



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

**Agency:** Health Care Authority, Washington Apple Health

- Preproposal Statement of Inquiry was filed as WSR 16-16-116; 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).

- Original Notice
- Supplemental Notice to WSR \_\_\_\_\_
- Continuance of WSR \_\_\_\_\_

**Title of rule and other identifying information:**

WAC 182-550-2531 Requirements for becoming an acute PM&R provider  
WAC 182-550-2551 How a client qualifies for acute PM&R services

**Hearing location:**

Health Care Authority  
Cherry Street Plaza Building; Sue Crystal Conf Rm 106A  
626 - 8<sup>th</sup> Avenue, Olympia WA 98504

Metered public parking is available street side around building. A map is available at:  
[http://www.hca.wa.gov/documents/directions\\_to\\_csp.pdf](http://www.hca.wa.gov/documents/directions_to_csp.pdf)  
or directions can be obtained by calling: (360) 725-1000

Date: **April 25, 2017** Time: **10:00 a.m.**

**Date of intended adoption:** Not sooner than April 25, 2017  
(Note: This is **NOT** the **effective** date)

**Submit written comments to:**

Name: HCA Rules Coordinator  
Address: PO Box 45504, Olympia WA, 98504-5504  
Delivery: 626 – 8<sup>th</sup> Avenue, Olympia WA 98504  
e-mail [arc@hca.wa.gov](mailto:arc@hca.wa.gov)  
fax (360) 586-9727

by **5:00 pm on April 25, 2017**

**Assistance for persons with disabilities:** Contact Amber Loughheed by April 21, 2017  
e-mail: [amber.loughheed@hca.wa.gov](mailto:amber.loughheed@hca.wa.gov) or (360) 725-1349

TTY (800) 848-5429 or 711

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The agency is amending WAC 182-550-2531 to strike the requirement of an agency facility site visit in order to qualify as an agency-approved acute physical medicine and rehabilitation (PM&R) hospital. The agency is amending WAC 182-550-2551 as follows: reorganizing the section to clarify that acute PM&R services may be authorized when all criteria in the section are met; adding acute inflammatory demyelinating polyneuropathy (AIDP) to the list of conditions that qualifies clients for acute PM&R services; and adding language that says the agency will evaluate requests per WAC 182-501-0165 for acute PM&R services that do not meet the criteria in the section. The agency also made housekeeping changes to correct information.

**Reasons supporting proposal:** See Purpose

**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?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**DATE**  
March 8, 2017

**NAME**  
Wendy Barcus

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: March 08, 2017**

**TIME: 9:29 AM**

**WSR 17-07-031**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** N/A

**Name of proponent:** Health Care Authority

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Katie Pounds	PO Box 42716, Olympia, WA 98504-2716	(360) 725-1346
Implementation.... Kari Mohr	PO Box 45530, Olympia, WA 98504-5530	(360) 725-2033
Enforcement..... Kari Mohr	PO Box 45530, Olympia, WA 98504-5530	(360) 725-2033

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone (    )

fax    (    )

e-mail

No. Explain why no statement was prepared.

The agency has determined that the proposed filing does not impose a disproportionate cost impact on small businesses or nonprofits.

**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    (    )

e-mail

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.

**WAC 182-550-2531 Requirements for becoming an acute PM&R provider.** (1) Before August 1, 2007, only an in-state or bordering city hospital may apply to become a medicaid agency-approved acute PM&R hospital. After July 31, 2007, an in-state, bordering city or critical border hospital may apply to become an agency-approved acute PM&R hospital. To apply, the agency requires the hospital provider to submit a letter of request to:

Acute PM&R Program Manager  
(~~Division of Health Care Services~~  
~~Health and Recovery Services Administration~~)  
Clinical Quality and Care Transformation (COCT)  
Medical and Dental Services  
P.O. Box 45506  
Olympia, WA 98504-5506

