



# PROPOSED RULE MAKING

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

Do NOT use for expedited rule making

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STATE OF WASHINGTON  
FILED

DATE: May 26, 2021

TIME: 12:57 PM

WSR 21-12-055

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR \_\_\_\_\_

Continuance of WSR \_\_\_\_\_

Preproposal Statement of Inquiry was filed as WSR 20-19-013 ; 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)

Revised 182-546-0125 Ambulance transportation – Definitions

New Section 182-546-4700 Ambulance transportation – Ambulance transport fund – Purpose

New Section 182-546-4725 Ambulance transportation – Ambulance transport fund – Notices, payment, and interest

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
July 6, 2021	10:00 AM	In response to the coronavirus disease 2019 (COVID-19) public health emergency, HCA is not providing a physical location for this hearing. This promotes social distancing and the safety of the citizens of Washington State. A virtual public hearing, without a physical meeting space, will be held instead.	To attend the virtual public hearing, you must register in advance for this public hearing:  <a href="https://zoom.us/webinar/register/WN_U5o-2kfASF-VOicuxLPQ3Q">https://zoom.us/webinar/register/WN_U5o-2kfASF-VOicuxLPQ3Q</a>  After registering, you will receive a confirmation email containing information about joining the public hearing.

Date of intended adoption: Not sooner than July 7, 2021 (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](mailto:arc@hca.wa.gov)

Fax: (360) 586-9727

Other:

By (date) July 6, 2021

Assistance for persons with disabilities:

Contact Amber Lougheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: [amber.lougheed@hca.wa.gov](mailto:amber.lougheed@hca.wa.gov)

Other:

By (date) June 18, 2021

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The agency is revising WAC 182-546-0125 to: 1) add definitions for aggregate fee schedule amount and ambulance transport provider; 2) remove chemical dependency professional (CDP) definition; 3) amend definitions with CDP to substance use disorder; and 4) move medical attestations definition to be in alphabetical order

The agency is adding new sections (WAC 182-546-4700 and WAC182-546-4725) for the ambulance transport fund in accordance with chapter 74.70 RCW and for the ambulance transport quality assurance fee.

**Reasons supporting proposal:** See Purpose.

**Statutory authority for adoption:** RCW 74.70, 41.05.021, 41.05.160; ESSB 6534, Chapter 354, Laws of 2020

**Statute being implemented:** RCW 74.70, 41.05.021, 41.05.160, ESSB 6534, Chapter 354, Laws of 2020

**Is rule necessary because of a:**

Federal Law?  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:** N/A

**Name of proponent:** (person or organization) Health Care Authority

Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

	Name	Office Location	Phone
Drafting:	Valerie Freudenstein,	PO Box 42716, Olympia WA 98504-2716	360-725-1344
Implementation:	Stefanee Hale	PO Box 45510, Olympia, WA 98504-5510	360-725-9528
Enforcement:	Stefanee Hale	PO Box 45510, Olympia, WA 98504-5510	360-725-9528

**Is a school district fiscal impact statement required under RCW 28A.305.135?**

Yes  No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Other:

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes: A preliminary cost-benefit analysis may be obtained by contacting:  
Name:  
Address:  
Phone:

Fax:  
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.

**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):

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:

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.

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)<br>(Internal government operations) | <input checked="" type="checkbox"/> RCW 34.05.310 (4)(e)<br>(Dictated by statute)  |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)<br>(Incorporation by reference)     | <input type="checkbox"/> RCW 34.05.310 (4)(f)<br>(Set or adjust fees)  |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)<br>(Correct or clarify language)    | <input type="checkbox"/> RCW 34.05.310 (4)(g)<br>((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 \_\_\_\_\_.

Explanation of exemptions, if necessary:

**COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES**

If 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 analysis showing how costs were calculated. \_\_\_\_\_

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:

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:** May 26, 2021

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-546-0125 Ambulance transportation—Definitions.** The following definitions and those found in chapter 182-500 WAC apply to ambulance transportation services.

**"Advanced life support (ALS)"** - See RCW 18.73.030.

**"Advanced life support (ALS) assessment"** - Means an assessment performed by ALS trained personnel as part of an emergency response that was necessary because the client's reported conditions at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in an ambulance transport or determination that the client requires an ALS level of service or that the transport will be reimbursed at the ALS rate.

