



# PROPOSED RULE MAKING

## CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

**Agency:** Department of Social and Health Services, Health and Recovery Services Administration

- Preproposal Statement of Inquiry was filed as WSR 09-09-060 ; or
- Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or
- Proposal is exempt under RCW 34.05.310(4).

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

**Title of rule and other identifying information:** (Describe Subject)

The department is repealing WAC 388-517-0400, Medicare Coinsurance Payment – Extended Care Patient.

**Hearing location(s):**

Blake Office Park East – Rose Room  
4500 – 10<sup>th</sup> Ave. SE  
Lacey, Washington 98503  
(One block north of the intersection of Pacific Ave. SE and Alhadeff Lane. A map or directions are available at <http://www.dshs.wa.gov/msa/rpau/docket.html> or by calling 360-664-6094)

Date: **July 21, 2009** Time: **10:00 a.m.**

**Submit written comments to:**

Name: DSHS Rules Coordinator  
Address: PO Box 45850, Olympia WA, 98504-5850  
Delivery: 4500 – 10<sup>th</sup> Ave. SE, Lacey, Washington 98503  
E-mail: [DSHSRPAURulesCoordinator@dshs.wa.gov](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
Fax: (360) 664-6185

by  
**5 p.m. on July 21, 2009**

**Assistance for persons with disabilities:** Contact Jennisha Johnson, DSHS Rules Consultant by July 7, 2009  
TTY (360) 664-6178 or (360) 664-6094 or  
by e-mail at [johnsjl4@dshs.wa.gov](mailto:johnsjl4@dshs.wa.gov)

**Date of intended adoption:** Not sooner than July 22, 2009  
(Note: This is **NOT** the **effective** date)

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

HRSA is repealing this section because Medicare coinsurance, deductibles, and copayments are addressed in WAC 388-517-0320.

**Reasons supporting proposal:** Eliminates redundancy and reduces number of rules.

**Statutory authority for adoption:** RCW 74.04.050, 74.04.057, 74.08.090, and 74.09.500

**Statute being implemented:**

**Is rule necessary because of a:**

- Federal Law?  Yes  No
- Federal Court Decision?  Yes  No
- State Court Decision?  Yes  No

If yes, CITATION:

Social Security Act § 1902(a)(10)(E)(iii)  
and § 1905(p)(3)(A)(ii).

**DATE**

June 10, 2009

**NAME** (type or print)

Stephanie Schiller

**SIGNATURE**

**TITLE**

DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: June 16, 2009

TIME: 3:11 PM

**WSR 09-13-094**

**(COMPLETE REVERSE SIDE)**

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:  
None.

**Name of proponent:** (person or organization) Department of Social and Health Services

- Private
- Public
- Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Kevin Sullivan	P.O. Box 45504, Olympia, WA 98504	(360) 725-1344
Implementation.... Carole McRae	P.O. Box 45534, Olympia, WA 98504	(360) 725-1250
Enforcement..... Carole McRae	P.O. Box 45534, Olympia, WA 98504	(360) 725-1250

**Has a small business economic impact statement been prepared under chapter 19.85 RCW?**

Yes. Attach copy of small business economic 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.

This rule does not impact small businesses.

**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:

Per RCW 34.05.328(5)(b)(vii), client eligibility rules for medical assistance are exempt from this provision.

REPEALER

The following section of the Washington Administrative Code  
is repealed:

WAC 388-517-0400

Medicare coinsurance  
payment--Extended care patient.