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| PROPOSED | RULE | MAKING |
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Agency: Health Care Authority

CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: March 23, 2021 TIME: 8:28 AM

WSR 21-07-112

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|---|--------------|--|--|--|--|--|---|--|--|--|--|--|--|--|
| Original Notice | | | | | | | | | | | | | | |
| Supplemental Notice to WSR | | | | | | | | | | | | | | |
| □ Continuance of WSR ⊠ Preproposal Statement of Inquiry was filed as WSR <u>21-01-199</u>; or □ Expedited Rule MakingProposed 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) WAC 182-513-1620, Tailored supports for older adults (TSOA)—Presumptive eligibility (PE) | | | | | | | |
| | | | | | | | | | | | | | | |
| Hearing location(s): | T | | 0 | | | | | | | | | | | |
| Date: | Time: | Location: (be specific) | Comment: | | | | | | | | | | | |
| April 27, 2021 | 10:00 AM | In response to the coronavirus disease 2019 (COVID-19) public health emergency, the agency | To attend the virtual public hearing, you must register at the following link: | | | | | | | | | | | |
| | | will not provide a physical | Registration URL | | | | | | | | | | | |
| | | location for this hearing. This | https://attendee.gotowebinar.com/register/18151438 | | | | | | | | | | | |
| | | promotes social distancing and the safety of the citizens of | <u>9970288398</u> | | | | | | | | | | | |
| | | Washington State. A virtual public | Webinar ID | | | | | | | | | | | |
| | | hearing, without a physical | 554-761-747 | | | | | | | | | | | |
| | | meeting space, will be held | | | | | | | | | | | | |
| | | instead. | After registering, you will receive a confirmation email | | | | | | | | | | | |
| | | | containing the information about joining the webinar. | | | | | | | | | | | |
| | | ooner than April 28, 2021 (Note: T | his is NOT the effective date) | | | | | | | | | | | |
| Submit written comm | | | | | | | | | | | | | | |
| Name: HCA Rules Coo | | | | | | | | | | | | | | |
| Address: PO Box 427 | | WA 98504-2716 | | | | | | | | | | | | |
| Email: arc@hca.wa.go | <u>v</u> | | | | | | | | | | | | | |
| Fax: (360) 586-9727 | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| By (date) <u>April 27, 202</u> | | | | | | | | | | | | | | |
| Assistance for perso | ns with disa | abilities: | | | | | | | | | | | | |
| Contact Amber Loughe | ed | | | | | | | | | | | | | |
| Phone: (360) 725-1349 |) | | | | | | | | | | | | | |
| Fax: (360) 586-9727 | | | | | | | | | | | | | | |
| TTY: Telecommunicati | • | . , | | | | | | | | | | | | |
| Email: amber.lougheed | l@hca.wa.g | <u>ov</u> | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| By (date) April 9, 2021 | | | | | | | | | | | | | | |

| (HCA) is revising | | d effects, including any changes in existing rules: lige in WAC 388-106-1910 to alleviate confusion caus | |
|--|------------------------------|---|-------------------------------------|
| Reasons suppor | ting proposal: See Purpos | P | |
| | | | |
| Statutory author | ity for adoption: RCW 41.0 | 05.021, 41.05.160 | |
| Statute being im | plemented: RCW 41.05.02 | 1, 41.05.160 | |
| Is rule necessary | | | |
| Federal Lav | | | □ Yes ⊠ No |
| State Court | urt Decision? | | □ Yes ⊠ No □ Yes ⊠ No |
| If yes, CITATION: | | | |
| Name of propon | ent: (person or organization |) Health Care Authority | Private |
| | ent. (person of organization | | Private Public Governmental |
| Name of agency | personnel responsible fo | r: | |
| | Name | Office Location | Phone |
| Drafting: | Jason Crabbe | PO Box 42716, Olympia WA 98504-2716 | 360-725-9563 |
| Implementation: | Mark Westenhaver | PO Box 45534, Olympia, WA 98504-5534 | 360-725-1324 |
| Enforcement: | Mark Westenhaver | PO Box 45534, Olympia, WA 98504-5534 | 360-725-1324 |
| Is a school distri If yes, insert state | • | t required under RCW 28A.305.135? | 🗆 Yes 🛛 No |
| The public may Name: Address Phone: Fax: TTY: Email: Other: | | ol district fiscal impact statement by contacting: | |
| | analysis required under F | | |
| ☐ Yes: A pre Name: Address Phone: Fax: | | sis may be obtained by contacting: | |

