## PROPOSED RULE MAKING



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

## **CODE REVISER USE ONLY**

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DATE: April 04, 2024

TIME: 3:21 PM

WSR 24-09-009

| Agency: Health Care Authority                                   |               |   |  |   |  |  |  |  |  |
|---|---------------|---|--|---|--|--|--|--|--|
| □ Original Notice   |               |   |  |   |  |  |  |  |  |
| ☐ Supplemental Noti   | ice to WSR    |   |  |   |  |  |  |  |  |
| □ Continuance of WSR  |               |   |  |   |  |  |  |  |  |
| □ Preproposal State   | ment of Inq   | uiry was filed as WSR 2   | 24-05-076  | ; 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 othe limitations                              | r identifying | g information: (describe  | subject) 1                                       | 82-527-2742, Estate recovery – Service-related  |  |  |  |  |  |
| Hearing location(s):  |               |   |  |   |  |  |  |  |  |
| Date:   | Time:         | Location: (be specific)   |  | Comment:  |  |  |  |  |  |
| May 21, 2024  | 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:   |  |  |  |  |  |
|   |               | physical meeting place.   |  | https://us02web.zoom.us/webinar/register/WN   |  |  |  |  |  |
|   |               |   |  | KZuT0n1uR3mMN22GogHn7Q  |  |  |  |  |  |
|   |               |   |  | Red Tonied Management   |  |  |  |  |  |
|   |               |   |  | 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 ado  | ption: Not e  | earlier than May 22, 2024   | (Note: Th  | his is <b>NOT</b> the <b>effective</b> date)  |  |  |  |  |  |
| Submit written comments to:                                     |               |   | Assist   | Assistance for persons with disabilities:   |  |  |  |  |  |
| Name: HCA Rules Coordinator                                     |               |   | Contac   | Contact Johanna Larson  |  |  |  |  |  |
| Address: PO Box 42716, Olympia WA 98504-2716                    |               |   | Phone  | Phone: 360-725-1349   |  |  |  |  |  |
| Email: arc@hca.wa.gov   |               |   | Fax: 3   | Fax: 360-586-9727   |  |  |  |  |  |
| Fax: 360-586-9727   |               | TTY: T  | TTY: Telecommunication Relay Services (TRS): 711 |   |  |  |  |  |  |
| Other:  |               |   | Email:   | Email: Johanna.larson@hca.wa.gov  |  |  |  |  |  |
| By (date) May 21, 2024, by 11:59 PM                             |               |   | Other:   | Other:  |  |  |  |  |  |
|   |               |   | By (da   | By (date) May 10, 2024  |  |  |  |  |  |
|   |               |   |  | y changes in existing rules: The agency is amending                                   |  |  |  |  |  |
|   |               |   | pt from est                                      | state recovery state-only funded Guardianship and                                     |  |  |  |  |  |
| Conservatorship Assis<br>Reasons supporting                     |               |   |  |   |  |  |  |  |  |
|   | <u> </u>      | : RCW 41.05.021, 41.05.   | 160  |   |  |  |  |  |  |
|   |               | N 41.05.021, 41.05.160  | 100  |   |  |  |  |  |  |
| Is rule necessary bed   |               | ,   |  |   |  |  |  |  |  |
| Federal Law?  | 01 01         |   |  | □ 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: None  |   |   |                        |  |  |  |  |
|--|---|---|------------------------|--|--|--|--|
| Type of proponent: ☐ Private ☐ Public ☒ Governmental  Name of proponent: (person or organization) Health Care Authority  |   |   |                        |  |  |  |  |
| Name of agency   | Name of agency personnel responsible for:           |   |                        |  |  |  |  |
|  | Name  | Office Location   | Phone                  |  |  |  |  |
| Drafting:  | Brian Jensen  | PO Box 42716, Olympia, WA 98504-2716  | 360-725-0815           |  |  |  |  |
| Implementation:  | Paige Lewis   | PO Box 42722, Olympia, WA 98504-2722  | 360-725-0757           |  |  |  |  |
| Enforcement:   | Paige Lewis   | PO Box 42722, Olympia, WA 98504-2722  | 360-725-0757           |  |  |  |  |
| Is a school distr<br>If yes, insert state  |   | ment required under RCW 28A.305.135?  | □ Yes ⊠ No             |  |  |  |  |
| The public ma Name: Address Phone: Fax: TTY: Email: Other:   |   | school district fiscal impact statement by contacting:  |                        |  |  |  |  |
| ☐ Yes: A pr<br>Name:<br>Address<br>Phone:<br>Fax:<br>TTY:<br>Email:<br>Other:<br>☒ No: Plea<br>Administrative  | s:<br>ise explain: RCW 34.05<br>Rules Review Commit | nalysis may be obtained by contacting:  5.328 does not apply to Health Care Authority rules unless tee or applied voluntarily.  | requested by the Joint |  |  |  |  |
| 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 <a href="https://chapter.19.85.RCW">chapter 19.85 RCW</a> ). For additional information on exemptions, consult the <a href="https://exemption.guide.published.by.ORIA">exemption.guide.published.by.ORIA</a> . Please check the box for any applicable exemption(s): |   |   |                        |  |  |  |  |
| adopted solely to  | conform and/or comply<br>e is being adopted to co   | proposal, is exempt under <u>RCW 19.85.061</u> because this rule with federal statute or regulations. Please cite the specific conform or comply with, and describe the consequences to | federal statute or     |  |  |  |  |
| <ul> <li>□ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by <u>RCW 34.05.313</u> before filing the notice of this proposed rule.</li> <li>□ This rule proposal, or portions of the proposal, is exempt under the provisions of <u>RCW 15.65.570(2)</u> because it was adopted by a referendum.</li> </ul>                                       |   |   |                        |  |  |  |  |

