



# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON  
FILED

DATE: January 10, 2020  
TIME: 10:14 AM

WSR 20-03-072

**Agency:** Health Care Authority

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.
- Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:** The agency is revising WAC 182-543-1100(6) to remove the requirement that a client enrolled in the alternative benefits plan have a qualifying condition to receive habilitative services. This revision aligns with WAC 182-545-400 Habilitative services.

In WAC 182-543-4200, the agency is clarifying the differences between adults and children who use power-drive wheelchairs by creating separate subsections. The rule clarifies that the agency pays for medically necessary power-drive wheelchairs that are prior authorized. In addition to the criteria set out in the rule, subsection (1)(c) states that the agency may pay for power wheelchairs on a case-by-case basis when prior authorized. Subsection (2) clarifies that the agency reviews requests for power wheelchairs for eligible children under the EPSDT program. Subsection (6) clarifies that the agency pays for more than one wheelchair when medically necessary for the client.

**Citation of rules affected by this order:**

- New:
- Repealed:
- Amended: 182-543-1100 Client eligibility; 182-543-4200 Wheelchairs – Power-drive
- Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 19-20-119 on October 2, 2019 (date).  
Describe any changes other than editing from proposed to adopted version:

| Proposed/Adopted                   | WAC Subsection  | Reason   |
|------------------------------------|---|--|
| <b>Original WAC # 182-543-4200</b> |   |  |
| Proposed                           | <p><b>WAC 182-543-4200 Covered wheelchairs—Power-drive.</b> The <u>medicaid agency pays for medically necessary power-drive wheelchairs when prior authorized.</u></p> <p><u>(1) Adults.</u></p> <p><u>(a) The medicaid agency pays for power-drive wheelchairs for clients age twenty-one and older when the prescribing physician certifies that the following clinical criteria are met:</u></p> <p><u>((-a-)) (i) The client can ((independently)) effectively and safely operate a power-drive wheelchair;</u></p> | <ul style="list-style-type: none"> <li>• Moved (1)(a) to subsection (1) so it is clear this provision applies to all subparts of subsection (1).</li> <li>• Retained the original term “independently” in what is now (1)(a) because it is more clearly defined than “effectively.”</li> </ul> |

|  |  |  |
|--|--|--|
| Adopted                                  | <p><b>WAC 182-543-4200 Covered wheelchairs—Power-drive.</b> <u>The medicaid agency pays for medically necessary power-drive wheelchairs when prior authorized.</u></p> <p>(1) <b>Adults.</b> <u>The medicaid agency pays for power-drive wheelchairs for clients age twenty-one and older when the prescribing physician certifies that the following clinical criteria are met:</u></p> <p>(a) <u>The client can independently and safely operate a power-drive wheelchair;</u></p>   |  |
| <b>Original WAC # 182-543-4200(1)(b)</b> |  |  |
| Proposed                                 | <p>(b) <u>A power-drive wheelchair will((+ (i))) provide the client the only means of independent mobility in any setting where normal life activities take place((+ or (ii) Enable a child to achieve age-appropriate independence and developmental milestones)).</u></p> <p>(c) <u>The agency may also pay for power wheelchairs on a case-by-case basis when prior authorized as described in WAC 182-501-0165. The agency determines medical necessity based on documentation submitted by the provider.</u></p>  | <ul style="list-style-type: none"> <li>• Added clarifying language regarding the applicable settings.</li> <li>• Replaced “The agency may also pay” with “The agency also pays” to clarify that payment is not discretionary.</li> <li>• Added medical necessity because that is the standard in determining authorization.</li> </ul> |
| Adopted                                  | <p>(c) <u>A power-drive wheelchair will((+ (i))) provide the client the only means of independent mobility in any of the settings where the client's normal life activities take place((+ (ii) Enable a child to achieve age-appropriate independence and developmental milestones)).</u></p> <p><u>The agency also pays for power wheelchairs on a case-by-case basis that are determined medically necessary and when prior authorized as described in WAC 182-501-0165. The agency determines medical necessity based on documentation submitted by the provider.</u></p> |  |
| <b>Original WAC # 182-543-4200(2)</b>    |  |  |
| Proposed                                 | <p>(2) <b>Children.</b> <u>The agency reviews requests for power wheelchairs for a person age twenty and younger using the standard for coverage under the EPSDT program according to the provisions of WAC 182-534-0100.</u></p>  | <p>Added the second sentence to this subsection to clarify medical necessity criteria.</p>   |

