



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 04, 2019

TIME: 8:35 AM

WSR 19-09-003

Agency: Department of Social and Health Services, Aging and Long-Term Support Administration

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) (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 department is amending WAC 388-106-1920 to increase the step three benefit level for Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) participants. This benefit level is tied to the home care agency rate that typically increases every six months. The department recently received notice of the new rate for home care agencies effective January 1, 2019.

The department is also amending WAC 388-106-1933 to describe modifications to the GetCare screening tool questions and risk level scores. A statewide Area Agencies on Aging and Home and Community Services Division workgroup made revisions to the tool and the related risk scores in order to track and trend outcomes for program recipients enrolled in this five year demonstration waiver.

Citation of rules affected by this order:

- New: None
- Repealed: None
- Amended: WAC 388-106-1920, WAC 388-106-1933
- Suspended: None

Statutory authority for adoption: RCW 74.08.090, RCW 74.39A.030

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-05-072 on February 19, 2019 (date).
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:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Web site:
- Other:

**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Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	2	Repealed	___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 on 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	___	Repealed	___
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The number of sections adopted using:

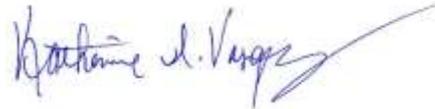
Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	2	Repealed	___

Date Adopted: April 3, 2019

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



AMENDATORY SECTION (Amending WSR 18-20-001, filed 9/19/18, effective 10/20/18)

WAC 388-106-1920 What is the maximum amount of step three services I may receive a month? (1) Unless the department authorizes additional funds through an exception to rule under WAC 388-440-0001, beginning January 1, 2019, the maximum amount of step three services you and your caregiver may receive in MAC and TSOA will be published on the ALTSA/HCS rates website at:

~~((a) From January 1, 2018 through June 30, 2018 is an average of five hundred fifty-eight dollars per month not to exceed three thousand three hundred forty-eight dollars in a six month period.~~

~~(b) Beginning July 1, 2018 is an average of five hundred seventy-three dollars per month not to exceed three thousand four hundred thirty-eight dollars in a six month period)) https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.pdf.~~

(2) If you are a care receiver who does not have an available unpaid caregiver, you are receiving TSOA personal assistance services, and the department has not authorized additional funds through an exception to rule under WAC 388-440-0001, beginning January 1, 2019, the maximum amount of step three services you may receive will be published on the ALTSA/HCS rates website at:

~~((a) From January 1, 2018 through June 30, 2018 is five hundred fifty-eight dollars per month.~~

~~(b) Beginning July 1, 2018 is five hundred seventy-three dollars per month)) https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.pdf.~~

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1933 How is the GetCare screening scored to determine if I am eligible for a GetCare assessment and related step three services? (1) ~~((For TSOA individuals who do not have an unpaid caregiver to support and are seeking step three TSOA services, the)) To be eligible for a GetCare assessment, care plan, and associated step three services as described in WAC 388-106-1915(3)(b)(ii), a TSOA individual without a caregiver ((screening)) must ((result in a risk score of moderate or high to be eligible for a GetCare assessment, care plan, and associated step three services as described in WAC 388-106-1915 (3)(b)(ii).~~

~~(2) There are eight TSOA individual without a caregiver screening questions. The following table indicates the risk score allocated to each potential response to the eight)) have a moderate or high risk score resulting from the thirteen screening questions listed in the following table:~~

No	Question	Scoring							
		Response	Score	Response	Score	Response	Score	Response	Score
1	Do you need help to do the following? Bathing Bed mobility Medication management Transferring Ambulating Eating Toileting Dressing Personal hygiene	Zero to two selected	Zero	Three or more selected	Two				
2	((During the last six months, have you had a fall that caused injuries)) Do you need help turning and repositioning?	No	Zero	Yes	Two				
3	((Do you have a family member/friend to give you help when you need it)) Who helps you with daily activities?	No <u>one</u>	((Zero)) <u>One</u>	((Yes)) Family/ friend/other/ paid help	((Two)) <u>Zero</u>				
4	((Have you thought about moving to other housing)) During the last six months, have you had a fall that caused injuries?	No	Zero	Yes	Two				
5	((Do you live alone)) Have you had a hospitalization, or been admitted to a nursing facility, or both, in the past six months?	No	Zero	Yes	Two				
6	((Do you or your family have concerns about your memory, thinking, ability to make decisions, or remembering to pay your bills)) Have you received rehabilitation in the past six months?	No	Zero	Yes(; somewhat concerned))	((One)) <u>Two</u>	((Yes, very concerned))	((Two))		
7	((Do you need help turning and repositioning)) Have you been treated in an emergency room, called 911 in the past six months, or both?	No	Zero	Yes, <u>one to two times</u>	((Two)) <u>One</u>	<u>Yes, three or more times</u>	<u>Two</u>		
8	((Do you or your family have concerns about your mental or emotional well-being)) Do you live alone? If yes, do you feel safe living alone?	No	Zero	Yes(; somewhat concerned))	((One)) <u>Two</u>	((Yes, very concerned))	((Two))		
		No	<u>One</u>	<u>Yes</u>	<u>Zero</u>				
9	Do you plan on moving to other housing in the near future?	No	<u>Zero</u>	Yes	<u>Two</u>				
10	Do you or your family have concerns about your memory, thinking, ability to make decisions, or remembering to pay your bills?	No, not concerned	<u>Zero</u>	Yes, somewhat concerned	<u>One</u>	<u>Yes, very concerned</u>	<u>Two</u>		
11	Are you content with your social life?	No	<u>Two</u>	Somewhat	<u>One</u>	<u>Yes</u>	<u>Zero</u>		
12	Over the last two weeks, have you been bothered by, or have little interest in doing things?	Not at all	<u>Zero</u>	<u>Several days</u>	<u>One</u>	<u>More than half the days</u>	<u>Two</u>	<u>Nearly every day</u>	<u>Three</u>
13	Over the last two weeks, have you been bothered by feeling down, depressed, or hopeless?	Not at all	<u>Zero</u>	<u>Several days</u>	<u>One</u>	<u>More than half the days</u>	<u>Two</u>	<u>Nearly every day</u>	<u>Three</u>

~~((+3))~~ (2) The risk level is calculated by totaling the ~~((eight point scores))~~ points assigned to each question as determined by responses to the screening questions in subsection ~~((+2))~~ (1) of this section ~~((to determine))~~ and matching the total points to the risk level in the following ~~((risk categories))~~ table:

Risk level	Point totals
<u>No risk</u>	<u>0</u>
<u>Low risk</u>	<u>1-((5)) 8</u>
<u>Moderate risk</u>	((6-10)) <u>9-16</u>

Risk level	Point totals
High risk	((11-16)) 17 and up