|   | This rule  | proposal, or portions of the proposal, is exempt u               | ınder <u>R</u> ( | 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               |  |  |  |  |
|   |  |  |                  | requirements for applying to an agency for a license or permit) |  |  |  |  |
| $\boxtimes$   | This rule  | proposal, or portions of the proposal, is exempt u               | ınder <u>R(</u>  | CW 19.85.025(4) (does not affect small businesses).             |  |  |  |  |
|   |  | proposal, or portions of the proposal, is exempt u               |                  |   |  |  |  |  |
|   |  | of how the above exemption(s) applies to the pro-                | posed r          | ule: The proposed rule pertains to client program               |  |  |  |  |
|   |  | d does not impose costs on businesses.  f exemptions: Check one. |                  |   |  |  |  |  |
|   | -  | •  | ons ider         | ntified above apply to all portions of the rule proposal.       |  |  |  |  |
|   |  |  |                  | emptions 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                  | exemption        | ons 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 <b>not exempt</b> , 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 analy                  | sis and          | how the agency determined the proposed rule did not             |  |  |  |  |
|   | •  | nore-than-minor costs  |                  |   |  |  |  |  |
|   |  |  |                  | -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:                   |  |  |                  |   |  |  |  |  |
|   |  | ame:   |                  |   |  |  |  |  |
|   |  | ldress:  |                  |   |  |  |  |  |
|   | Phone:   |  |                  |   |  |  |  |  |
|   | Fax:   |  |                  |   |  |  |  |  |
|   | TTY:   |  |                  |   |  |  |  |  |
|   | Email:   |  |                  |   |  |  |  |  |
|   | Ot   | her:   |                  |   |  |  |  |  |
| Da  | i <b>te:</b> April 4   | 1, 2024  | Signatu          | 10,10   |  |  |  |  |
| Na  | ı <b>me:</b> Wen   | dy Barcus  |                  | Mondy Dardin  |  |  |  |  |
| Tit   | :le: HCA F   | Rules Coordinator  | Mondy Borous     |   |  |  |  |  |

AMENDATORY SECTION (Amending WSR 17-12-019, filed 5/30/17, effective 7/1/17)

WAC 182-527-2742 Estate recovery—Service-related limitations. For the purposes of this section, the term "agency" includes the agency's designee.

