



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: March 30, 2023

TIME: 2:58 PM

WSR 23-08-048

Agency: Health Care Authority

☒ Original Notice

☐ Supplemental Notice to WSR _____

☐ Continuance of WSR _____

☒ Preproposal Statement of Inquiry was filed as WSR 22-09-074 ; 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) WAC 182-502-0002 – Eligible provider types; (new)
Chapter 182-561 WAC – Community behavioral support services benefit

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
May 9, 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: Register in advance for this webinar: https://us02web.zoom.us/webinar/register/WN_hBvwLAWGQNaCbhRKR7ciw 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: May 10, 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) May 9, 2023 by 11:59 PM

Assistance for persons with disabilities:

Contact Johanna Larson

Phone: 360-725-1349

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TTY: Telecommunication Relay Services (TRS): 711

Email: Johanna.larson@hca.wa.gov

Other:

By (date) April 28, 2023

Purpose of the proposal and its anticipated effects, including any changes in existing rules: Chapter 182-561 WAC is a new chapter to establish the Community Behavioral Support Services (CBHS) benefit. The CBHS benefit assists eligible clients with obtaining the skills necessary to reside successfully in home and community-based settings. The chapter includes the eligibility criteria for clients; Apple Health rules requiring medical necessity do not apply to this benefit. The chapter also includes CBHS provider requirements, eligible diagnoses, covered services, and the appeal process. t

Reasons supporting proposal: See Purpose above

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?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, CITATION: N/A			
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None			
Type of proponent: <input type="checkbox"/> Private <input type="checkbox"/> Public <input checked="" type="checkbox"/> Governmental			
Name of proponent: (person or organization) Health Care Authority			
Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting:	Melinda Froud	PO box 42716, Olympia, WA 98504-2716	360-725-1408
Implementation:	Rebecca Carrell	PO Box 45534, Olympia, WA 98504-5534	360-725-5707
Enforcement:	Rebecca Carrell	PO Box 45534, Olympia, WA 98504-5534	360-725-5707
Is a school district fiscal impact statement required under RCW 28A.305.135? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, insert statement here:			
<p>The public may obtain a copy of the school district fiscal impact statement by contacting:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>TTY:</p> <p>Email:</p> <p>Other:</p>			
Is a cost-benefit analysis required under RCW 34.05.328?			
<input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name: Address: Phone: Fax: TTY: Email: Other:			
<input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> 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:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 rules do not impose any costs on 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: March 30, 2023

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-502-0002 Eligible provider types. The following health care professionals, health care entities, suppliers or contractors of service may request enrollment with the Washington state health care authority (medicaid agency) to provide covered health care services to eligible clients. For the purposes of this chapter, health care services include treatment, equipment, related supplies, and drugs.

(1) Professionals:

(a) Advanced registered nurse practitioners;

(b) Anesthesiologists;

(c) Applied behavior analysis (ABA) professionals, as provided in WAC 182-531A-0800:

(i) Licensed behavior analyst;

(ii) Licensed assistant behavior analyst; and

(iii) Certified behavior technician.

(d) Audiologists;

(e) Substance use disorder professionals:

(i) Mental health providers; and

(ii) Peer counselors.

(f) Chiropractors;

(g) Dentists;

(h) Dental health aide therapists, as provided in chapter 70.350 RCW;

(i) Dental hygienists;

(j) Denturists;

(k) Dietitians or nutritionists;

(l) Hearing aid fitters/dispensers;

(m) Marriage and family therapists;

(n) Mental health counselors;

(o) Mental health care providers;

(p) Midwives;

(q) Naturopathic physicians;

(r) Nurse anesthetist;

(s) Occularists;

(t) Occupational therapists;

(u) Ophthalmologists;

(v) Opticians;

(w) Optometrists;

(x) Orthodontists;

(y) Orthotist;

(z) Osteopathic physicians;

(aa) Osteopathic physician assistants;

(bb) Peer counselors;

(cc) Podiatric physicians;

(dd) Pharmacists;

(ee) Physicians;

(ff) Physician assistants;

(gg) Physical therapists;

(hh) Prosthetist;

(ii) Psychiatrists;

(jj) Psychologists;

(kk) Radiologists;

(ll) Registered nurse delegators;

(mm) Registered nurse first assistants;