**"Advanced life support, Level 1 (ALS1)"** - Means the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

**"Advanced life support, Level 1 (ALS1) emergency"** - Means medically necessary ALS1 services, as previously specified, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider is called, it responds immediately.

**"Advanced life support, Level 2 (ALS2)"** - Means transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- (a) Endotracheal intubation;
- (b) Cardiac pacing;
- (c) Chest decompression;
- (d) Creation of a surgical airway;
- (e) Manual defibrillation/cardioversion;
- (f) Placement of central venous line; or
- (g) Placement of intraosseous line.

**"Advanced life support (ALS) intervention"** - Means a procedure that is in accordance with state and local laws, required to be done by an emergency medical technician intermediate, emergency medical technician advanced, or paramedic.

**"Aggregate fee schedule amount"** - See RCW 74.70.020.

**"Aid vehicle"** - See RCW 18.73.030.

**"Air ambulance"** - Means a helicopter or airplane designed and used to provide transportation for the ill and injured, and to provide personnel, facilities, and equipment to treat clients before and during transportation. Air ambulance is considered an ALS service.

**"Allowable costs"** - For the ground emergency medical transportation (GEMT) program only, allowable costs means an expenditure that meets the test of the appropriate Executive Office of the President of the United States, Office of Management and Budget (OMB) Circular.

**"Ambulance"** - Means a ground vehicle or aircraft designed and used to transport the ill and injured, provide personnel, facilities, and equipment to treat clients before and during transportation, and licensed in accordance with RCW 18.73.140.

**"Ambulance transport provider"** - See RCW 74.70.020.

**"Bariatric patient"** - Means a patient whose weight, height, or width exceeds the capacity standards of a normal ambulance gurney.

**"Bariatric transport unit"** - Means a specially equipped ambulance designed for the transportation of bariatric patients.

**"Base rate"** - Means the agency's minimum payment amount per covered trip, which includes allowances for emergency medical personnel and their services, the costs of standing orders, reusable supplies and equipment, hardware, stretchers, oxygen and oxygen administration, intravenous supplies and IV administration, disposable supplies, waiting time, and the normal overhead costs of doing business. The base rate excludes mileage.

**"Basic life support (BLS)"** - Means transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined in chapter 18.73 RCW. The ambulance must be staffed by a person qualified as an emergency medical technician-basic (EMT basic) according to department of health (DOH) regulations. BLS does not require the ability to provide or deliver invasive medical procedures and services.

**"Basic life support (BLS) emergency"** - BLS services provided in an emergency response.

**"Bed-confined"** - Means the client is unable to perform all of the following actions:

- (a) Get up from bed without assistance;
- (b) Unable to bear weight or ambulate;
- (c) Sit in a chair or wheelchair.

**"Behavioral health disorder"** - Means mental disorders and substance use disorders.

**"Bordering city hospital"** - Means a licensed hospital in a designated bordering city (see WAC 182-501-0175).

**"Brokered transportation"** - Means nonemergency transportation arranged by a broker under contract with the agency, to or from covered health care services for an eligible client (also, see "Transportation provider" in WAC 182-546-5100).

**"By report"** - See WAC 182-500-0015.

~~(**"Chemical dependency professional (CDP)"** - See substance use disorder professional (SUDP).)~~

**"Children's long-term inpatient program (CLIP)"** - Means psychiatric residential treatment provided as a result of judicial commitment or review of the CLIP committee for children five through seventeen years of age.

**"Closest and most appropriate"** - The agency-contracted facility or level of care in which the expected clinical benefits (e.g., improved symptoms) outweigh the expected negative effect (e.g., adverse reactions) to such an extent that the treatment or transportation is justified. This facility may not necessarily be the closest provider based solely on driving distance.

**"Conditional release"** - Means a period of time the client is released from inpatient care to outpatient care, provided that the client continues to meet certain conditions according to RCW 71.05.340.

**"Cost allocation plan (CAP)"** - Means a document that identifies, accumulates, and distributes allowable direct and indirect costs to cost objectives. The document also identifies the allocation methods used for distribution to cost objectives, based on relative benefits received.

**"Designated crisis responder (DCR)"** - Means a behavioral health professional appointed by the county or other authority authorized in

rule to perform duties specified in chapter 71.05 RCW and who has received ((chemical dependency)) substance use disorder training as determined by the division of behavioral health and recovery.

