



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 24, 2020

TIME: 3:26 PM

WSR 20-10-011

Agency: Health Care Authority

Effective date of rule:

Emergency Rules

- Immediately upon filing.
- Later (specify) _____

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 is filing this emergency rule to meet the Centers for Medicare and Medicaid (CMS) milestone requirement 3 regarding the agency's Substance Use Disorder (SUD) Waiver Implementation Plan. Milestone 3 requires the agency adopt rules by July 1, 2020, reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access.

Citation of rules affected by this order:

- New: 182-502-0016A)
- Repealed:
- Amended:
- Suspended:

Statutory authority for adoption: RCW 71.24.035 and RCW 71.24.520

Other authority: 42 U.S.C. 1315, Sec 1115; RCW 71.24.585

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: The agency is filing an emergency rule to ensure continued federal funding by meeting CMS milestone requirement 3 regarding the agency's SUD Waiver Implementation Plan. Milestone 3 requires the agency adopt rules by July 1, 2020, reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access. The agency is filing this emergency rule while proceeding with the permanent rulemaking process.

**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Federal statute:	New	Amended	_____	Repealed	_____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 ____

The number of sections adopted on the agency's own initiative:

New ____ Amended ____ Repealed ____

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

New 1 Amended ____ Repealed ____

The number of sections adopted using:

Negotiated rule making:	New	____	Amended	____	Repealed	____
Pilot rule making:	New	____	Amended	____	Repealed	____
Other alternative rule making:	New	<u>1</u>	Amended	____	Repealed	____

Date Adopted: April 24, 2020	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

NEW SECTION

WAC 182-502-0016A Continuing requirements—Residential treatment facilities. In addition to the requirements in WAC 182-502-0016, to continue to provide services for eligible clients and be paid for those services, residential treatment facilities (as defined in chapter 246-337 WAC) must:

(1) Not deny entry or acceptance of clients into the facility solely because the client is prescribed medication to treat substance use disorders (SUD);

(2) Facilitate access to medications specific to the client's diagnosed clinical needs, including medications used to treat SUD;

(3) Not mandate titration of any prescribed medications to treat any SUD as a condition of clients receiving treatment or continuing to receive treatment. Decisions concerning medication adjustment must be coordinated with the prescribing provider and be based on medical necessity; and

(4) Coordinate care upon discharge for client to continue medications specific to a client's diagnosed clinical needs, including medications used to treat SUD. See RCW 71.24.585.