| | 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. | | | | | | |
| Regulato | Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement: | | | | | | |
| This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s): | | | | | | | |
| adopted s regulation adopted. Citation ar | olely to conform and/or comply with federal state this rule is being adopted to conform or comply nd description: | ute or regu with, and o | CW 19.85.061 because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not e the agency has completed the pilot rule process ule. | | | | |
| □ This ru | \Box 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. | | | | | | |
| • | le proposal, or portions of the proposal, is exem | npt under R | CW 19.85.025(3). Check all that apply: | | | | |
| | RCW 34.05.310 (4)(b) | | RCW 34.05.310 (4)(e) | | | | |
| | (Internal government operations) | | (Dictated by statute) | | | | |
| | RCW 34.05.310 (4)(c) | | RCW 34.05.310 (4)(f) | | | | |
| | (Incorporation by reference) | | (Set or adjust fees) | | | | |
| | RCW 34.05.310 (4)(d) | | RCW 34.05.310 (4)(g) | | | | |
| | (Correct or clarify language) | | ((i) Relating to agency hearings; or (ii) process | | | | |
| | (11111111111) (1110) | | requirements for applying to an agency for a license or permit) | | | | |
| 🗆 This ru | le proposal, or portions of the proposal, is exem | npt under R | RCW | | | | |
| Explanatio | on of exemptions, if necessary: | | | | | | |
| | COMPLETE THIS SECTION | NONLY IF | NO EXEMPTION APPLIES | | | | |
| If the prop | posed rule is not exempt , does it impose more-t | han-minor | costs (as defined by RCW 19.85.020(2)) on businesses? | | | | |
| No Briefly summarize the agency's analysis showing how costs were calculated. <u>The proposed rule pertains to client program eligibility and does not impose any costs on businesses.</u> Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here: | | | | | | | |
| | s Calculations show the rule proposal likely im | <u>s on busine</u> poses mor | esses. | | | | |
| C Yes econor The | Calculations show the rule proposal likely im mic impact statement is required. Insert stateme | s on busine poses mor nt here: | esses. | | | | |
| Yes econor The con | S Calculations show the rule proposal likely implicing impact statement is required. Insert statement is public may obtain a copy of the small business intacting: Name: Address: | s on busine poses mor nt here: | esses. e-than-minor cost to businesses, and a small business | | | | |
| C Yes econor The con | S Calculations show the rule proposal likely im- mic impact statement is required. Insert stateme e public may obtain a copy of the small business stacting: Name: Address: Phone: | s on busine poses mor nt here: | esses. e-than-minor cost to businesses, and a small business | | | | |
| C Yes econor The con | S Calculations show the rule proposal likely im- mic impact statement is required. Insert stateme e public may obtain a copy of the small business stacting: Name: Address: Phone: Fax: | s on busine poses mor nt here: | esses. e-than-minor cost to businesses, and a small business | | | | |
| C Yes econor The con | Calculations show the rule proposal likely im- mic impact statement is required. Insert stateme e public may obtain a copy of the small business ntacting: Name: Address: Phone: Fax: TTY: | s on busine poses mor nt here: | esses. e-than-minor cost to businesses, and a small business | | | | |
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| The con | Calculations show the rule proposal likely im- mic impact statement is required. Insert stateme e public may obtain a copy of the small business ntacting: Name: Address: Phone: Fax: TTY: | s on busine poses mor nt here: | e-than-minor cost to businesses, and a small business impact statement or the detailed cost calculations by | | | | |
| Date: Mar | S Calculations show the rule proposal likely im- mic impact statement is required. Insert stateme e public may obtain a copy of the small business stacting: Name: Address: Phone: Fax: TTY: Email: Other: | s on busine poses more nt here: economic | e-than-minor cost to businesses, and a small business impact statement or the detailed cost calculations by | | | | |

AMENDATORY SECTION (Amending WSR 19-11-123, filed 5/22/19, effective 6/22/19)

WAC 182-513-1620 Tailored supports for older adults (TSOA)—Presumptive eligibility (PE). (1) A person may be determined presumptively eligible for tailored supports for older adults (TSOA) services upon completion of a prescreening interview.

(2) The prescreening interview may be conducted by either:

(a) The area agency on aging (AAA); or

(b) A home and community services intake case manager or social worker.

(3) To receive services under presumptive eligibility (PE), the person must meet:

(a) Nursing facility level of care under WAC 388-106-0355;

(b) TSOA income limits under WAC 182-513-1635; and

(c) TSOA resource limits under WAC 182-513-1640.

(4) The PE period begins on the date the determination is made and:

(a) Ends on the last day of the month following the month of the PE determination if a full TSOA application is not completed and submitted by that date; or

(b) Continues through the date the final TSOA eligibility determination is made if a full TSOA application is submitted before the last day of the month following the month of the PE determination.

(5) If the person applies and is not determined financially eligible for TSOA, there is no overpayment or liability on the part of the applicant for services received during the PE period.

(6) The medicaid agency or the agency's designee sends written notice as described in WAC 182-518-0010 when PE for TSOA is approved or denied.

(7) A person may receive ((only one PE period)) <u>services under</u> <u>presumptive eligibility only once</u> within a ((consecutive)) twenty-four-month period.

(8) If the department of social and health services establishes a waitlist for TSOA services under WAC 388-106-1975, then PE does not apply.