Significant Legislative Rule Analysis

Chapter 246-335 WAC
Rules Concerning In-Home Services Agencies;
Chapter re-write and fee increase.

October 2017

SECTON 1:

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The purpose of the proposed rule is to amend, repeal, and add new sections to chapter 246-335 WAC to promote safe and quality care for individuals receiving services from licensed In-Home Services agencies. The proposed rule represents a thorough chapter revision which includes a significant restructuring of the WAC sections in order to clarify the requirements for each service category (home care, home health, and hospice).

The chapter restructuring requires repealing and replacing all sections, except for WAC 246-335-990 – Fees. The content in each existing rule section has been placed within the newly proposed sections (WAC 246-335-305 through 768). See Appendix A for a complete listing of repealed WACs with a crosswalk to new WAC section. The proposed rules modernize chapter 246-335 WAC by updating requirements and terminology to reflect current industry standards and practices. The proposed rules also add new requirements that will promote increased safety and quality of care for clients and patients. Finally, the proposed rules include a critical 35% licensing fee increase.

Established in 1988, chapter 70.127 RCW describes the minimum health and safety standards necessary to ensure that safe and competent care is provided by home care, home health, and hospice agencies. Chapter 246-335 WAC has not been updated since 2002, and does not reflect current industry standards. Stakeholders participated in eight rules workshops in 2016 and collaborated with the department to review the chapter and craft the proposed rule language. The proposed rules align with current industry standards and clarifies existing requirements that have not been easily understood by licensees. The proposed rules are also consistent with the five-year rule review requirement under RCW 43.70.014.

SECTION 2:

Is a Significant Analysis required for this rule?

The proposed rules clarify department processes and standards for the licensing and operation of In-Home Services agencies in Washington State. Portions of the proposed rule require significant analysis as described in RCW 34.05.328(5)(c)(iii)(B) and (C) because they do one or both of the following:

- Establish, alter, or revoke certain qualifications or standards for the issuance, suspension, or revocation of a license.
- Adopt a new, or make significant amendments to, a policy or regulatory program.

However, the department has determined that no significant analysis is required for portions of the proposed rules identified in the table below, based on the following reasons:

- Reason 1 - Incorporates language from current sections of chapter 246-335 WAC without material change AND clarifies language without changing its effect. RCW 34.05.328(5)(b)(iii) and (iv) and RCW 34.05.310(4)(d).
- Reason 2 - Does not meet definition of significant legislative rule under RCW 34.05.328(5)(c).
- Reason 3 - Rules that adopt, amend, or repeal a procedure, practice, or requirement relating to agency hearings; or a filing or related process requirement for applying to an agency for a license or permit under RCW 34.05.310(4)(g).
- Reason 4 - Adjusting fees under legislative standards; RCW 34.05.328(5)(b)(vi) and RCW 34.05.310(4)(f).

WAC with no significant impact	Reason / Justification
General requirements applicable to all service categories:	
WAC 246-335-301 - Scope and purpose	1
WAC 246-335-305 – Applicability	1
WAC 246-335-310 - Definitions – general	2
WAC 246-335-315 - License required	1 & 3
WAC 246-335-340 - Survey and Investigation	1 & 3
WAC 246-335-345 - Statement of Deficiencies, Plan of Correction, and Enforcement Action	1 & 3
WAC 246-335-350 – Substantial equivalency to the state survey requirement	1 & 3
WAC 246-335-355 - Exemptions and alternative methods	1
Requirements specific to Home Care agency services:	
WAC 246-335-405 - Applicability	1
WAC 246-335-410 – Definitions – Home Care agencies	2
WAC 246-335-430 - Personnel, contractor, and volunteer record	1
WAC 246-335-435 - Bill of rights	1
WAC 246-335-450 - Client records	1
WAC 246-335-455 - Quality improvement program	1
Requirements specific to Home Health agency services:	
WAC 246-335-505 - Applicability	1
WAC 246-335-510 – Definitions – Home Health agencies	2
WAC 246-335-530 - Personnel, contractor, and volunteer records	1
WAC 246-335-535 - Bill of rights	1
WAC 246-335-540 - Home Health plan of care	1