(nn) Respiratory therapists;
 (oo) Social workers; and
 (pp) Speech/language pathologists.
 (2) Agencies, centers, and facilities:
 (a) Adult day health centers;
 (b) Ambulance services (ground and air);
 (c) Ambulatory surgery centers (medicare-certified);
 (d) Birthing centers (licensed by the department of health);
 (e) Cardiac diagnostic centers;
 (f) Case management agencies;
 (g) Substance use disorder treatment facilities certified by the department of health (DOH);
 (h) Withdrawal management treatment facilities certified by DOH;
 (i) Community AIDS services alternative agencies;
 (j) Community behavioral health support services provider facilities;
 (k) Community mental health centers;
 ((+k)) (l) Diagnostic centers;
 ((+l)) (m) Early and periodic screening, diagnosis, and treatment (EPSDT) clinics;
 ((+m)) (n) Family planning clinics;
 ((+n)) (o) Federally qualified health centers (designated by the federal department of health and human services);
 ((+o)) (p) Genetic counseling agencies;
 ((+p)) (q) Health departments;
 ((+q)) (r) Health maintenance organization (HMO)/managed care organization (MCO);
 ((+r)) (s) HIV/AIDS case management;
 ((+s)) (t) Home health agencies;
 ((+t)) (u) Hospice agencies;
 ((+u)) (v) Hospitals;
 ((+v)) (w) Indian health service facilities/tribal 638 facilities;
 ((+w)) (x) Tribal or urban Indian clinics;
 ((+x)) (y) Inpatient psychiatric facilities;
 ((+y)) (z) Intermediate care facilities for individuals with intellectual disabilities (ICF-IID);
 ((+z)) (aa) Kidney centers;
 ((+aa)) (bb) Laboratories (CLIA certified);
 ((+bb)) (cc) Maternity support services agencies; maternity case managers; infant case management, first steps providers;
 ((+cc)) (dd) Neuromuscular and neurodevelopmental centers;
 ((+dd)) (ee) Nurse services/delegation;
 ((+ee)) (ff) Nursing facilities (approved by the DSHS aging and long-term support administration);
 ((+ff)) (gg) Pathology laboratories;
 ((+gg)) (hh) Pharmacies;
 ((+hh)) (ii) Private duty nursing agencies;
 ((+ii)) (jj) Radiology - Stand-alone clinics;
 ((+jj)) (kk) Rural health clinics (medicare-certified);
 ((+kk)) (ll) School districts and educational service districts;
 ((+ll)) (mm) Sleep study centers; and
 ((+mm)) (nn) Washington state school districts and educational service districts.
 (3) Suppliers of:
 (a) Blood, blood products, and related services;
 (b) Durable and nondurable medical equipment and supplies;

- (c) Complex rehabilitation technologies;
- (d) Infusion therapy equipment and supplies;
- (e) Prosthetics/orthotics;
- (f) Hearing aids; and
- (g) Respiratory care, equipment, and supplies.
- (4) Contractors:
 - (a) Transportation brokers;
 - (b) Spoken language interpreter services agencies;
 - (c) Independent sign language interpreters; and
 - (d) Eyeglass and contact lens providers.

Chapter 182-561 WAC
COMMUNITY BEHAVIORAL HEALTH SUPPORT SERVICES BENEFIT

NEW SECTION

WAC 182-561-0100 General. (1) **Administration.** The medicaid agency, in conjunction with the department of social and health services, administers the community behavioral health support services (CBHS) benefit.

(2) **Services.** The CBHS benefit individualizes services designed to assist eligible clients in acquiring, retaining, restoring, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

(3) **Applicability.** The rules in this chapter apply to benefits administered through fee-for-service delivery or a managed care organization.

(4) **CBHS benefits determined under this chapter.**

(a) The agency determines eligibility for CBHS benefits based on the rules in this chapter.

(b) Apple health rules requiring medical necessity do not apply to the CBHS benefit.

NEW SECTION

WAC 182-561-0200 Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter:

"Activities of daily living (ADL)" means the same as in WAC 388-106-0010.

"Home and community services (HCS)" means the division of the department of social and health services (DSHS) that manages the state's comprehensive long-term care system that provides in-home, residential, and nursing home services to clients with functional disabilities.

NEW SECTION

WAC 182-561-0300 Eligibility. To be eligible for the community behavioral health support services (CBHS) benefit, a person must meet all requirements and criteria in this section.

