE)" - An internet-delivered service that enables health care providers to better identify and treat high users of the emergency department and special needs patients. When patients enter the emergency room, EDIE can proactively alert health care providers through different venues such as fax, phone, email, or integration with a facility's current electronic medical records.

"Emergency medical condition" - See WAC 182-500-0030.

"Emergency services" - See 42 C.F.R. 438.114.

"Fee-for-service" or "FFS" - See WAC 182-500-0035.

"Fee-for-service client" or "FFS client" - A client not enrolled in an agency-contracted MCO.

"Just cause" - A legitimate reason to justify the action taken((7)) including, but not limited to, protecting the health and safety of the client.

"Managed care ((client)) organization (MCO) enrollee" - A medical assistance client enrolled in, and receiving health care services from, an agency-contracted managed care organization (MCO).

"Prescriber of controlled substances" - Any of the following health care professionals who, within their scope of professional practice, are licensed to prescribe and administer controlled substances (see chapter 69.50 RCW, Uniform Controlled Substance Act) for a legitimate medical purpose:

- (a) A physician under chapter 18.71 RCW;
- (b) A physician assistant under chapter 18.71A RCW;
- (c) An osteopathic physician under chapter 18.57 RCW;
- (d) An osteopathic physician assistant under chapter 18.57A RCW;

and

(e) An advanced registered nurse practitioner under chapter 18.79 RCW.

"Primary care provider" or "PCP" - A person licensed or certified under Title 18 RCW including, but not limited to, a physician, an advanced registered nurse practitioner (ARNP), or a physician assistant (PA) who supervises, coordinates, and provides health care services to a client, initiates referrals for specialty and ancillary care, and maintains the client's continuity of care.

(3) **Clients selected for PRC review.** The agency or ((MCO)) agency's designee selects a client for PRC review when either or both of the following occur:

(a) ((A-usage)) An agency or MCO claims utilization review report indicates the client has not used health care services appropriately; or

(b) Medical providers, social service agencies, or other concerned parties have provided direct referrals to the agency or MCO.

(4) **Clients not selected for PRC review.** Clients ((who have comprehensive, private medical insurance (not casualty))) are not reviewed or placed into the PRC program when they:

- (a) Are in foster care;
- (b) Are covered under state-only funded programs;
- (c) Do not have medicaid as the primary payor; or

(d) Are covered under the alien emergency medical (AEM) program, according to WAC 182-507-0115.

(5) **Prior authorization.** When (~~a fee-for-service~~) an FFS client is selected for PRC review, the prior authorization process as defined in WAC 182-500-0085 may be required:

(a) (~~Prior to~~) Before or during a PRC review; or

(b) When the FFS client is currently in the PRC program.

(6) **Review for placement in the PRC program.** When the agency or MCO selects a client for PRC review, the agency or MCO staff, with clinical oversight, reviews either the client's medical history or billing history, or both, to determine if the client has used health care services at a frequency or amount that is not medically necessary (42 C.F.R. 431.54(e)).

(7) **Usage guidelines for PRC placement.** Agency or MCO staff use the following usage guidelines to initiate review for PRC placement. A client may be (~~placed~~) reviewed for placement in the PRC program when the review shows the usage is not medically necessary and either the client's medical history or billing history, or both, documents any of the following:

(a) Any two or more of the following conditions occurred in a period of (~~ninety~~) 90 consecutive calendar days in the previous (~~twelve~~) 12 months. The client:

(i) Received services from four or more different providers, including physicians, ARNPs, and PAs not located in the same clinic or practice;

(ii) Had prescriptions filled by four or more different pharmacies;

(iii) Received (~~ten~~) 10 or more prescriptions;

(iv) Had prescriptions written by four or more different prescribers not located in the same clinic or practice;

(v) Received similar services in the same day not located in the same clinic or practice; or

(vi) Had (~~ten~~) 10 or more office visits;

(b) Any one of the following occurred within a period of (~~ninety~~) 90 consecutive calendar days in the previous (~~twelve~~) 12 months. The client:

(i) Made two or more emergency department visits;

(ii) Exhibits "at-risk" usage patterns;

(iii) Made repeated and documented efforts to seek health care services that are not medically necessary; or

(iv) Was counseled at least once by a health care provider, or an agency or MCO staff member with clinical oversight, about the appropriate use of health care services;

(c) The client received prescriptions for controlled substances from two or more different prescribers not located in the same clinic or practice in any one month within the (~~ninety-day~~) 90-day review period; or

(d) The client has either a medical history or billing history, or both, that demonstrates a pattern of the following at any time in the previous (~~twelve~~) 12 months:

(i) Using health care services in a manner that is duplicative, excessive, or contraindicated; or

(ii) Seeking conflicting health care services, drugs, or supplies that are not within acceptable medical practice.

