



# PROPOSED RULE MAKING

## CR-102 (June 2024) (Implements RCW 34.05.320) Do NOT use for expedited rule making

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STATE OF WASHINGTON  
FILED

DATE: April 18, 2025

TIME: 9:05 AM

WSR 25-09-093

Agency: Health Care Authority

☒ Original Notice

☐ Supplemental Notice to WSR \_\_\_\_\_

☐ Continuance of WSR \_\_\_\_\_

☒ Preproposal Statement of Inquiry was filed as WSR 25-05-044, WSR 24-24-108, WSR 25-02-110, WSR 25-02-069, WSR 25-06-041, and WSR 24-15-085 ; 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); or

☐ Proposal is exempt under RCW \_\_\_\_\_.

Title of rule and other identifying information: (describe subject) WAC 182-502-0002, Eligible provider types

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
May 27, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, <a href="https://us02web.zoom.us/webinar/register/WN_tPBE4ot9T0eY4kiqA4mp4A">you must register in advance:</a> <a href="https://us02web.zoom.us/webinar/register/WN_tPBE4ot9T0eY4kiqA4mp4A">https://us02web.zoom.us/webinar/register/WN_tPBE4ot9T0eY4kiqA4mp4A</a>  If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: May 28, 2025 (Note: This is NOT the effective date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email [arc@hca.wa.gov](mailto:arc@hca.wa.gov)

Fax 360-586-9727

Other

Beginning (date and time) April 21, 2025, 8:00 AM

By (date and time) May 27, 2025, by 11:59 PM

Assistance for persons with disabilities:

Contact Johanna Larson

Phone 360-725-1349

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email [Johanna.Larson@hca.wa.gov](mailto:Johanna.Larson@hca.wa.gov)

Other

By (date) May 9, 2025

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The Health Care Authority (HCA) is updating the types of professionals and organizations that may provide health care services to eligible clients. HCA is making the following amendments in connection with several separate rulemaking actions:

- 1) Adding independent diagnostic testing facilities to subsection (2)(v) (WSR 25-05-044)
- 2) Adding anesthesiologist assistants to subsection (1)(d) (WSR 24-24-108)
- 3) Adding and expanding certified peer counselors to subsection (1)(i) (WSR 25-02-110); this replaces the reference to peer counselors currently in in subsection (1)(yy)(ii)
- 4) Removing early and periodic screening, diagnosis, and treatment (EPSDT) clinics from subsection (2)(m) (WSR 25-02-069)
- 5) Adding dental therapists to subsection (1)(q) (WSR 25-06-041)

This rule also adds community health workers to subsection (1)(m). The public hearing on that amendment was held on February 25, 2025 (25-03-102 WSR).

<b>Reasons supporting proposal:</b> This rule is outdated and needs to be updated with a list of current provider types.			
<b>Statutory authority for adoption:</b> RCW 41.05.021, 41.05.160			
<b>Statute being implemented:</b> RCW 41.05.021, 41.05.160, Chapter 18.71D RCW, RCW 71.24.920			
<b>Is rule necessary because of a:</b>			
Federal Law?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, CITATION:			
<b>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:</b> None			
<b>Name of proponent:</b> (person or organization) Health Care Authority			
<b>Type of proponent:</b> <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.			
<b>Name of agency personnel responsible for:</b>			
	Name	Office Location	Phone
Drafting	Melinda Froud	PO Box 42716, Olympia, WA 98504-2716	360-725-1408
Implementation	Andrea Allen	PO Box 45502, Olympia, WA 98504-5502	360-725-9805
Enforcement	Andrea Allen	PO Box 45502, Olympia, WA 98504-5502	360-725-9805
<b>Is a school district fiscal impact statement required under <a href="#">RCW 28A.305.135</a>?</b>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, insert statement here:			
<p>The public may obtain a copy of the school district fiscal impact statement by contacting:</p> <p>Name</p> <p>Address</p> <p>Phone</p> <p>Fax</p> <p>TTY</p> <p>Email</p> <p>Other</p>			
<b>Is a cost-benefit analysis required under <a href="#">RCW 34.05.328</a>?</b>			
<input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name Address Phone Fax TTY Email Other			
<input checked="" type="checkbox"/> 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.			
<b>Regulatory Fairness Act and Small Business Economic Impact Statement</b>			
Note: The <a href="#">Governor's Office for Regulatory Innovation and Assistance (ORIA)</a> provides support in completing this part.			
<b>(1) Identification of exemptions:</b>			
This rule proposal, or portions of the proposal, <b>may be exempt</b> from requirements of the Regulatory Fairness Act (see <a href="#">chapter 19.85 RCW</a> ). For additional information on exemptions, consult the <a href="#">exemption guide published by ORIA</a> . Please check the box for any applicable exemption(s):			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under <a href="#">RCW 19.85.061</a> because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description:			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by <a href="#">RCW 34.05.313</a> before filing the notice of this proposed rule.			