(1) **General requirements.** A person must:

(a) Be eligible for apple health under categorically needy or alternate benefit plan scope of care;

(b) Receive at least one of the following home and community services at home or in a community residential setting:

(i) Medicaid personal care (MPC), as described in WAC 388-106-0015(1);

(ii) Community options program entry system (COPES), as described in WAC 388-106-0015(2);

(iii) Community first choice (CFC), as described in WAC 388-106-0015(3);

(iv) New freedom consumer directed services (NFCDS), as described in WAC 388-106-0015(16); or

(v) Residential support, as described in WAC 388-106-0015(17).

(c) Have countable income at or below 150 percent of the federal poverty level (FPL);

(d) Be age 18 or older; and

(e) Have an eligible diagnosis, as identified in WAC 182-561-0600.

(2) **Needs-based criteria.** A person must be assessed by home and community services (HCS) or an HCS designee and found to have a demonstrated need for:

(a) Assistance with three or more activities of daily living (ADL), or assistance with body care, or both, as defined in WAC 388-106-0010; or

(b) Hands-on assistance with one or more ADLs.

(3) **Risk-based criteria.** A person must have:

(a) A behavioral or clinical complexity that requires additional staffing or specialized services available only under the CBHS benefit. This determination is based on the person exhibiting one or more of the following behaviors within the last 12 months:

(i) Multiple assaults related to a behavioral health condition during inpatient or long-term care;

(ii) Self-endangering behaviors related to a behavioral health condition that would result in bodily harm;

(iii) Intrusiveness related to a behavioral health condition (e.g., rummaging, unawareness of personal boundaries) that places the person at risk of assault by others;

(iv) Chronic psychiatric symptoms that cause distress to and escalate the person or other residents to crisis;

(v) Sexual inappropriateness related to a behavioral health condition that may compromise the safety of the person and other vulnerable adults; or

(b) A history of any of the above behaviors, which are currently only prevented by additional skilled staff intervention.

(4) **Other criteria.** A person must meet the criteria of (a) or (b) of this subsection and have:

(a) A history of being unsuccessful in community living settings, as evidenced by at least one or more of the following:

(i) A history of multiple failed stays in residential settings within the past two years;

(ii) Be in imminent danger of losing a current community living setting due to behaviors related to a behavioral health condition or conditions;

(iii) Experience frequent caregiver turnover due to behaviors related to a behavioral health condition or conditions within the past two years; or

(iv) Be at imminent risk of losing a long-term care living setting without currently receiving the CBHS benefit.

(b) A past psychiatric history, where significant functional improvement has not been maintained due to the lack of the CBHS benefit, as evidenced by one or more of the following:

(i) Two or more inpatient psychiatric hospitalizations in the last 12 months;

(ii) An inpatient stay in a community hospital (acute or psychiatric) or a free-standing evaluation and treatment facility for 30 days or more in the last 12 months, with barriers to discharge related to a behavioral health condition or conditions;

(iii) Discharge from a state psychiatric hospital or a long-term 90/180-day inpatient psychiatric setting in the last 12 months; or

(iv) Being at imminent risk of requiring inpatient level of care without currently receiving the CBHS benefit.

(5) **Continuous eligibility.** Covered services may begin on the date the client meets all CBHS benefit criteria described in subsections (1) through (4) of this section. The agency approves one year of continuous eligibility for the CBHS benefit, unless the client:

(a) Is admitted to an institution, as defined in WAC 182-500-0050, and is likely to reside there for 30 days or longer;

(b) No longer receives any of the following home and community services at home or in a community residential setting:

(i) Medicaid personal care (MPC), as described in WAC 388-106-0015(1);

(ii) Community options program entry system (COPES), as described in WAC 388-106-0015(2);

(iii) Community first choice (CFC), as described in WAC 388-106-0015(3);

(iv) New freedom consumer directed services (NFCDS), as described in WAC 388-106-0015(16); or

(v) Residential support, as described in WAC 388-106-0015(17).

(c) Has countable income over 150 percent federal poverty level (FPL); or

(d) Otherwise loses eligibility for medicaid.

(6) **Service eligibility denial or termination.** The agency provides a written explanation for denials as described in chapter 182-518 WAC.

(a) A change that results in termination takes effect the first of the month following the change as described in WAC 182-504-0120.