**"Detention" or "detain"** - Means the lawful confinement of a person, under chapter 71.05 RCW.

**"Direct costs"** - Means all costs identified specifically with a particular final cost objective in order to meet emergency medical transportation requirements. This includes unallocated payroll costs for personnel work shifts, medical equipment and supplies, professional and contracted services, travel, training, and other costs directly related to delivering covered medical transportation services.

**"Emergency medical service"** - Means medical treatment and care that may be rendered at the scene of any medical emergency or while transporting a client in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

**"Emergency medical transportation"** - Means ambulance transportation during which a client receives necessary emergency medical services immediately prior to, or in transit to, an appropriate medical facility.

**"Emergency response"** - Means a BLS or ALS level of service that has been provided in immediate response to a 911 call or the equivalent.

**"Evaluation and treatment facility"** - See RCW 71.05.020.

**"Federal financial participation (FFP)"** - Means the portion of medical assistance expenditures for emergency medical services that are paid or reimbursed by the Centers for Medicare and Medicaid Services (CMS) according to the state plan for medical assistance. Clients under Title 19, U.S. Health Resources and Services Administration (HRSA) are eligible for FFP.

**"Gravely disabled"** - Means a condition in which a person, as a result of a mental disorder, or as the result of the use of alcohol or other psychoactive chemicals:

(a) Is in danger of serious physical harm as a result of being unable to provide for personal health or safety; or

(b) Shows repeated and escalating loss of cognitive control over personal actions and is not receiving care essential for personal health or safety.

**"Ground ambulance"** - Means a ground vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat clients before and during transportation.

**"Indirect costs"** - Means the costs for a common or joint purpose benefiting more than one cost objective and allocated to each objective using an agency-approved indirect rate or an allocation methodology.

**"Initial detention"** - Means the period, up to seventy-two hours, in which a person is involuntarily placed in an evaluation and treatment facility under RCW 71.05.150 or 71.05.153 (see RCW 71.05.160). This period begins on the date and time the evaluation and treatment facility provisionally accepts the client for admission. See definition for "petition for initial detention."

**"Interfacility"** - Means transportation services between hospitals.

**"Invasive procedure"** - Means a medically necessary operative procedure in which skin or mucous membranes and connective tissues are cut or an instrument is introduced through a natural body orifice, e.g., an intubation tube. Invasive procedures include a range of procedures from minimally invasive (biopsy, excision) to extensive (organ

transplantation). This does not include use of instruments for examinations or very minor procedures such as drawing blood.

**"Involuntary Treatment Act (ITA)"** - See chapters 71.05 and 71.34 RCW.

**"Less restrictive alternative treatment"** - Means a program of individualized treatment in a less restrictive setting than inpatient treatment and that includes the services described in RCW 71.05.585.

**"Lift-off fee"** - Means either of the two base rates the agency pays to air ambulance providers for transporting a client. The agency establishes separate lift-off fees for helicopters and airplanes.

**"Loaded mileage"** - Means the distance the client is transported in the ambulance.

**"Medical attestation"** - Means the medical professional is attesting to the fact that the client has a condition that justifies medical transportation and the level of care that is specified by BLS or ALS services and supplies. The condition must also be such that other means of transportation (such as taxi, bus, car, or other means) would be harmful to the client. (See WAC 182-500-0070 for additional information - Medically necessary definition.)

**"Medical control"** - Means the medical authority upon which an ambulance provider relies to coordinate prehospital emergency services, triage, and trauma center assignment/destination for the person being transported. The medical control is designated in the trauma care plan, by the department of health's (DOH) contracted medical program director, of the region in which the ambulance service is provided.

~~(**"Medical attestation"** - Means the medical professional is attesting to the fact that the client has a condition that justifies medical transportation and the level of care that is specified by BLS or ALS services and supplies. The condition must also be such that other means of transportation (such as taxi, bus, car, or other means) would be harmful to the client. (See WAC 182-500-0070 for additional information - Medically necessary definition.))~~

**"Nonemergency ambulance transportation"** - Means the use of a ground ambulance to carry a client who may be confined to a stretcher but typically does not require the provision of emergency medical services in transit, or the use of an air ambulance to or from an out-of-state health care service when the out-of-state health care service and air ambulance transportation are prior authorized by the agency. Nonemergency ambulance transportation is usually scheduled or prearranged. See definitions for "prone or supine transportation."

