

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2051**

69th Legislature  
2025 Regular Session

Passed by the House April 17, 2025  
Yeas 57 Nays 38

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**Speaker of the House of  
Representatives**

Passed by the Senate April 26, 2025  
Yeas 27 Nays 20

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2051** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 2051**

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Passed Legislature - 2025 Regular Session

**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Gregerson, Macri, Parshley, and Ormsby)

READ FIRST TIME 04/08/25.

1       AN ACT Relating to payment to acute care hospitals for difficult  
2 to discharge medicaid patients; and reenacting and amending RCW  
3 74.09.520.

4       BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5       **Sec. 1.** RCW 74.09.520 and 2023 c 315 s 1 and 2023 c 299 s 1 are  
6 each reenacted and amended to read as follows:

7       (1) The term "medical assistance" may include the following care  
8 and services subject to rules adopted by the authority or department:  
9       (a) Inpatient hospital services; (b) outpatient hospital services;  
10       (c) other laboratory and X-ray services; (d) nursing facility  
11 services; (e) physicians' services, which shall include prescribed  
12 medication and instruction on birth control devices; (f) medical  
13 care, or any other type of remedial care as may be established by the  
14 secretary or director; (g) home health care services; (h) private  
15 duty nursing services; (i) dental services; (j) physical and  
16 occupational therapy and related services; (k) prescribed drugs,  
17 dentures, and prosthetic devices; and eyeglasses prescribed by a  
18 physician skilled in diseases of the eye or by an optometrist,  
19 whichever the individual may select; (l) personal care services, as  
20 provided in this section; (m) hospice services; (n) other diagnostic,  
21 screening, preventive, and rehabilitative services; and (o) like

1 services when furnished to a child by a school district in a manner  
2 consistent with the requirements of this chapter. For the purposes of  
3 this section, neither the authority nor the department may cut off  
4 any prescription medications, oxygen supplies, respiratory services,  
5 or other life-sustaining medical services or supplies.

6 "Medical assistance," notwithstanding any other provision of law,  
7 shall not include routine foot care, or dental services delivered by  
8 any health care provider, that are not mandated by Title XIX of the  
9 social security act unless there is a specific appropriation for  
10 these services.

11 (2) The department shall adopt, amend, or rescind such  
12 administrative rules as are necessary to ensure that Title XIX  
13 personal care services are provided to eligible persons in  
14 conformance with federal regulations.

15 (a) These administrative rules shall include financial  
16 eligibility indexed according to the requirements of the social  
17 security act providing for medicaid eligibility.

18 (b) The rules shall require clients be assessed as having a  
19 medical condition requiring assistance with personal care tasks.  
20 Plans of care for clients requiring health-related consultation for  
21 assessment and service planning may be reviewed by a nurse.

22 (c) The department shall determine by rule which clients have a  
23 health-related assessment or service planning need requiring  
24 registered nurse consultation or review. This definition may include  
25 clients that meet indicators or protocols for review, consultation,  
26 or visit.

27 (3) The department shall design and implement a means to assess  
28 the level of functional disability of persons eligible for personal  
29 care services under this section. The personal care services benefit  
30 shall be provided to the extent funding is available according to the  
31 assessed level of functional disability. Any reductions in services  
32 made necessary for funding reasons should be accomplished in a manner  
33 that assures that priority for maintaining services is given to  
34 persons with the greatest need as determined by the assessment of  
35 functional disability.

36 (4) Effective July 1, 1989, the authority shall offer hospice  
37 services in accordance with available funds.

38 (5) For Title XIX personal care services administered by the  
39 department, the department shall contract with area agencies on aging

1 or may contract with a federally recognized Indian tribe under RCW  
2 74.39A.090(3):

3 (a) To provide case management services to individuals receiving  
4 Title XIX personal care services in their own home; and

5 (b) To reassess and reauthorize Title XIX personal care services  
6 or other home and community services as defined in RCW 74.39A.009 in  
7 home or in other settings for individuals consistent with the intent  
8 of this section:

9 (i) Who have been initially authorized by the department to  
10 receive Title XIX personal care services or other home and community  
11 services as defined in RCW 74.39A.009; and

12 (ii) Who, at the time of reassessment and reauthorization, are  
13 receiving such services in their own home.

14 (6) In the event that an area agency on aging or federally  
15 recognized Indian tribe is unwilling to enter into or satisfactorily  
16 fulfill a contract or an individual consumer's need for case  
17 management services will be met through an alternative delivery  
18 system, the department is authorized to:

19 (a) Obtain the services through competitive bid; and

20 (b) Provide the services directly until a qualified contractor  
21 can be found.

22 (7) Subject to the availability of amounts appropriated for this  
23 specific purpose, the authority may offer medicare part D  
24 prescription drug copayment coverage to full benefit dual eligible  
25 beneficiaries.