The agency's payment for the following services is subject to recovery:

- (1) State-only funded services, except:
- (a) Adult protective services;
- (b) Offender reentry community safety program services;
- (c) Supplemental security payments (SSP) authorized by the developmental disabilities administration (DDA); ((and))
  - (d) Volunteer chore services; and
  - (e) Guardianship and conservatorship assistance program services.
  - (2) For dates of service on and after January 1, 2014:
  - (a) Basic plus waiver services;
  - (b) Community first choice (CFC) services;
  - (c) Community option program entry system (COPES) services;
  - (d) Community protection waiver services;
  - (e) Core waiver services;
  - (f) Hospice services;
- (g) Intermediate care facility for individuals with intellectual disabilities services provided in either a private community setting or in a rural health clinic;
  - (h) Individual and family services;
  - (i) Medicaid personal care services;
  - (j) New Freedom consumer directed services;
  - (k) Nursing facility services;
  - (1) Personal care services funded under Title XIX or XXI;
- (m) Private duty nursing administered by the aging and long-term support administration (ALTSA) or the DDA;
  - (n) Residential habilitation center services;
  - (o) Residential support waiver services;
  - (p) Roads to community living demonstration project services;
- (q) The portion of the managed care premium used to pay for ALT-SA-authorized long-term care services under the program of all-inclusive care for the elderly (PACE); and
- (r) The hospital and prescription drug services provided to a client while the client was receiving services listed in this subsection.
- (3) For dates of service beginning January 1, 2010, through December 31, 2013:
  - (a) Medicaid services;
  - (b) Premium payments to managed care organizations (MCOs); and
- (c) The client's proportional share of the state's monthly contribution to the Centers for Medicare and Medicaid Services to defray the costs for outpatient prescription drug coverage provided to a person who is eligible for medicare Part D and medicaid.
- (4) For dates of service beginning June 1, 2004, through December 31, 2009:
  - (a) Medicaid services;
  - (b) Medicare premiums for people also receiving medicaid;
- (c) Medicare savings programs (MSPs) services for people also receiving medicaid; and

- (d) Premium payments to MCOs.
- (5) For dates of service beginning July 1, 1995, through May 31, 2004:
  - (a) Adult day health services;
  - (b) Home and community-based services;
  - (c) Medicaid personal care services;
  - (d) Nursing facility services;
  - (e) Private duty nursing services; and
- (f) The hospital and prescription drug services provided to a client while the client was receiving services listed in this subsection.
- (6) For dates of service beginning July 1, 1994, through June 30, 1995:
  - (a) Home and community-based services;
  - (b) Nursing facility services; and
- (c) The hospital and prescription drug services provided to a client while the client was receiving services listed in this subsection.
- (7) For dates of service beginning July 26, 1987, through June 30, 1994: Medicaid services.
- (8) For dates of service through December 31, 2009. If a client was eligible for the MSP, but not otherwise medicaid eligible, the client's estate is liable only for any sum paid to cover medicare premiums and cost-sharing benefits.
- (9) For dates of service beginning January 1, 2010. If a client was eligible for medicaid and the MSP, the client's estate is not liable for any sum paid to cover medical assistance cost-sharing benefits.
- (10) For dates of service beginning July 1, 2017, long-term services and supports authorized under the medicaid transformation project are exempt from estate recovery. Exempted services include those provided under:
  - (a) Medicaid alternative care under WAC 182-513-1600;
  - (b) Tailored supports for older adults under WAC 182-513-1610;
- (c) Supportive housing under WAC 388-106-1700 through 388-106-1765; or
- (d) Supported employment under WAC 388-106-1800 through 388-106-1865.