
SENATE BILL 5507

State of Washington

69th Legislature

2025 Regular Session

By Senator Cleveland

1 AN ACT Relating to providing coverage for massage therapy under
2 medical assistance plans; and reenacting and amending RCW 74.09.520.

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

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

6 (1) The term "medical assistance" may include the following care
7 and services subject to rules adopted by the authority or department:

8 (a) Inpatient hospital services; (b) outpatient hospital services;

9 (c) other laboratory and X-ray services; (d) nursing facility
10 services; (e) physicians' services, which shall include prescribed

11 medication and instruction on birth control devices; (f) medical
12 care, or any other type of remedial care as may be established by the

13 secretary or director; (g) home health care services; (h) private
14 duty nursing services; (i) dental services; (j) physical and

15 occupational therapy and related services; (k) prescribed drugs,
16 dentures, and prosthetic devices; and eyeglasses prescribed by a

17 physician skilled in diseases of the eye or by an optometrist,
18 whichever the individual may select; (l) personal care services, as

19 provided in this section; (m) hospice services; (n) other diagnostic,
20 screening, preventive, and rehabilitative services; and (o) like

21 services when furnished to a child by a school district in a manner

1 consistent with the requirements of this chapter. For the purposes of
2 this section, neither the authority nor the department may cut off
3 any prescription medications, oxygen supplies, respiratory services,
4 or other life-sustaining medical services or supplies.

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

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

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

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

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

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

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

37 (5) For Title XIX personal care services administered by the
38 department, the department shall contract with area agencies on aging
39 or may contract with a federally recognized Indian tribe under RCW
40 74.39A.090(3):

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

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

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

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

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

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

18 (b) Provide the services directly until a qualified contractor
19 can be found.

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

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

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

38 (10) Subject to the availability of amounts appropriated for this
39 specific purpose, effective January 1, 2018, the authority shall
40 require provider payment for maternal depression screening for

1 mothers of children ages birth to six months. This requirement is
2 subject to the availability of funds appropriated for this specific
3 purpose.

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

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

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

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

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

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

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

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

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

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

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

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

35 (D) A setting in which residential services are provided or
36 funded by the developmental disabilities administration of the
37 department, including supported living as defined in RCW 71A.10.020;
38 and

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

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

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

12 (d) Pharmacy services and pharmaceuticals shall be billed by and
13 paid to the hospital separately.

14 (e) The requirements of this subsection do not alter requirements
15 for billing or payment for inpatient care.

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

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

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

31 (14) Beginning January 1, 2027, the authority shall provide
32 coverage for massage therapy performed by a licensed massage
33 therapist when medically necessary as a nonpharmacological
34 alternative for the treatment or management of pain and with a
35 referral from a provider authorized to order or refer items or
36 services.

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