(8) **PRC review results.** As a result of the PRC review, the agency or MCO may take any of the following steps:

(a) Determine that no action is needed and close the client's file;

(b) Send the client and, if applicable, the client's authorized representative a one-time only written notice of concern with information on specific findings and notice of potential placement in the PRC program; or

(c) Determine that the usage guidelines for PRC placement establish that the client has used health care services at an amount or frequency that is not medically necessary, in which case ~~((the agency or MCO will take))~~ one or more of the following actions take place:

(i) The MCO:

(A) Refers the ((client)) MCO enrollee:

(I) For education on appropriate use of health care services; or

((ii) Refer the client)) (II) To other support services or agencies; or

((iii)) (B) Places the MCO enrollee into the PRC program for an initial placement period of no less than 24 months. For MCO enrollees younger than 18 years of age, the MCO must get agency approval before placing the MCO enrollee into the PRC program; or

(ii) The agency places the FFS client into the PRC program for an initial placement period of no less than ((twenty-four)) 24 months. ((For clients younger than eighteen years of age, the MCO must get agency approval prior to placing the client into the PRC program.))

(9) Initial placement in the PRC program.

(a) When ((a)) an FFS client is initially placed in the PRC program

((a)), the agency ((or MCO)) places the FFS client for no less than ((twenty-four)) 24 months with a primary care provider (PCP) for care coordination and a pharmacy for all medication prescriptions and one or more of the following types of health care providers:

(i) ((Primary care provider (PCP));

ii) Pharmacy for all prescriptions;

iii)) Prescriber of controlled substances if different than PCP;

((iv)) (ii) Hospital for nonemergency services unless referred by the assigned PCP or a specialist. ((A)) An FFS client may receive covered emergency services from any hospital; ((or

v)) (iii) Another qualified provider type, as determined by agency ((or MCO)) program staff on a case-by-case basis((-

b) The managed care client will)) ; or

(iv) Additional pharmacies on a case-by-case basis.

(b) Based on a medical necessity determination, the agency may make an exception to PRC rules when in the best interest of the client. See WAC 182-501-0165 and 182-501-0160.

(c) When an MCO enrollee is initially placed in the PRC program, the MCO restricts the MCO enrollee for no less than 24 months with a primary care provider (PCP) for care coordination and a primary pharmacy for all medication prescriptions and one or more of the following types of health care providers:

(i) Prescriber of controlled substances if different than PCP;

(ii) Hospital for nonemergency services unless referred by the assigned PCP or a specialist. An MCO enrollee may receive covered emergency services from any hospital;

(iii) Another qualified provider type, as determined by MCO program staff on a case-by-case basis; or

(iv) Additional pharmacies on a case-by-case basis.

(10) MCO enrollees changing MCOs. MCO enrollees:

(a) Remain in the same MCO for no less than ~~((twelve))~~ 12 months for initial placement and whenever the enrollee changes MCOs, unless:

(i) ~~The ((client))~~ MCO enrollee moves to a residence outside the MCO's service area and the MCO is not available in the new location;
~~((or))~~

(ii) ~~The ((client's))~~ MCO enrollee's assigned PCP no longer participates with the MCO and is available in another MCO, and the ~~((client))~~ MCO enrollee wishes to remain with the current provider;

(iii) ~~The ((client))~~ MCO enrollee is in a voluntary enrollment program or a voluntary enrollment county;

(iv) ~~The ((client))~~ MCO enrollee is in the address confidentiality program (ACP), indicated by P.O. Box 257, Olympia, WA 98507; or

(v) ~~The ((client))~~ MCO enrollee is an American Indian/Alaska Native.

~~((c) A managed care client))~~ (b) Placed in the PRC program must remain in the PRC program for no less than ~~((twenty-four))~~ 24 months regardless of whether the ((client)) MCO enrollee changes MCOs or becomes ~~((a fee-for-service))~~ an FFS client.