|                                       |  |   |
|---------------------------------------|--|---|
| <b>Original WAC # 182-543-4200(2)</b> |  |   |
| Adopted                               | (2) <u>Children</u> . The agency reviews all requests for power wheelchairs for a person age twenty and younger using the standard for coverage under the EPSDT program according to the provisions of chapter 182-534 WAC. The agency determines medical necessity based on documentation submitted by the provider.                                    |   |
| <b>Original WAC # 182-543-4200(3)</b> |  |   |
| Proposed                              | (3) <u>Three or four wheeled power-drive scooters/power-operated vehicles (POV)</u> . Additionally, for a three or four-wheeled power-drive scooter/power-operated vehicle (POV), the prescribing physician must certify the client's condition is unlikely to require a standard power-drive wheelchair within the next two years.                      | Added reference "for an adult." This clarifies that EPSDT directives apply and that coverage may be required for people under age 21, regardless of whether the client's condition is unlikely to require a standards power-drive wheelchair in the next two years. |
| <b>Original WAC # 182-543-4200(3)</b> |  |   |
| Adopted                               | (3) <u>Three or four wheeled power-drive scooters/power-operated vehicles (POV)</u> . Additionally, for a three or four-wheeled power-drive scooter/power-operated vehicle (POV) <u>for an adult</u> , the prescribing physician must certify the client's condition is unlikely to require a standard power-drive wheelchair within the next two years. |   |
| <b>Original WAC # 812-543-4200(7)</b> |  |   |
| Proposed                              | (7) <u>Payment for more than one wheelchair</u> . When the agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client who meets one of the circumstances in subsection <del>((+5))</del> (6) of this section, the agency pays to maintain both wheelchairs.   | Removed the reference to subsection (6), which subsequently became subsection (5). This allows other types of medical necessity situations to result in coverage of repairs to both wheelchairs.  |
| Adopted                               | (7) <u>Payment for more than one wheelchair</u> . When the agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client <del>((who meets one of the circumstances in subsection (5) of this section))</del> , the agency pays to maintain both wheelchairs.   |   |

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: N/A  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Web site:  
Other:

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

|                                  |     |     |         |     |          |     |
|----------------------------------|-----|-----|---------|-----|----------|-----|
| Federal statute:                 | New | ___ | Amended | ___ | Repealed | ___ |
| Federal rules or standards:      | New | ___ | Amended | ___ | Repealed | ___ |
| Recently enacted state statutes: | New | ___ | Amended | ___ | Repealed | ___ |

**The number of sections adopted at the request of a nongovernmental entity:**

|     |     |         |     |          |     |
|-----|-----|---------|-----|----------|-----|
| New | ___ | Amended | ___ | Repealed | ___ |
|-----|-----|---------|-----|----------|-----|

**The number of sections adopted on the agency's own initiative:**

|     |     |         |     |          |     |
|-----|-----|---------|-----|----------|-----|
| New | ___ | Amended | ___ | Repealed | ___ |
|-----|-----|---------|-----|----------|-----|

**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

|     |     |         |          |          |     |
|-----|-----|---------|----------|----------|-----|
| New | ___ | Amended | <u>2</u> | Repealed | ___ |
|-----|-----|---------|----------|----------|-----|

**The number of sections adopted using:**

|                                |     |     |         |          |          |     |
|--------------------------------|-----|-----|---------|----------|----------|-----|
| Negotiated rule making:        | New | ___ | Amended | ___      | Repealed | ___ |
| Pilot rule making:             | New | ___ | Amended | ___      | Repealed | ___ |
| Other alternative rule making: | New | ___ | Amended | <u>2</u> | Repealed | ___ |

**Date Adopted:** January 10, 2020

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



AMENDATORY SECTION (Amending WSR 18-24-021, filed 11/27/18, effective 1/1/19)

**WAC 182-543-1100 Client eligibility.** (1) Refer to the table in WAC 182-501-0060 to see which Washington apple health programs include home health services, including medical equipment and related services, in their benefit package.