WAC 246-335-550 - Patient records	1
WAC 246-335-555 - Quality improvement program	1
WAC 246-335-560 - Home medical supplies and equipment	1
Requirements specific to Hospice agency services:	
WAC 246-335-605 - Applicability	1
WAC 246-335-610 – Definitions – Hospice agencies	2
WAC 246-335-630 - Personnel, contractor, and volunteer records	1
WAC 246-335-635 - Bill of rights	1
WAC 246-335-640 - Hospice plan of care	1
WAC 246-335-650 - Patient records	1
WAC 246-335-655 - Quality improvement program	1
WAC 246-335-660 - Home medical supplies and equipment	1
Requirements specific to Hospice Care Center services:	
WAC 246-335-705 - Applicability	1
WAC 246-335-710 - Definitions – Hospice Care Centers	2
WAC 246-335-712 - License required	1
WAC 246-335-714 - General licensing requirements	1
WAC 246-335-716 - Nutritional services	1
WAC 246-335-718 - Infection control	1
WAC 246-335-722 - Pharmaceutical services	1
WAC 246-335-724 - Exemptions and alternative methods	1
WAC 246-335-726 - Applicability	1
WAC 246-335-728 - Construction and design codes	1
WAC 246-335-730 - Design, construction review, and approval of plans	1
WAC 246-335-732 - Site and site development	1
WAC 246-335-734 - General requirements	1
WAC 246-335-736 - Furnishings	1
WAC 246-335-738 - Pharmaceutical services area	1
WAC 246-335-740 - Food preparation	1
WAC 246-335-742 - Linen handling facilities	1
WAC 246-335-744 - Laundry facilities	1
WAC 246-335-746 - Utility rooms	1
WAC 246-335-748 - Plumbing	1
WAC 246-335-750 - Medical gases	1
WAC 246-335-752 - Heating, ventilation, and air conditioning	1
WAC 246-335-754 - Electrical and communication systems	1
WAC 246-335-756 - Patient rooms	1
WAC 246-335-758 - Patient toilets and bathing facilities	1
WAC 246-335-760 - Family, personnel, volunteer, contractor, and public areas	1
WAC 246-335-762 - Environmental services facilities	1

WAC 246-335-764 - Maintenance facilities	1
WAC 246-335-766 - Receiving, storage, and distribution facilities	1
WAC 246-335-768 - Exemptions and alternative methods	1
WAC 246-335-990 – Fees	4

SECTION 3:

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

The general goal of chapter 70.127 RCW is to ensure the safe and competent care of clients and patients receiving home care, home health, and hospice services by licensed In-Home Services agencies within Washington State.

The proposed rules implement the statute's objective and authority by:

- Improving and clarifying the standards for client and patient care;
- Clarifying the department's licensing, survey, and enforcement practices to increase consistency and transparency;
- Supporting the overarching goal of chapter 70.127 by ensuring the safe and competent care of clients and patients who receive services from home care, home health, and hospice agencies.

SECTION 4:

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The goals and objectives of the chapter 70.127 RCW are met by providing clearly written and appropriate rules. The department determined that the proposed rules are needed in order to enforce updated standards of care for the licensing, operation, and inspection of In-Home Services agencies. The department and stakeholders agreed that rulemaking is appropriate to promote clear and consistent guidance to persons seeking initial licensure or maintaining an in-home services license.

The department has assessed and determined that there are no feasible alternatives to rulemaking because minimum standards for licensing, operation, and inspections must be in rule to be enforceable. The rulemaking process provides applicants, licensees, and other interested parties with opportunities to participate in the updating process and a clear understanding for why the department determined the final version of the revised rule language.

If we do not adopt the proposed rules, the existing rules will not address current industry standards, portions of the rule will remain vague and confusing, and compliance for licensees will be more difficult to achieve.

SECTION 5:

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

The portions of the proposed rule that are significant are analyzed in the numbered list below. As noted in Section 2, portions of the proposal that are not significant are excluded from this analysis. During the rulemaking process, the department hosted eight public rules workshops in 2016 and collected significant input from licensees, industry association representatives, and other interested parties. All workshops were held at the department's campus in Tumwater, WA.