~~((10))~~ **(11) Notifying the client about placement in the PRC program.** When the client is initially placed in the PRC program, the agency or the MCO sends the client and, if applicable, the client's authorized representative, a written notice that:

(a) Informs the client of the reason for the PRC program placement;

~~((Directs the client to respond to the agency or MCO within ten calendar days of the date of the written notice;))~~ Informs the client of the providers the client has been assigned to;

(c) Directs the client to respond to the agency or MCO to take the following actions if applicable:

(i) ~~((Select))~~ Change assigned providers, subject to agency or MCO approval;

(ii) Submit additional health care information, justifying the client's use of health care services; or

(iii) Request assistance, if needed, from ~~((the))~~ agency or MCO program staff~~((r))~~; and

(d) Informs the client of administrative hearing or appeal rights (see subsection ~~((15))~~ (16) of this section).

~~((c) Informs the client that if a response is not received within ten calendar days of the date of the written notice, the client will be assigned a provider(s) by the agency or MCO.~~

~~((11))~~ **(12) Selection and role of assigned provider.** A client ~~((will have))~~ has a limited choice of providers.

(a) The following providers are not available:

(i) A provider who is being reviewed by the agency or licensing authority regarding quality of care;

(ii) A provider who has been suspended or disqualified from participating as an agency-enrolled or MCO-contracted provider; or

(iii) A provider whose business license is suspended or revoked by the licensing authority.

(b) For a client placed in the PRC program, the assigned:

(i) Provider(s) must be located in the client's local geographic area, in the client's selected MCO, and be reasonably accessible to the client.

(ii) PCP supervises and coordinates health care services for the client, including continuity of care and referrals to specialists when necessary.

(A) The PCP:

(I) Provides the plan of care for clients that have documented use of the emergency department for a reason that is not deemed to be an emergency medical condition;

(II) Files the plan of care with each emergency department that the client is using or with the emergency department information exchange; and

~~(III) ((Makes referrals to substance abuse treatment for clients who are using the emergency department for substance abuse issues; and~~

~~(IV))~~ Makes referrals to ~~((mental))~~ behavioral health treatment for clients who are using the emergency department for ~~((mental))~~ behavioral health treatment issues.

(B) The assigned PCP must be one of the following:

(I) A physician;

(II) An advanced registered nurse practitioner (ARNP); or

(III) A licensed physician assistant (PA), practicing with a supervising physician.

(iii) Prescriber of controlled substances prescribes all controlled substances for the client;

(iv) Pharmacy fills all prescriptions for the client; and

(v) Hospital provides all hospital nonemergency services.

(c) A client placed in the PRC program must remain with the assigned providers for ~~((twelve))~~ 12 months after the assignments are made, unless:

(i) The client moves to a residence outside the provider's geographic area;

(ii) The provider moves out of the client's local geographic area and is no longer reasonably accessible to the client;

(iii) The provider refuses to continue to serve the client;

(iv) The client did not select the provider. The client may request to change an assigned provider once within ~~((thirty))~~ 30 calendar days of the assignment;

(v) The ~~((client's))~~ MCO enrollee's assigned PCP no longer participates with the MCO. In this case, the ~~((client))~~ MCO enrollee may select a new provider from the list of available providers in the MCO network or follow the assigned provider to the new MCO; or

(vi) The client is in the address confidentiality program (ACP), indicated by P.O. Box 257, Olympia, WA 98507.

(d) When an assigned prescribing provider no longer contracts with the agency or the MCO:

(i) All prescriptions from the provider are invalid ~~((thirty))~~ 30 calendar days following the date the contract ends; and

~~((All prescriptions from the provider are subject to applicable prescription drugs (outpatient) rules in chapter 182-530 WAC or appropriate MCO rules; and~~

~~(iii))~~ The client must choose or be assigned another provider according to the requirements in this section.

~~((12))~~ (13) **PRC placement.**

(a) The initial PRC placement is no less than ~~((twenty-four))~~ 24 consecutive months.

(b) The second PRC placement is no less than an additional ~~((thirty-six))~~ 36 consecutive months.

(c) Each subsequent PRC placement is no less than ~~((seventy-two))~~ 72 consecutive months.

