## **EXPEDITED RULE MAKING**



## **CR-105 (December 2017)** (Implements RCW 34.05.353)

## **CODE REVISER USE ONLY**

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DATE: December 12, 2023

TIME: 12:59 PM

WSR 24-01-061

Agency: Health (	Care Authority	•		
<b>Fitle of rule and other identifying information:</b> (describe subject) WAC 182-526-0210, Appeals requested by intermediate care facilities for individuals with intellectual disabilities (ICF/IID)				
	proposal and its antice at a typographical error	sipated effects, including any changes in existing .	rules: The agency is amending	
Reasons suppor not appeal."	rting proposal: Subse	ection (1)(b) should read "An ICF/IID cannot appeal:" r	ather than "An ICF/IID cannot	
04-4-4	ita tan adamtiana DO	N 44 05 004 44 00 400		
Statutory author	rity for adoption: RCV	V 41.05.021, 41.06.160		
Statute being im	nplemented: RCW 41.	05.021, 41.06.160; 42 C.F.R. Sec. 431, Subpart D an	d Sec. 498.5	
ls rule necessar	y because of a:			
Federal La	ıw?		□ Yes ⊠ No	
Federal Co	ourt Decision?		□ Yes ⊠ No	
State Cour	t Decision?		☐ Yes ⊠ No	
If yes, CITATION	:			
Name of proponent: (person or organization) Health Care Authority			☐ Private	
			☐ Public	
			⊠ Governmental	
Name of agency	personnel responsib	ole for:		
	Name	Office Location	Phone	
Drafting:	Brian Jensen	PO Box 42716, Olympia, WA 98504-2716	360-725-0815	
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Enforcement:	Kerry Breen	PO Box 42700, Olympia, WA 98504-2700	1-844-728-5212	
	nts or recommendation	ons, if any, as to statutory language, implementat	on, enforcement, and fiscal	
matters: None				

Expedited Adoption - Which of the following criteria was	used by the agency to file this notice:			
☐ Relates only to internal governmental operations that are not subject to violation by a person;				
rules of other Washington state agencies, shoreline master p	e law, national consensus codes that generally establish industry			
· · · · · ·	anges, or clarify language of a rule without changing its effect;			
☐ Content is explicitly and specifically dictated by statute;	ingos, or olamy language of a rule militar changing to enect,			
☐ Have been the subject of negotiated rule making, pilot rule	e making, or some other process that involved substantial			
participation by interested parties before the development of the proposed rule; or				
□ Is being amended after a review under RCW 34.05.328.				
Expedited Repeal - Which of the following criteria was us	sed by the agency to file notice:			
☐ The statute on which the rule is based has been repealed and has not been replaced by another statute providing statutory authority for the rule;				
☐ The statute on which the rule is based has been declared unconstitutional by a court with jurisdiction, there is a final				
judgment, and no statute has been enacted to replace the unconstitutional statute;				
☐ The rule is no longer necessary because of changed circumstances; or				
Other rules of the agency or of another agency govern the same activity as the rule, making the rule redundant.				
Explanation of the reason the agency believes the expedited rule-making process is appropriate pursuant to RCW 34.05.353(4): The expedited rule-making process is appropriate because the proposed rule corrects typographical errors.				
NOTICE				
THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO				
Name: HCA Rules Coordinator				
Agency: Health Care Authority				
Address: PO Box 42716, Olympia WA 98504-2716				
Phone: 360-725-1306				
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Email: arc@hca.wa.gov				
Other:				
AND RECEIVED BY (date) February 20, 2024				
Date: December 12, 2023	Signature:			
Name: Wendy Barcus	Wendy Baraus			
Title: HCA Rules Coordinator	V Garray , Som OWL			

- WAC 182-526-0210 Appeals requested by intermediate care facilities for individuals with intellectual disabilities (ICF/IID). The hearing process described in this section applies to requests for an appeal made by an intermediate care facility for individuals with intellectual disabilities (ICF/IID), as defined in WAC 388-825-020.
- (1) **Right to hearing.** An ICF/IID may request a hearing when it is dissatisfied with the medicaid agency's finding of noncompliance resulting in the termination of medicaid funding and any related provider agreements under 42 C.F.R. Sec. 431.151 through 431.154.
- (a) An agency review judge conducts the hearing and enters the agency's final order for cases held under this subsection.
  - (b) An ICF/IID cannot ((not)) appeal:
  - (i) The choice of sanction or remedy;
  - (ii) The monitoring remedy;
- (iii) The level of noncompliance found, except when a favorable review decision would affect the range of civil money penalty amounts the agency could collect; or
- (iv) The decision about when to conduct an initial survey of a prospective provider.
- (2) **Notice of adverse action.** The agency gives the ICF/IID a written notice of adverse action that includes:
- (a) The basis for the finding of noncompliance that resulted in the agency's decision to terminate medicaid funding and any related provider agreements;
  - (b) A statement of the deficiencies resulting in the decision;
  - (c) The effective date of the adverse action; and
- (d) The ICF/IID's appeal rights and procedures, including deadlines, for filing a hearing request.
- (3) Request for hearing. The ICF/IID, its legal representative, or other authorized official must file a written request for a hearing with the agency's board of appeals at P.O. Box 42700, Olympia, Washington, or by facsimile at 360-507-9018 within ((sixty)) 60 calendar days of receiving the notice of adverse action.
- (4) **Hearing.** If an ICF/IID requests a hearing on the termination of medicaid funding and any related provider agreements, the hearing is completed and the agency issues the final order on the hearing within (( $\frac{1}{2}$ ) or  $\frac{1}{2}$ ) calendar days of the effective date of the adverse action.
- (a) If the agency is unable to hold the hearing until after the effective date of the adverse action, the agency offers the ICF/IID an informal reconsideration that meets the requirements of subsection (5) of this section.
- (b) The informal reconsideration process described in subsection (5) of this section is not the same reconsideration process defined in WAC 182-526-0010 or described in WAC 182-526-0605 through 182-526-0635.
- (5) **Informal reconsideration for ICF/IID.** The informal reconsideration includes:
- (a) Written notice to the ICF/IID of the agency's findings resulting in the termination of medicaid funding and any related provider agreements;
- (b) A reasonable opportunity for the ICF/IID to dispute those findings in writing; and

- (c) A written affirmation or reversal of the agency's action.
- (6) Termination of medicaid funding and related provider agreements.
- (a) The medicaid funding and any related provider agreements end on the effective date of the termination, unless:
- (i) A hearing is timely requested and not provided by the agency until after the effective date of the termination; and
  (ii) The termination is based on a survey agency certification
- stating that there is no jeopardy to beneficiaries' health and safety.
- (b) If medicaid funding extends past the termination date, funding will be available only through the earlier of:
- (i) The issuance date of a hearing decision that upholds the agency's action; or
- (ii) One hundred twenty calendar days after the effective date of termination, as required by 42 C.F.R. Sec. 442.40.

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