A cost survey was developed in April 2017 that identified the proposed rules that had potential cost impact on licensees. The survey asked licensees to review the proposed rules and to provide cost impact estimates. The department asked and encouraged licensees to complete the cost survey. The department also reached out to industry associations to illicit their support in asking their members to participate by completing the survey. Although the request to complete the survey was wide spread, only a small percentage of total licensees submitted a completed cost survey: 16 out of 430 licensees. From the perspective of who participated in the eight rules workshops in 2016, the response rate is very positive. In 2016, the average number of providers attending the rules workshops was around 20. Sixteen providers out of 20 submitting cost surveys is an 80% response rate. Details on stakeholder responses are included in the section analysis below.

1. **WAC 246-335-320(1) – Initial application (Home Care, Home Health, and Hospice agencies)**

Description of the proposed rule:
The proposed rule adds the requirement that Home Care, Home Health, and Hospice applicants complete a department sponsored In-Home Services orientation class prior to submitting a state licensing application.

Cost/Benefit Analysis:
Requiring applicants to complete an orientation class prior to submitting an application will be beneficial in the following ways:

- Applicants will receive information regarding the In-Home Services industry which will assist them in determining if they want to pursue this type of licensure.

- Applicants will receive information on the differences between home care, home health, and hospice services which will assist them in selecting an appropriate service category.
- Applicants will receive guidance on how to develop the required policy and procedure manual.
- Applicants will receive information on the department's licensing process which will prepare them to complete the process accurately and timely.

Applicants will incur additional costs to complete an In-Home Services orientation class. Applicants will need to pay an estimated $50 registration fee and travel to Tumwater, Washington in order to attend the half day orientation class. Applicants will incur a range of travel related costs, depending on the extent of their travel.

The benefits of the proposed rule outweigh the anticipated costs to applicants. Orientation classes have been required by the Department of Social & Health Services (DSHS) for many years and have assisted applicants in making better business decisions and, if opting for licensure, successfully completing their licensing process. The proposed rule will ensure that applicants have received a wide range of department and industry related information prior to licensure. This information will assist applicants in determining if an in-home services license is a good fit for their business goals. If applicants decide to move forward with the application process, they will be better prepared to successfully complete the required policy and procedure manual and the remaining licensing steps.

Estimated cost impact of rule:
New applicants will pay a $50 registration fee and may incur travel expenses to attend a half day orientation class at Department of Health in Tumwater, WA.

2. WAC 246-335-320(2)(b) – Initial application (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The proposed rule increases the minimum required business insurance levels from $200,000 per occurrence to $1,000,000 per occurrence.

Cost/Benefit Analysis:
Insurance companies consistently recommend minimum limits of $1,000,000 per occurrence. Similarly, DSHS contract agencies are required to have insurance limits at the $1,000,000 per occurrence. Virtually all applicants and licensees voluntarily purchase business insurance at the $1,000,000 per occurrence level in order to adequately cover the potential risks to their businesses. Requiring applicants and licensees to submit proof of business insurance with higher per occurrence limits will raise the minimum limits to an industry recommended level and ensure agencies are adequately insured to cover anticipated risks.

Surveyed agencies were asked to provide cost information on insurance premiums at the current $200,000 per occurrence level and at the proposed $1,000,000 level. All agencies that submitted completed cost surveys indicated that their insurance coverage either met or exceeded the proposed $1,000,000 per occurrence. Some smaller agencies that did not respond to the cost survey likely have insurance coverage at the current $200,000 per occurrence level. These agencies will incur additional costs in terms of higher monthly insurance premiums as they increase their limits.

The benefits of the proposed rule outweigh the anticipated costs to applicants and licensees. The proposed rule ensure that insurance limits are closer to industry standards, in line with DSHS expectations, and will ensure agencies are adequately insured to cover anticipated risks.

Estimated cost impact of rule:
Applicants and licensees may incur additional costs in terms of higher monthly insurance premiums as they increase their limits to meet the revised standard. All agencies that submitted completed cost surveys indicated that their insurance coverage either met or exceeded the proposed $1,000,000 per occurrence. The department does not have data on insurance premiums at the prior $200,000 per occurrence limit.