26 (8) Effective January 1, 2016, the authority shall require  
27 universal screening and provider payment for autism and developmental  
28 delays as recommended by the bright futures guidelines of the  
29 American academy of pediatrics, as they existed on August 27, 2015.  
30 This requirement is subject to the availability of funds.

31 (9) Subject to the availability of amounts appropriated for this  
32 specific purpose, effective January 1, 2018, the authority shall  
33 require provider payment for annual depression screening for youth  
34 ages twelve through eighteen as recommended by the bright futures  
35 guidelines of the American academy of pediatrics, as they existed on  
36 January 1, 2017. Providers may include, but are not limited to,  
37 primary care providers, public health nurses, and other providers in  
38 a clinical setting. This requirement is subject to the availability  
39 of funds appropriated for this specific purpose.

1 (10) Subject to the availability of amounts appropriated for this  
2 specific purpose, effective January 1, 2018, the authority shall  
3 require provider payment for maternal depression screening for  
4 mothers of children ages birth to six months. This requirement is  
5 subject to the availability of funds appropriated for this specific  
6 purpose.

7 (11) Subject to the availability of amounts appropriated for this  
8 specific purpose, the authority shall:

9 (a) Allow otherwise eligible reimbursement for the following  
10 related to mental health assessment and diagnosis of children from  
11 birth through five years of age:

12 (i) Up to five sessions for purposes of intake and assessment, if  
13 necessary;

14 (ii) Assessments in home or community settings, including  
15 reimbursement for provider travel; and

16 (b) Require providers to use the current version of the DC:0-5  
17 diagnostic classification system for mental health assessment and  
18 diagnosis of children from birth through five years of age.

19 (12) Effective January 1, 2024, the authority shall require  
20 coverage for noninvasive preventive colorectal cancer screening tests  
21 assigned either a grade of A or grade of B by the United States  
22 preventive services task force and shall require coverage for  
23 colonoscopies performed as a result of a positive result from such a  
24 test.

25 (13)(a) The authority shall require or provide payment to the  
26 hospital for any day of a hospital stay in which an adult or child  
27 patient enrolled in medical assistance, including home and community  
28 services or with a medicaid managed care organization, under this  
29 chapter:

30 (i) Does not meet the criteria for acute inpatient level of care  
31 as defined by the authority;

32 (ii) Meets the criteria for discharge, as defined by the  
33 authority or department, to any appropriate placement including, but  
34 not limited to:

35 (A) A nursing home licensed under chapter 18.51 RCW;

36 (B) An assisted living facility licensed under chapter 18.20 RCW;

37 (C) An adult family home licensed under chapter 70.128 RCW; or

38 (D) A setting in which residential services are provided or  
39 funded by the developmental disabilities administration of the

1 department, including supported living as defined in RCW 71A.10.020;  
2 and

3 (iii) Is not discharged from the hospital because placement in  
4 the appropriate location described in (a)(ii) of this subsection is  
5 not available.

6 ~~(b) ((The authority shall adopt rules identifying which services~~  
7 ~~are included in the payment described in (a) of this subsection and~~  
8 ~~which services may be billed separately, including specific revenue~~  
9 ~~codes or services required on the inpatient claim.~~

10 ~~(c) Allowable medically necessary services performed during a~~  
11 ~~stay described in (a) of this subsection shall be billed by and paid~~  
12 ~~to the hospital separately. Such services may include but are not~~  
13 ~~limited to hemodialysis, laboratory charges, and x-rays.~~

14 ~~(d))~~ Pharmacy services and pharmaceuticals shall be billed by  
15 and paid to the hospital separately.

16 ~~((e))~~ (c) The requirements of this subsection do not alter  
17 requirements for billing or payment for inpatient care.

18 ~~((f))~~ (d) The authority shall adopt, amend, or rescind such  
19 administrative rules as necessary to facilitate calculation and  
20 payment of the amounts described in this subsection, including for  
21 clients of medicaid managed care organizations.

22 ~~((g))~~ (e) The authority shall adopt rules requiring medicaid  
23 managed care organizations to establish specific and uniform  
24 administrative and review processes for payment under this  
25 subsection.

26 ~~((h))~~ (f) For patients meeting the criteria in (a)(ii)(A) of  
27 this subsection, hospitals must utilize swing beds or skilled nursing  
28 beds to the extent the services are available within their facility  
29 and the associated reimbursement methodology prior to the billing  
30 under the methodology in (a) of this subsection, if the hospital  
31 determines that such swing bed or skilled nursing bed placement is  
32 appropriate for the patient's care needs, the patient is appropriate  
33 for the existing patient mix, and appropriate staffing is available.

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