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)

(Internal government operations)

☐ [RCW 34.05.310](#) (4)(c)

(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(d)

(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(e)

(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(f)

(Set or adjust fees)

☐ [RCW 34.05.310](#) (4)(g)

((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW \_\_\_\_.

Explanation of how the above exemption(s) applies to the proposed rule:

**(2) Scope of exemptions:** *Check one.*

☐ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☐ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

**(3) Small business economic impact statement:** *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☒ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. This rulemaking only updates the list of eligible provider types and does not impose any costs on small businesses.

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name

Address

Phone

Fax

TTY

Email

Other

**Date:** April 18, 2025

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-502-0002 Eligible provider types.** The following health care professionals, health care entities, suppliers or contractors of service may request enrollment with the Washington state health care authority (medicaid agency) to provide covered health care services to eligible clients. For the purposes of this chapter, health care services include treatment, equipment, related supplies, and drugs.

(1) Professionals:

(a) Advanced registered nurse practitioners;

(b) Advanced social workers;

(c) Advanced social worker associates;

(d) ~~((Anesthesiologists))~~ Anesthesia providers, as provided in WAC 182-531-0300:

(i) Physician anesthesiologist;

(ii) Anesthesiology resident;

(iii) Certified anesthesiologist assistant; and

(iv) Certified registered nurse anesthetist;

(e) Applied behavior analysis (ABA) professionals, as provided in WAC 182-531A-0800:

(i) Licensed behavior analyst;

(ii) Licensed assistant behavior analyst; and

(iii) Certified behavior technician;

(f) Audiologists;

(g) Behavioral health support specialists (BHSS);

(h) Birth doulas;

(i) Certified peer counselors;

(j) Certified peer specialists;

(k) Certified peer specialist trainees;

(l) Chiropractors;

~~((+j))~~ (m) Community health workers (CHWs);

(n) Dentists;

~~((+k))~~ (o) Dental health aide therapists, as provided in chapter 70.350 RCW;

~~((+l))~~ (p) Dental hygienists;

~~((+m))~~ (q) Dental therapists;

(r) Denturists;

~~((+n))~~ (s) Dietitians or nutritionists;

~~((+o))~~ (t) Hearing aid fitters/dispensers;

~~((+p))~~ (u) Home health aide credentialed with DOH as nursing assistant certified or nursing assistant registered;

~~((+q))~~ (v) Independent clinical social workers;

~~((+r))~~ (w) Independent clinical social worker associates;

~~((+s))~~ (x) Licensed practical nurse;

~~((+t))~~ (y) Marriage and family therapists;

~~((+u))~~ (z) Mental health counselors;

~~((+v))~~ (aa) Mental health counselor associates;

~~((+w))~~ (bb) Mental health care providers;

~~((+x))~~ (cc) Midwives;

~~((+y))~~ (dd) Naturopathic physicians;

~~((+z))~~ (ee) Nurse anesthetist;

~~((+aa))~~ (ff) Ocularists;

~~((+bb))~~ (gg) Occupational therapists;

~~((+cc))~~ (hh) Ophthalmologists;

~~((+dd))~~ (ii) Opticians;