3. WAC 246-335-320(2)(c) – Initial application (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The proposed rule adds a requirement that applicants and licensees complete, sign, and submit a full-time equivalent employee worksheet along with their initial licensing applications. Applicants and licensees regularly contact the department with questions regarding how to calculate and report their full-time equivalent (FTE) employees on initial applications. The department has developed a simple full-time equivalent employee worksheet that will assist applicants and licensees in accurately calculating their FTEs.

Cost/Benefit Analysis:
The proposed rule will require applicants and licensees to complete, sign and submit this worksheet along with their initial and renewal applications. FTE data from the worksheet should correlate with the FTEs listed on the application.

There is no cost associated with this proposed rule. Applicants and licensees are currently asked to report their number of FTEs and are presumably utilizing some type of system to perform the review and calculation. Applicants and licensees will need to utilize this new worksheet as the basis for calculating their FTEs. The amount of administrative time to utilize the department FTE worksheet instead of an agency’s existing method is anticipated to be the same.

The benefit of the proposed rule is assisting applicants and licensees in accurately calculating and reporting their FTEs. FTE levels impact a licensee's renewal fees and ultimately the amount of revenue the department collects to fund its regulatory program.

Estimated cost impact of rule:
There is no cost impact associated with this proposed rule.

4. WAC 246-335-325(3) – License renewal (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The proposed rule requires licensees to complete, sign, and submit a full-time equivalent employee worksheet along with their license renewal applications.

Cost/Benefit Analysis:
See analysis for #3.

Estimated cost impact of rule:
There is no cost impact associated with this proposed rule.

5. WAC 246-335-325(4) – License renewal (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The current rule requires licensees to submit copies of the most current criminal history background checks and disclosure statements for the administrator, director of clinical services, and or supervisor of direct care services. The proposed rule adds that these background checks be renewed every two years.

Cost/Benefit Analysis:
See # 13, WAC 246-335-425, 246-335-525, and 246-335-625 – Personnel, contractor, and volunteer policies for cost/benefit analysis.

6. WAC 246-335-330 – Change of ownership (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The proposed rule adds language to clarify department expectations for what constitutes a "change of ownership." A change of ownership includes any of the following:

- Transferring ownership, either whole or part, to a new owner;
- Dissolving a partnership or corporation;
- Merging with another entity taking on that entities identity;
- Consolidating with another entity, creating a new identity; or

- A change of the Unified Business Identifier Number and or Federal Employer Identification Number.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule. Licensees and prospective owners currently submit a change of ownership application and fee. Agencies regularly contact the department with questions regarding what transactions constitute a change of ownership. Chapter 70.127 RCW identifies a change of ownership, permits a fee to be charged, but does not provide a definition. In the absence of clear definition in RCW, the department utilizes its own business practices for determining if a transaction is a change of ownership. The proposed rule incorporates department change of ownership criteria which will assist licensees and prospective owners in clearly understanding when a change of ownership is warranted.

The benefit of the proposed rule is clarifying for applicants and licensees what business transactions will trigger the need for a change of ownership application.

Estimated cost impact of rule:
There is no cost impact associated with this proposed rule.

7. WAC 246-335-335(2) – Applicant or Licensee Responsibilities (Home Care, Home Health, and Hospice agencies)

Description of the proposed rule:
The proposed rule adds language to clarify that applicants and licenses are required to maintain at least one in-state office location where records are kept, secured, and accessible. The intent of chapter 70.127 RCW and the current rules supports maintaining at least one in-state office location but does not state this specifically. The department has consistently communicated this requirement to applicants and licensees. Currently, all applicants and licensees are required to maintain at least one in-state office location.

Cost/Benefit Analysis:
There is no cost impact associated with this proposed rule. The proposed rule clarifies the intent of chapter 70.127 RCW.

Estimated cost impact of rule:
There is no cost impact associated with this proposed rule.

8. WAC 246-335-420(1), 246-335-520(1), and 246-335-620(1) – Delivery of Services (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules require home care, home health, and hospice agencies to develop

and operationalize new policies and procedures that describe giving clients and patients at least a forty-eight hour written or verbal notice prior to discharge.

Cost/Benefit Analysis:
Current rules require agencies to develop policies and procedures around discharging a client or patient from services but do not provide any parameters on what a reasonable policy and procedure should look like. The department has received complaints from clients and patients stating they were abruptly or unfairly discharged. The proposed rule requires agencies to give clients/patients forty-eight hour written or verbal notice prior to discharge. The proposed rule also allows agencies to discharge sooner than forty-eight hours for a variety of legitimate reasons. Most agencies that submitted cost surveys indicated they are already meeting or exceeding this requirement.

Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure are estimated to range from $30 to $100. Agencies will also have to include this new policy and procedure in their client / patient "Bill of Rights" according to WAC 246-335-435, 246-335-535, and 246-335-635 and review it during the admissions process.

The benefit of the proposed rule outweighs the anticipated costs to licensees by ensuring that clients and patients are educated on an agency's discharge policies and are given at least forty-eight hour notice prior to being discharged. As outlined above, most agencies indicated they are already meeting or exceeding this requirement.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

9. WAC 246-335-420(3), 246-335-520(3), and 246-335-620(3) – Delivery of Services (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules adds language to require home care, home health, and hospice agencies to develop and operationalize new policies and procedures that describe the starting of client or patient services within 7 calendar days. Certain exceptions, such as a client or patient request, would allow agencies additional time.

Cost/Benefit Analysis:
Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum,

agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure are estimated to range from $30 to $100.

All agencies that submitted cost surveys indicated they are already in compliance with the proposed requirement of initiating client / patient services within 7 calendar days. Some agencies stated they occasionally start services beyond 7 days due to a variety of circumstances and or challenges. The proposed rule allows agencies a longer time frame to start services if they can document the client/patient or referral source requested an alternate time frame for the start of services or if the agency had challenges contacting the client/patient.

Unexpected staffing issues may be an additional reason some agencies may not meet the 7 day time frame. The department considered adding "unexpected staffing challenges" as an acceptable reason for a delay in the start of services. The department anticipated it would be difficult to ascertain if an agency's staffing concerns could be confirmed or the result of mismanagement. Therefore, the department opted not to include "unexpected staffing challenges" as an option to exceed the 7 day time frame. Agencies experiencing staffing issues may need to reassess staffing levels to be compliant with the proposed 7 day start of services rule.

The benefits of the proposed rule outweigh the anticipated and potential costs to licensees by ensuring that clients and patients begin receiving requested services within 7 calendar days. As outlined above, most agencies indicated this time frame is reasonable and they are already meeting or exceeding this requirement.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

10. WAC 246-335-420(8), 246-335-520(11), and 214-335-620(12) – Delivery of Services (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The department has received complaints from recipients of care and agency supervisors regarding non-credentialed supervisors providing back-up care to clients. Complainants alleged these agency supervisors did not possess the necessary skills and knowledge to provide safe and adequate care The proposed rules require home care, home health, and hospice agencies to develop and operationalize new policies and procedures that describe the delivery of back-up care to clients or patients when services cannot be provided as scheduled. The proposed rule require minimum

credentialing if any individual that intends to provide back-up care to clients or patients who require assistance with activities of daily living or health services as documented in the plan of care.

Cost/Benefit Analysis:
Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of new policies and procedures are estimated to initially take between 3 and 6 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure are estimated to range from $45 to $150. Credentialing costs for a Certified Home Care Aide or Nursing Assistant is $85.00 for the application fee and between $400 and $800 for the training / testing course. Total costs for credentialing range from $485 to $885 per employee.

Agencies that make a business decision to utilize their existing non-credentialed administrators, supervisors, and directors as back up care may incur additional minimum credentialing costs if they choose to pay for the costs of professional credentialing. Agencies could alternatively choose the following:

- Require non-credentialed employees to pay their own credentialing costs
- Decide to not utilize administrators and supervisors for back up care purposes.
- Decide to not utilize current administrators and supervisors for back up care purposes but require newly hired administrators and supervisors to be credentialed.

The benefits of the proposed rule outweigh the potential anticipated costs to licensees by ensuring that clients and patients receive safe hands-on care from appropriately credentialed staff. As outlined above, agencies have many options available to them to minimize the costs related to this proposed rule.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $45 to $150 to develop and operationalize policies and procedures in order to be compliant with the proposed rule. In addition, agencies that make a business decision to utilize their existing non-credentialed administrators, supervisors, and directors as back up care may incur additional minimum credentialing costs if they choose to pay for the costs of professional credentialing. These costs would range from $485 to $885 per employee. The department is unable to predict the business decisions that licensees will make to be compliant with the proposed rule, and is therefore unable to provide an estimated cost impact.

