



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Health Care Authority, Washington Apple Health

Permanent Rule Only

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other _____ (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 amended this rule to align the language with the Federal rules in 42 U.S.C. 1396d (o)(1)(C) for hospice concurrent care. The amended language states that a client age twenty and younger may voluntarily elect hospice care without waiving any rights to services that the client is entitled to under Title XIX Medicaid and Title XXI Children's Health Insurance Program (CHIP) that are related to the treatment of the client's condition for which a diagnosis of terminal illness has been made. The agency also removed the prior authorization requirement for enrollment in a concurrent care plan.

Citation of existing rules affected by this order:

Repealed:
 Amended: 182-551-1860
 Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160, Section 2302 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. 1396d (o)(1)(C)

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as *WSR 17-08-031* on March 28, 2017.
 Describe any changes other than editing from proposed to adopted version: None

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

Name: _____ phone () _____
 Address: _____ fax () _____
 e-mail _____

Date adopted: June 5, 2017

NAME (TYPE OR PRINT)

Wendy Barcus

SIGNATURE

TITLE

HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 05, 2017
TIME: 10:06 AM

WSR 17-12-082

**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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____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	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	<u>1</u>	Repealed	_____
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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>1</u>	Repealed	_____

WAC 182-551-1860 Concurrent care for hospice clients age twenty ~~((years of age))~~ and younger. (1) In accordance with ~~((Section 2302 of the Patient Protection and Affordable Care Act of 2010 and Section 1814(a)(7) of the Social Security Act, hospice palliative services are available to))~~ 42 U.S.C. 1396d(o)(1)(C), a client((s)) age twenty ~~((years of age))~~ and younger ~~((without forgoing curative services which))~~ may voluntarily elect hospice care without waiving any rights to services that the client is entitled to under Title XIX Medicaid and Title XXI Children's Health Insurance Program (CHIP) ~~((for treatment of the terminal condition))~~ that are related to the treatment of the client's condition for which a diagnosis of terminal illness has been made.

(2) ~~((Unless otherwise specified within this section, curative treatment including))~~ The related services in subsection (1) of this section and medications requested for clients age twenty ~~((years of age))~~ and younger are subject to the medicaid agency's specific program rules governing those services or medications.

(3) ~~((The following services aimed at achieving a disease-free state are included under the curative care benefit:~~

- ~~(a) Radiation;~~
- ~~(b) Chemotherapy;~~
- ~~(c) Diagnostics, including laboratory and imaging;~~
- ~~(d) Licensed health care professional services;~~
- ~~(e) Inpatient and outpatient hospital care;~~
- ~~(f) Surgery;~~
- ~~(g) Medication;~~
- ~~(h) Equipment and related supplies; and~~
- ~~(i) Ancillary services, such as medical transportation.~~

~~(4) The following are not included under the curative care benefit:~~

- ~~(a) Hospice covered services as described in WAC 182-551-1210;~~
- ~~(b) Services related to symptom management such as:~~
 - ~~(I) Radiation;~~
 - ~~(II) Chemotherapy;~~
 - ~~(III) Surgery;~~
 - ~~(IV) Medication; and~~
 - ~~(V) Equipment and related supplies; and~~
- ~~(c) Ancillary services, such as medical transportation.~~

~~(5) Health care professionals must request prior authorization from the agency in accordance with WAC 182-501-0163 for enrollment in a concurrent care plan. Prior authorization requests are subject to medical necessity review under WAC 182-501-0165.~~

~~(6))~~ If the ~~((curative treatment))~~ services in this section include((s)) noncovered services ~~((in accordance with))~~ listed in WAC 182-501-0070, the provider must request an exception to rule ~~((in accordance with))~~ under WAC 182-501-0160.

~~((7))~~ (4) If the medicaid agency denies a request for a covered service, refer to WAC 182-502-0160, billing a client, for when a client may be responsible to pay for a covered service.