**"Parent"** - For the purpose of family initiated treatment under RCW 71.34.600 through 71.34.670, means a legal guardian, a person that has been given authorization to make health care decisions for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent who may be required to provide a declaration under penalty of perjury stating that they are a relative responsible for the health care of the adolescent under RCW 9A.72.085.

**"Petition for initial detention"** - A document required by the superior court of Washington for admission of the client by the evaluation and treatment facility. This form is available on the Washington state superior court mental proceedings rules web page.

**"Petition for revocation of a conditional release or less restrictive treatment"** - Means a document completed by a designated crisis responder (DCR).

**"Point of destination"** - Means a health care facility generally equipped to provide the necessary medical, nursing, or behavioral

health care necessary to treat the client's injury, illness, symptoms, or complaint.

**"Point of pickup"** - Means the location of the client at the time the client is placed on board the ambulance or transport vehicle.

**"Prehospital care"** - Means an assessment, stabilization, and emergency medical care of an ill or injured client by an emergency medical technician, paramedic, or other person before the client reaches the hospital.

**"Prone or supine transportation"** - Means transporting a client confined to a stretcher or gurney, with or without emergency medical services being provided in transit.

**"Public institution"** - Means a facility that is either an organizational part of a government entity or over which a governmental unit exercises final administrative control, (e.g., city/county jails and state correctional facilities).

**"Publicly owned or operated"** - Means an entity that is owned or operated by a unit of government. The unit of government is a state, city, county, special purpose district, or other governmental unit in the state that has taxing authority, has direct access to tax revenues, or is an Indian tribe as defined in the Indian Self-Determination and Education Assistance Act, Section 4.

**"Qualifying expenditure"** - Means an expenditure for covered services provided to an eligible beneficiary.

**"Secure withdrawal management and stabilization facility"** - Means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder.

**"Service period"** - Means July 1st through June 30th of each Washington state fiscal year.

**"Shift"** - Means a standard period of time assigned for a complete cycle of work as set by each participating provider.

**"Specialty care transport (SCT)"** - Means interfacility (hospital-to-hospital or hospital-to-skilled nursing facility) transportation of a critically injured or ill client by a ground ambulance vehicle under the command of ALS-trained personnel with additional training above the level of a paramedic.

**"Standing order"** - Means an order remaining in effect indefinitely until canceled or modified by an approved medical program director (regional trauma system) or attending physician.

**"Substance use disorder professional (SUDP)"** - Means a person certified as a substance use disorder professional by the department of health (DOH) under chapter 18.205 RCW.

**"Transfer-down"** - Means a transfer from a higher level facility to a facility of lower or equivalent level of care, or back to the original point of pickup (e.g., referring hospital or skilled nursing facility).

**"Transfer-up"** - Means a transfer from one hospital to a hospital of higher level care when the transfer and discharging hospital has inadequate facilities or care, or appropriate personnel to provide the necessary medical services required by the client.

**"Trip"** - Means a transportation one-way from the point of pickup to the point of destination by an authorized transportation provider.



NEW SECTION

**WAC 182-546-4700 Ambulance transportation—Ambulance transport fund—Purpose.** Chapter 74.70 RCW establishes the quality assurance fee for specified providers of emergency ambulance services through July 1, 2024. The fee is added to base funding from all other sources to support additional medicaid payments. The fee applies to nonpublic and nonfederal providers of emergency ambulance services. This is a dedicated fund established within the state treasury, known as the ambulance transport fund. The ambulance transport fund is used to receive and distribute funds.

NEW SECTION

**WAC 182-546-4725 Ambulance transportation—Ambulance transport fund—Notices, payment, and interest.** (1) The agency assesses each ambulance transport provider a quality assurance fee to be paid on a quarterly basis.

(2) The agency sends each ambulance transport provider an assessment notice or invoice specified due dates.

(3) The agency assesses interest and penalties on quality assurance fees not paid on the due date according to RCW 43.20B.695.

(a) Fee payments more than sixty days overdue include an assessed penalty equal to the interest charge and payment due for each month for which payment is not received after sixty days.

(b) Any interest or penalties is deposited in the ambulance transport fund.

(c) The agency may waive a portion or all of the interest or penalties, or both.

(4) If a payment is sixty days past due, the agency sends written notice of delinquent fees. After written notice, the agency will deduct the past due payment, along with interest and penalties, from any reimbursement.