11. WAC 246-335-420(11), 246-335-520(13), and 246-335-620(14) – Delivery of Services (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules add the requirement that home care, home health, and hospice agencies develop and operationalize new policies and procedures that describes actions to be taken if a client or patient has a signed physician order for life sustaining treatment (POLST) form. The POLST form guides emergency medical personnel in the initial treatment for persons with advanced life limiting illness. The POLST form was developed since the last rule revision in 2002 and needs to be incorporated into rule.

Cost/Benefit Analysis:
Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure range from $30 to $100. Agencies will also have to identify the new policy and procedure in their client / patient "Bill of Rights" according to WAC 246-335-435, 246-335-535, and 246-335-635 and review it during the admissions process.

The benefits of the proposed rule outweigh the anticipated costs to licensees by acknowledging that clients and patients may have a signed POLST form and requiring agencies to develop policies and procedures that direct staff actions and responses. POLST forms provide guidance for emergency medical personnel in the initial treatment of persons with advanced life limiting illnesses.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

12. WAC 246-335-415(10), 246-335-515(10), and 246-335-615(10) – Plan of Operation (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules require agencies to expand their existing emergency preparedness policies and procedures to include the following:

- Risk assessment and emergency planning
- Policies and procedures based on risk assessment
- Communication plan
- Informing local officials of clients in need of evacuation
- Staff training and drills to test emergency plan

Cost/Benefit Analysis:
Current rules require agencies have policies and procedures related to service delivery during natural and man-made emergencies. The proposed rules require licensees to add additional components to their existing policies and procedures that will assist agencies in being better prepared when natural disasters, man-made incidents, or public health emergencies occur. The key component is conducting an initial risk assessment which will inform the agency how to develop the remaining aspects of the policy and procedure.

Agencies will incur additional administrative costs to expand their existing emergency preparedness policies and procedures. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop the expanded policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the expanded emergency preparedness policies and procedures are estimated to initially take approximately 4 and 6 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to update the existing policy and procedure are estimated to range from $60 to $150.

The benefits of the proposed rule outweigh the anticipated costs to licensees. The proposed rule requires licensees to add additional components to their existing policies and procedures that will assist agencies in being better prepared when natural disasters, man-made incidents, or public health emergencies occur. When emergency situations occur in the future, licensees will be better prepared to address client / patient needs and to communicate and coordinate with local officials.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $60 to $150 to develop and operationalize policies and procedures to be compliant with the proposed rule.

13. **WAC 246-335-425(6), 246-335-525(6), and 246-335-625(6) – Personnel, contractor, and volunteer policies (Home Care, Home Health, and Hospice agencies)**

Description of the proposed rules:
The current rules require home care, home health, and hospice agencies to request background checks and disclosure statements for the administrator, supervisor of direct care services, director of clinical services, and all employees who have direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable persons. The proposed rule adds that these background checks be renewed every two years from the date of the previous check.

Cost/Benefit Analysis:
Licensees are currently required to request a criminal background check from the Washington State Patrol at hire for the administrator, director of clinical services, and or

supervisor of direct care services as well as for all employees who have direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable persons (clients and patients). Many agencies have long-standing employees whose criminal backgrounds have not been checked since they were first hired. Agencies may be unknowingly employing workers who have been charged or convicted of crimes that would disqualify them from having unsupervised access to vulnerable persons. The department must support client and patient safety by requiring licensed agencies to periodically re-run background checks on their workers to verify that no disqualifying charges or convictions have taken plan since their last check.

Agencies will incur additional administrative costs request background checks and disclosure statements for identified employees every two years. Agencies pay between $5.00 and $15.00 to the Washington State Patrol to process an individual background check. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to request background checks. Hourly wages for such employees range from $15 to $25 per hour. Each background check will take on average 10 minutes to complete. Total administrative staff costs to process each background check range from $2.50 to $4.17. According to participant responses to the department's May 2017 cost survey, the combined total costs will range from $7.50 to $19.17 per background check per employee.