(b) A change that results in a decreased scope of care takes effect the first of the month following the advance notice period, as described in WAC 182-504-0120.

(7) **Redetermination.** The agency reviews client eligibility for CBHS services at least once every 12 months.

NEW SECTION

WAC 182-561-0400 Covered services. The community behavioral health support services (CBHS) benefit covers supportive supervision and oversight services that:

(1) Include direct monitoring, redirection, diversion, and cueing to prevent at-risk behavior that may result in harm to the client or to others;

(2) Provide assistance with building skills and resiliency to support stabilized living and integration; and

(3) Must be coordinated with other behavioral health services or incorporated into any existing crisis plans.

NEW SECTION

WAC 182-561-0500 Providers. (1) **Supportive supervision and oversight services providers.** The services described in WAC 182-561-0400(1) must be provided by the following medicaid agency-contracted providers:

(a) Adult family homes, which are licensed under chapter 388-76 WAC;

(b) Adult residential care facilities (ARC), which are assisted living facilities with a contract to provide ARC services and are licensed under chapters 18.20 RCW and 388-78A WAC;

(c) Enhanced adult residential care (EARC) facilities, which are assisted living facilities with a contract to provide EARC services and are licensed under chapters 18.20 RCW and 388-78A WAC;

(d) Assisted living facilities, which are licensed under chapters 70.97 RCW and 388-78A and 388-110 WAC; or

(e) Enhanced services facilities, which are licensed under chapters 70.97 RCW and 388-107 WAC.

(2) **Provider requirements.** For the purposes of community behavioral health support services, WAC 182-502-0020 is not applicable. Providers should follow the record requirements outlined in the billing guides.

NEW SECTION

WAC 182-561-0600 Eligible diagnoses. For purposes of this chapter, eligible diagnoses include:

- Psychotic disorder with hallucinations due to known physiological condition
- Psychotic disorder with delusions due to known physiological condition
- Mood disorder due to known physiological condition, unspecified
- Mood disorder due to known physiological condition with depressive features
- Mood disorder due to known physiological condition with major depressive-like episode
- Mood disorder due to known physiological condition with manic features
- Mood disorder due to known physiological condition with mixed features
- Anxiety disorder due to known physiological condition
- Personality change due to known physiological condition
- Diffuse traumatic brain injury with loss of consciousness sequelae
- Paranoid schizophrenia
- Disorganized schizophrenia
- Catatonic schizophrenia
- Undifferentiated schizophrenia
- Residual schizophrenia
- Schizophreniform disorder
- Other schizophrenia
- Schizophrenia, unspecified
- Schizotypal disorder

- Delusional disorders
- Brief psychotic disorder
- Shared psychotic disorder
- Schizoaffective disorder, bipolar type
- Schizoaffective disorder, depressive type
- Other schizoaffective disorders
- Schizoaffective disorder, unspecified
- Other psychotic disorder not due to a substance or known physiological condition
- Unspecified psychosis not due to a substance or known physiological condition
- Manic episode without psychotic symptoms, unspecified
- Manic episode without psychotic symptoms, mild
- Manic episode without psychotic symptoms, moderate
- Manic episode, severe, without psychotic symptoms
- Manic episode, severe with psychotic symptoms
- Manic episode in partial remission
- Manic episode in full remission
- Other manic episodes
- Manic episode, unspecified
- Bipolar disorder, current episode hypomanic
- Bipolar disorder, current episode manic without psychotic features, unspecified
- Bipolar disorder, current episode manic without psychotic features, mild
- Bipolar disorder, current episode manic without psychotic features, moderate
- Bipolar disorder, current episode manic without psychotic features, severe
- Bipolar disorder, current episode manic severe with psychotic features
- Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
- Bipolar disorder, current episode depressed, mild
- Bipolar disorder, current episode depressed, moderate
- Bipolar disorder, current episode depressed, severe, without psychotic features
- Bipolar disorder, current episode depressed, severe, with psychotic features
- Bipolar disorder, current episode mixed, unspecified
- Bipolar disorder, current episode mixed, mild
- Bipolar disorder, current episode mixed, moderate
- Bipolar disorder, current episode mixed, severe, without psychotic features
- Bipolar disorder, current episode mixed, severe, with psychotic features
- Bipolar disorder, currently in remission, most recent episode unspecified
- Bipolar disorder, in partial remission, most recent episodic hypomanic
- Bipolar disorder, in full remission, most recent episode hypomanic
- Bipolar disorder, in partial remission, most recent episode manic
- Bipolar disorder, in full remission, most recent episode manic
- Bipolar disorder, in partial remission, most recent episode depressed