(2) A hospital that applies to become an agency-approved acute PM&R facility must provide the agency with documentation that confirms the facility is all the following:

(a) A medicare-certified hospital;  
(b) Accredited by the joint commission on accreditation of health care organizations (JCAHO);

(c) Licensed by the department of health (DOH) as an acute care hospital as defined under WAC 246-310-010;

(d) Commission on accreditation of rehabilitation facilities (CARF) accredited as a comprehensive integrated inpatient rehabilitation program or as a pediatric family centered rehabilitation program, unless subsection (3) of this section applies;

(e) For dates of admission before July 1, 2007, contracted under the agency's selective contracting program, if in a selective contracting area, unless exempted from the requirements by the agency; and

(f) Operating per the standards set by DOH (excluding the certified rehabilitation registered nurse (CRRN) requirement) in either:

(i) WAC 246-976-800 Level I trauma rehabilitation designation; or  
(ii) WAC 246-976-800 Level II trauma rehabilitation designation.

(3) A hospital not yet accredited by CARF:

(a) May apply for or be awarded a twelve-month conditional written approval by the agency if the facility:

(i) Provides the agency with documentation that it has started the process of obtaining full CARF accreditation; and

(ii) Is actively operating under CARF standards.

(b) Must obtain full CARF accreditation within twelve months of the agency's conditional approval date. If this requirement is not met, the agency sends a letter of notification to revoke the conditional approval.

(4) A hospital qualifies as an agency-approved acute PM&R hospital when:

(a) The hospital meets all the applicable requirements in this section; and

(b) ~~((The agency's clinical staff has conducted a facility site visit; and~~

(e)) The agency provides written notification that the hospital qualifies to be paid for providing acute PM&R services to eligible Washington apple health clients.

(5) The agency-approved acute PM&R hospitals must meet the general requirements in chapter 182-502 WAC Administration of medical programs—Providers.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

WAC 182-550-2551 ((How a client qualifies for)) When the medic-aid agency authorizes acute PM&R services. (1) ~~((To qualify for)) Acute PM&R services((, a client must meet one of the conditions in subsection (2) of this section and have))~~ may be authorized when all of the following are met:

~~(a) ((Extensive or complex medical needs, nursing needs, and therapy needs; and~~

~~(b) A recent or new onset of a condition that causes an))~~ The client has all of the following:

(i) Extensive or complex medical needs;

(ii) Nursing needs; and

(iii) Therapy needs.

(b) The client has a new or recent significant impairment in two or more of the following areas:

(i) Mobility and strength;

(ii) Self-care/ADLs (activities of daily living);

(iii) Communication; or

(iv) Cognitive/perceptual functioning.

~~((2) To qualify for acute PM&R services, a client must meet the conditions in subsection (1) of this section and have))~~ (c) The client has a new or recent onset of one of the following conditions:

~~((a))~~ (i) Brain injury caused by trauma or disease.

~~((b))~~ (ii) Spinal cord injury resulting in:

~~((i))~~ (A) Quadriplegia; or

~~((ii))~~ (B) Paraplegia.

~~((c))~~ (iii) Extensive burns.

~~((d))~~ (iv) Bilateral limb loss.

~~((e))~~ (v) Stroke or aneurysm with resulting hemiplegia or cognitive deficits, including speech and swallowing deficits.

~~((f))~~ (vi) Multiple trauma (after the client is cleared to bear weight) with complicated orthopedic conditions and neurological deficits.

~~((g) Severe pressure ulcers after))~~ (vii) Skin flap surgery after severe pressure ulcer for a client who:

~~((i))~~ (A) Requires close observation by a surgeon; and

~~((ii))~~ (B) Is ready to mobilize or be upright in a chair.

(viii) Acute inflammatory demyelinating polyneuropathy (AIDP).

(2) If the client does not meet the clinical criteria set forth in this section, the agency will evaluate the request according to the process in WAC 182-501-0165.