~~((13))~~ (14) **Agency or MCO review of a PRC placement period.** The agency or MCO reviews a client's use of health care services ~~((prior to))~~ before the end of each PRC placement period described in subsec-

tion (~~((12))~~) (13) of this section using the guidelines in subsection (7) of this section.

(a) The agency or MCO assigns the next PRC placement if the usage guidelines for PRC placement in subsection (7) of this section apply to the client.

(b) When the agency or MCO assigns a subsequent PRC placement, the agency or MCO sends the client and, if applicable, the client's authorized representative, a written notice informing the client:

(i) Of the reason for the subsequent PRC program placement;

(ii) Of the length of the subsequent PRC placement;

(iii) That the current providers assigned to the client continue to be assigned to the client during the subsequent PRC placement;

(iv) That all PRC program rules continue to apply;

(v) Of administrative hearing or appeal rights (see subsection (~~((15))~~) (16) of this section); and

(vi) Of the rules that support the decision.

(c) The agency or MCO may remove a client from PRC placement if the client:

(i) Successfully completes a treatment program that is provided by a substance use disorder (SUD) service provider certified by the agency under chapter 182-538D WAC;

(ii) Submits documentation of completion of the approved treatment program to the agency; and

(iii) Maintains appropriate use of health care services within the usage guidelines described in subsection (7) of this section for six consecutive months after the date the treatment ends; or

(iv) Successfully stabilizes due to the usage of treatment medications including, but not limited to, Buprenorphine.

(d) The agency or MCO determines the appropriate placement for a client who has been placed back into the program.

(e) A client (~~((will))~~) remains placed in the PRC program regardless of change in eligibility program type or change in address.

(~~((14))~~) **(15) Client financial responsibility.** A client placed in the PRC program may be billed by a provider and held financially responsible for nonemergency health care services obtained from a non-pharmacy provider when the provider is not an assigned or appropriately referred provider as described in subsection (~~((11))~~) (12) of this section. See WAC 182-502-0160.

(~~((15))~~) **(16) Right to administrative hearing or appeal.**

(a) (~~((A fee for service))~~) An FFS client who disagrees with an agency decision regarding placement or continued placement in the PRC program has the right to an administrative hearing regarding this placement. (~~((A))~~) An FFS client must request an administrative hearing from the agency within (~~((ninety))~~) 90 days of the written notice of placement or continued placement to exercise this right.

(b) (~~((A managed care client))~~) An MCO enrollee who disagrees with an MCO decision regarding placement or continued placement in the PRC program has a right to appeal this decision in the same manner as an adverse benefit determination under (~~((WAC 182-538-110))~~) chapter 182-538 WAC.

(~~((i))~~) An appeal must be filed with the MCO within sixty calendar days of the written notice of the MCO's decision.

(~~((ii))~~) A client must exhaust the right to appeal through the MCO prior to requesting an administrative hearing.

(~~((iii))~~) A client who disagrees with the resolution of the appeal by the MCO may request an administrative hearing.

~~(iv)~~ A client may exercise the right to an administrative hearing by filing a request within one hundred twenty calendar days from the written notice of resolution of the appeal by the MCO.

~~(c)~~ A client enrolled in an MCO cannot change MCOs until the MCO appeal and any administrative hearing process has been completed and a final order entered.

~~(d))~~ (c) The agency conducts an administrative hearing according to chapter 182-526 WAC.

~~((e))~~ (d) A client who requests an administrative hearing or appeal within ~~((ten))~~ 10 calendar days from the date of the written notice of an initial PRC placement will not be placed in the PRC program until ordered by an administrative law judge (ALJ) or review judge.

~~((f))~~ (e) A client who requests an administrative hearing or appeal more than ~~((ten))~~ 10 calendar days from the date of the written notice of initial PRC placement will remain placed in the PRC program until a final administrative order is entered that orders the client's removal from the program.

~~((g))~~ (f) A client who requests an administrative hearing or appeal in all other cases and who has already been assigned providers will remain placed in the PRC program unless a final administrative order is entered that orders the client's removal from the program.

~~((h))~~ (g) An ALJ may rule the client be placed in the PRC program prior to the date the record is closed and ~~((prior to))~~ before the date the initial order is issued based on a showing of just cause.