- Bipolar disorder, in full remission, most recent episode depressed
- Bipolar disorder, in partial remission, most recent episode mixed
- Bipolar disorder, in full remission, most recent episode mixed
- Bipolar II disorder
- Other bipolar disorder
- Bipolar disorder, unspecified
- Major depressive disorder, single episode, mild
- Major depressive disorder, single episode, moderate
- Major depressive disorder, single episode, severe without psychotic features
- Major depressive disorder, single episode, severe with psychotic features
- Major depressive disorder, single episode, in partial remission
- Major depressive disorder, single episode, in full remission
- Other depressive episodes
- Premenstrual dysphoric disorder
- Other specified depressive episodes
- Major depressive disorder, single episode, unspecified
- Depression, unspecified
- Major depressive disorder, recurrent, mild
- Major depressive disorder, recurrent, moderate
- Major depressive disorder, recurrent severe without psychotic features
- Major depressive disorder, recurrent, severe with psychotic symptoms
- Major depressive disorder, recurrent, in remission, unspecified
- Major depressive disorder, recurrent, in partial remission
- Major depressive disorder, recurrent, in full remission
- Other recurrent depressive disorders
- Major depressive disorder, recurrent, unspecified
- Cyclothymic disorder
- Dysthymic disorder
- Other persistent mood (affective) disorders
- Disruptive mood dysregulation disorder
- Other specified persistent mood disorders
- Persistent mood (affective) disorder, unspecified
- Unspecified mood (affective) disorder
- Agoraphobia, unspecified
- Agoraphobia with panic disorder
- Agoraphobia without panic disorder
- Social phobia, unspecified
- Social phobia, generalized
- Claustrophobia
- Other phobic anxiety disorders
- Panic disorder (episodic paroxysmal anxiety)
- Generalized anxiety disorder
- Obsessive-compulsive disorder
- Mixed obsessional thoughts and acts
- Hoarding disorder
- Excoriation (skin-picking) disorder
- Other obsessive-compulsive disorder
- Obsessive-compulsive disorder, unspecified
- Post-traumatic stress disorder, unspecified
- Post-traumatic stress disorder, acute
- Post-traumatic stress disorder, chronic

- Dissociative amnesia
- Dissociative fugue
- Dissociative stupor
- Conversion disorder with motor symptom or deficit
- Conversion disorder with seizures or convulsions
- Conversion disorder with sensory symptom or deficit
- Conversion disorder with mixed symptom presentation
- Dissociative identity disorder
- Other dissociative and conversion disorders
- Dissociative and conversion disorder, unspecified
- Somatization disorder
- Undifferentiated somatoform disorder
- Hypochondriacal disorder, unspecified
- Hypochondriasis
- Body dysmorphic disorder
- Other hypochondriacal disorders
- Pain disorder exclusively related to psychological factors
- Pain disorder with related psychological factors
- Other somatoform disorders
- Somatoform disorder, unspecified
- Depersonalization-derealization syndrome
- Nonpsychotic mental disorder, unspecified
- Borderline personality disorder
- Trichotillomania
- Intermittent explosive disorder
- Other impulse disorders
- Impulse disorder, unspecified
- Factitious disorder imposed on self, unspecified
- Factitious disorder imposed on self, with predominantly physical signs and symptoms
- Factitious disorder imposed on self, with combined psychological and physical signs and symptoms
- Other specified disorders of adult personality and behavior
- Conduct disorder confined to family context
- Conduct disorder, childhood-onset type
- Conduct disorder, adolescent-onset type
- Other conduct disorders
- Conduct disorder, unspecified
- Separation anxiety disorder of childhood
- Other childhood emotional disorders
- Childhood emotional disorder, unspecified
- Selective mutism
- Reactive attachment disorder of childhood
- Disinhibited attachment disorder of childhood
- Other childhood disorders of social functioning
- Childhood disorder of social functioning, unspecified

NEW SECTION

WAC 182-561-0700 Appeal process. (1) The medicaid agency gives the client written notice of an action under chapter 182-518 WAC.

(2) The client has the right to appeal the agency's action according to chapter 182-526 WAC.