



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Administrative Order #09-04 – Health Care Authority – Community Health Services-Community Health Services Grant

- Preproposal Statement of Inquiry was filed as WSR 09-23-113 ; or
 Expedited Rule Making--Proposed notice was filed as WSR _____; or
 Proposal is exempt under RCW 34.05.310(4).

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

Title of rule and other identifying information: (Describe Subject)

Community Health Service, Administration WAC 182-20-100 and Eligibility WAC 182-20-160. Amendments to include Tribal Governments.

Hearing location(s):

Health Care Authority
676 Woodland Square Loop SE
Olympia, WA
The Sue Crystal Center

Date: February 9, 2010 Time: 8:30 AM

Submit written comments to:

Name: Jan Ward Olmstead, Tribal Liaison
Address: 676 Woodland Square Loop SE
PO Box 42721
Olympia, WA 98504-2721
e-mail jan.olmstead@hca.wa.gov

fax (360)923-2803 by February 9, 2010

Assistance for persons with disabilities: Contact

Nikki Johnson by February 1, 2010

TTY (888) 923-5622 or (360) 923-2805

Date of intended adoption: February 10, 2010

(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

- Amendment of the rules are needed to clarify the administration of the CHS grant program and to add Tribal Governments to the eligibility requirements.

Reasons supporting proposal:

Statutory authority for adoption: 41.05.160 RCW; 41.05.220 RCW and 41.05.230 RCW.

Statute being implemented:

Is rule necessary because of a:

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

If yes, CITATION:

DATE January 5, 2010

NAME (type or print)

Jason Siems

SIGNATURE

TITLE

Rules Coordinator

CODE REVISER USE ONLY

**OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED**

DATE: January 05, 2010

TIME: 8:01 AM

WSR 10-02-072

(COMPLETE REVERSE SIDE)

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

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

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Jan Ward Olmstead	676 Woodland Square Loop, Lacey Washington	(360) 923-2803
Implementation.... Jan Ward Olmstead	676 Woodland Square Loop, Lacey Washington	(360) 923-2803
Enforcement..... Jan Ward Olmstead	676 Woodland Square Loop, Lacey Washington	(360) 923-2803

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

No. Explain why no statement was prepared.

The Joint Administrative Rules Review Committee has not requested the filing of a small business economic impact statement, and there will be no costs to small businesses.

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 () _____

e-mail _____

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

AMENDATORY SECTION (Amending Order 00-06, filed 2/7/01, effective 3/10/01)

WAC 182-20-100 Administration. The authority shall contract with community health clinics to provide primary health care in the state of Washington by:

(1) Developing criteria for the selection of community health clinics to receive funding;

(2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;

(3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in WAC 182-20-160;

(4) Distributing available state funds to community health clinics ~~((according to the following priority in the order listed))~~, including:

(a) ~~((First, to))~~ Community health clinics that are private, nonprofit corporations classified exempt under Internal Revenue Service Rule 501 (c)(3) and governed by a board of directors including representatives from the populations served;

(b) ~~((Second, to))~~ Local health jurisdictions with an organized primary health clinic or division;

(c) ~~((Third, to))~~ Private nonprofit or public hospitals with an organized primary health clinic or department; and

(d) Tribal governments.

(5) Reviewing records and conducting on-site visits of contractors or applicants as necessary to assure compliance with these rules; and

(6) Withholding funding from a contractor or applicant until such time as satisfactory evidence of corrective action is received and approved by the authority, if the authority determines:

(a) Noncompliance with applicable state law or rule; or

(b) Noncompliance with the contract; or

(c) Failure to provide such records and data required by the authority to establish compliance with section 214(3), chapter 19, Laws of 1989 1st ex. sess., this chapter, and the contract; or

(d) The contractor or applicant provided inaccurate information in the application.

AMENDATORY SECTION (Amending Order 00-06, filed 2/7/01, effective 3/10/01)

WAC 182-20-160 Eligibility. Applicants shall:

(1) Demonstrate private, nonprofit, tax exempt status

incorporated in Washington state or public agency status under the jurisdiction of a local or county government;

(2) Receive other funds from at least one of the following sources:

- (a) Section 329 of the Public Health Services Act;
- (b) Section 330 of the Public Health Services Act;
- (c) Community development block grant funds;
- (d) Title V Urban Indian Health Service funds; (~~or~~)
- (e) Tribal governments; or

(f) Other public or private funds providing the clinic demonstrates:

(i) Fifty-one percent of total clinic population are low income;

(ii) Fifty-one percent or greater of funds come from sources other than programs under WAC 182-20-160;

(3) Operate as a community health clinic providing primary health care for at least eighteen months prior to applying for funding;

(4) Provide primary health care services with:

(a) Twenty-four-hour coverage of the clinic including provision or arrangement for medical and/or dental services after clinic hours;

(b) Direct clinical services provided by one or more of the following:

(i) Physician licensed under chapters 18.57 and 18.71 RCW;

(ii) Physician's assistant licensed under chapters 18.71A and 18.57A RCW;

(iii) Advanced registered nurse practitioner under chapter 18.79 RCW;

(iv) Dentist under chapter 18.32 RCW;

(v) Dental hygienist under chapter 18.29 RCW;

(c) Provision or arrangement for services as follows:

(i) Preventive health services on-site or elsewhere including:

(A) Eye and ear examinations for children;

(B) Perinatal services;

(C) Well-child services; and

(D) Family planning services;

(ii) Diagnostic and treatment services of physicians and where feasible a physician's assistant and/or advanced registered nurse practitioner, on-site;

(iii) Services of a dental professional licensed under Title 18 RCW on-site or elsewhere;

(iv) Diagnostic laboratory and radiological services on-site or elsewhere;

(v) Emergency medical services on-site or elsewhere;

(vi) Arrangements for transportation services;

(vii) Preventive dental services on-site or elsewhere; and

(viii) Pharmaceutical services, as appropriate, on-site or elsewhere;

(5) Demonstrate eligibility to receive and receipt of reimbursement from:

(a) Public insurance programs; and

- (b) Public assistant programs, where feasible and possible;
- (6) Have established for at least eighteen months an operating sliding scale fee schedule for adjustment of charges, based upon the individual's ability to pay for low-income individuals;
- (7) Provide health care regardless of the individual's ability to pay; and
- (8) Establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.