~~((ee))~~ (jj) Optometrists;  
~~((ff))~~ (kk) Orthodontists;  
~~((gg))~~ (ll) Orthotist;  
~~((hh))~~ (mm) Osteopathic physicians;  
~~((ii))~~ (nn) Osteopathic physician assistants;  
~~((jj))~~ (oo) Peer counselors;  
~~((kk))~~ (pp) Podiatric physicians;  
~~((ll))~~ (qq) Pharmacists;  
~~((mm))~~ (rr) Physicians;  
~~((nn))~~ (ss) Physician assistants;  
~~((oo))~~ (tt) Physical therapists;  
~~((pp))~~ (uu) Prosthetist;  
~~((qq))~~ (vv) Psychiatrists;  
~~((rr))~~ (ww) Psychologists;  
~~((ss))~~ (xx) Radiologists;  
~~((tt))~~ (yy) Registered nurse;  
~~((uu))~~ (zz) Registered nurse delegators;  
~~((vv))~~ (aaa) Registered nurse first assistants;  
~~((ww))~~ (bbb) Respiratory therapists;  
~~((xx))~~ (ccc) Speech/language pathologists; and  
~~((yy))~~ (ddd) Substance use disorder professionals(~~(+~~  
~~(i)~~ Mental health providers; and  
~~(ii)~~ Peer counselors)), including mental health providers.  
(2) Agencies, centers and facilities:  
(a) Adult day health centers;  
(b) Ambulance services (ground and air);  
(c) Ambulatory surgery centers (medicare-certified);  
(d) Birthing centers (licensed by the department of health);  
(e) Cardiac diagnostic centers;  
(f) Case management agencies;  
(g) Substance use disorder treatment facilities certified by the  
department of health (DOH);  
(h) Withdrawal management treatment facilities certified by DOH;  
(i) Community AIDS services alternative agencies;  
(j) Community behavioral health support services provider facili-  
ties;  
(k) Community mental health centers;  
(l) Diagnostic centers;  
(m) ~~((Early and periodic screening, diagnosis, and treatment~~  
~~(EPSDT) clinics;~~  
~~(n))~~ Family planning clinics;  
~~((o))~~ (n) Federally qualified health centers (designated by the  
federal department of health and human services);  
~~((p))~~ (o) Genetic counseling agencies;  
~~((q))~~ (p) Health departments;  
~~((r))~~ (q) Health maintenance organization (HMO)/managed care  
organization (MCO);  
~~((s))~~ (r) HIV/AIDS case management;  
~~((t))~~ (s) Home health agencies;  
~~((u))~~ (t) Hospice agencies;  
~~((v))~~ (u) Hospitals;  
(v) Independent diagnostic testing facilities;  
(w) Indian health service facilities/tribal 638 facilities;  
(x) Tribal or urban Indian clinics;  
(y) Inpatient psychiatric facilities;  
(z) Intermediate care facilities for individuals with intellectu-  
al disabilities (ICF-IID);

- (aa) Kidney centers;
- (bb) Laboratories (CLIA certified);
- (cc) Maternity support services agencies; maternity case managers; infant case management, first steps providers;
- (dd) Neuromuscular and neurodevelopmental centers;
- (ee) Nurse services/delegation;
- (ff) Nursing facilities (approved by the DSHS aging and long-term support administration);
- (gg) Pathology laboratories;
- (hh) Pharmacies;
- (ii) Private duty nursing agencies;
- (jj) Radiology - Stand-alone clinics;
- (kk) Rural health clinics (medicare-certified);
- (ll) School districts and educational service districts; and
- (mm) Sleep study centers.
- (3) Suppliers of:
  - (a) Blood, blood products, and related services;
  - (b) Durable and nondurable medical equipment and supplies;
  - (c) Complex rehabilitation technologies;
  - (d) Infusion therapy equipment and supplies;
  - (e) Prosthetics/orthotics;
  - (f) Hearing aids; and
  - (g) Respiratory care, equipment, and supplies.
- (4) Contractors:
  - (a) Transportation brokers;
  - (b) Spoken language interpreter services agencies;
  - (c) Independent sign language interpreters; and
  - (d) Eyeglass and contact lens providers.