(2) For clients eligible under an alien emergency medical (AEM) program, see WAC 182-507-0115.

(3) Clients who are eligible for services under medicare and medicaid (medically needy program-qualified medicare beneficiaries) are eligible for medical equipment and related services.

(4) Clients who are enrolled in a medicaid agency-contracted managed care organization (MCO) must arrange for medical equipment and related services directly through the client's agency-contracted MCO. The agency does not pay for medical equipment or services provided to a client who is enrolled in an agency-contracted MCO, but chose not to use one of the MCO's participating providers.

(5) For clients who reside in a skilled nursing facility, see WAC 182-543-5700.

(6) Clients enrolled in the alternative benefits plan (defined in WAC 182-500-0010) are eligible for medical equipment when used as a habilitative service (~~((to treat a qualifying condition))~~) in accordance with WAC 182-545-400.

AMENDATORY SECTION (Amending WSR 18-24-021, filed 11/27/18, effective 1/1/19)

**WAC 182-543-4200 Covered wheelchairs—Power-drive.** The medicaid agency pays for medically necessary power-drive wheelchairs when prior authorized.

(1) **Adults.** The medicaid agency pays for power-drive wheelchairs for clients age twenty-one and older when the prescribing physician certifies that the following clinical criteria are met:

(a) The client can independently and safely operate a power-drive wheelchair;

(b) ~~The client's medical condition ((negates)) prevents the ((client's ability to self-propel))~~ client from self-propelling any of the wheelchairs listed in the manual wheelchair category (~~((in any setting where normal life activities take place))~~); and

(c) A power-drive wheelchair will ~~((~~ provide the client the only means of independent mobility in any of the settings where the client's normal life activities take place ~~))~~

~~((ii) Enable a child to achieve age-appropriate independence and developmental milestones)).~~

The agency also pays for power wheelchairs on a case-by-case basis that are determined medically necessary and when prior authorized as described in WAC 182-501-0165. The agency determines medical necessity based on documentation submitted by the provider.

(2) **Children.** The agency reviews all requests for power wheelchairs for a person age twenty and younger using the standard for cov-

erage under the EPSDT program according to the provisions of chapter 182-534 WAC. The agency determines medical necessity based on documentation submitted by the provider.

(3) Three or four wheeled power-drive scooters/power-operated vehicles (POV). Additionally, for a three or four-wheeled power-drive scooter/power-operated vehicle (POV) for an adult, the prescribing physician must certify the client's condition is unlikely to require a standard power-drive wheelchair within the next two years.

~~((3))~~ (4) Client's primary wheelchair. When the agency approves a power-drive wheelchair for a client who already has a manual wheelchair, the power-drive wheelchair becomes the client's primary chair, unless the client meets the criteria in subsection ~~((5))~~ (6) of this section.

~~((4))~~ (5) Payment for primary wheelchair. The agency pays to maintain only the client's primary wheelchair, unless the conditions of subsection ~~((6))~~ (7) of this section apply.

~~((5))~~ (6) Approval for more than one wheelchair. The agency pays for one manual wheelchair and one power-drive wheelchair for non-institutionalized clients ~~((only when one of the following circumstances applies))~~ when medically necessary for the client to have mobility in all settings where the client's normal life activities take place. Situations that demonstrate medical necessity include, but are not limited to, the following:

(a) The architecture of locations where the client's normal life activities take place are completely unsuitable for a power-drive wheelchair, due to conditions such as narrow hallways, narrow doorways, steps at the entryway, and insufficient turning radius;

(b) The architecture of the bathroom in locations where the client's normal life activities take place is such that power-drive wheelchair access is not possible, and the client needs a manual wheelchair to safely and successfully complete bathroom activities and maintain personal cleanliness; or

(c) The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the client's community, workplace, or educational activities. In this case, the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. The agency requires the client's situation to meet the following conditions:

(i) The client's activities that require the second wheelchair must be located farther than one-fourth of a mile from the client's home or along a pathway that does not provide for safe use of a power wheelchair; and

(ii) Cabulance, public buses, or personal transit are not available, practical, or possible for financial or other reasons.

~~((6))~~ (7) Payment for more than one wheelchair. When the agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client ~~((who meets one of the circumstances in subsection (5) of this section)),~~ the agency pays to maintain both wheelchairs.