- A small agency with 10 employees subject to a background check would incur between $75 and $191.70 to process background checks every two years (This would equal a yearly cost between $38 and $96).
- A large agency with 100 employees subject to a background check would incur between $750 and $1,917 to process background checks every two years (This would equal a yearly cost between $375 and $959).

The benefits of the proposed rules outweigh the anticipated costs to licensees. The department must support client and patient safety by requiring licensed agencies to re-run background checks every two years on their workers to verify that no disqualifying charges or convictions have taken place since their last check.

Estimated cost impact of rule:
A small agency with 10 employees needing a background check every two years would incur an average yearly cost between $38 and $96. A large agency with 100 employees needing a background check every two years would incur an average yearly cost between $375 and $959.

14. WAC 246-335-425(7), 246-335-525(7), and 246-335-625(7) – Personnel, contractor, and volunteer policies (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules require home care, home health, and hospice agencies to develop

and operationalize new policies and procedures that describe character, competence, and suitability determinations conducted for personnel, contractors, volunteers, and students whose background check results reveal non-disqualifying convictions, pending charges, or negative actions.

Cost/Benefit Analysis:
Agencies regularly contact the department asking for guidance when employee background checks reveal non-disqualifying convictions, pending charges, or negative actions. The department has had to indicate that although current rules do not have a requirement for licensees to perform a character, competence, and suitability determination, agencies may voluntarily develop such a process to assist them in these difficult employment decisions. Additionally, agencies that contract with the Department of Social and Health Services are required to have character, competence, and suitability determination policies and procedures. The proposed rule will ensure that licensees are following a consistent employment practice and that the background of direct care workers has been carefully reviewed.

Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure range from $30 to $100.

The benefits of the proposed rule outweigh the anticipated costs to licensees by ensuring that agencies develop and follow a consistent process to assist them in these difficult employment hiring and retention decisions.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

15. WAC 246-335-420(12) – Personnel, contractor, and volunteer policies (Home Care agencies)

Description of the proposed rule:
The proposed rule requires Home Care agencies to develop and operationalize new policies and procedures that describe assisting clients with taking their vital signs.

Cost/Benefit Analysis:
Current rules do not define vital signs. Many Home Care agencies assist clients with taking their own vital signs (e.g. reminding client to take vitals, setting up digital devices for client; placing blood pressure cuff around client's arm; helping client to read the

digital readout). Home Care agencies that contract with the Department of Social and Health Services have been allowed to assist Medicaid clients with certain aspects of taking their own vital signs. The proposed rule defines vital signs and requires Home Care agencies to develop policies and procedures with specific criteria if they want to offer such services.

Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure range from $30 to $100.

The benefits of the proposed rule outweighs the anticipated costs to licensees. The proposed rule requires agencies to develop policies and procedures with specific criteria if they want to offer clients assistance with taking their own vital signs. The proposed rule does not conflict with professional scope of practice and is consistent with the DSHS Home Care contracting requirements.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

16. **WAC 246-335-420(13) – Personnel, contractor, and volunteer policies (Home Care agencies)**

Description of the proposed rule:
The proposed rule requires Home Care agencies to develop and operationalize new policies and procedures that describe assistance with client passive range of motion exercises for maintenance purposes only and must include copies of exercise plans from a health care provider.

Cost/Benefit Analysis:
Current rules identify range of motion as part of Home Health and Hospice agency services. The rules do not distinguish between passive and active range of motion, nor do they talk about maintenance compared to restorative purposes. Many Home Care agencies provide passive range of motion services for clients when the purpose of the exercises are for maintenance purposes only. Certified Home Care Aides and Nursing Assistants, who work in Home Care agencies, are trained in providing passive range of motion. Home Care agencies that contract with the Department of Social and Health Services have been allowed to provide passive range of motion to Medicaid clients. The proposed rule permits Home Care agencies to provide passive range of motion if certain

criteria are met. Agencies are required to develop policies and procedures with specific criteria if they want to offer passive range of motion services.

Home care agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 2 and 4 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure range from $30 to $100.

The benefits of the proposed rule outweigh the anticipated costs to licensees. The proposed rule requires agencies to develop policies and procedures with specific criteria if they want to offer passive range of motion to clients. The proposed rule is consistent with current professional credentialing training and DSHS Home Care contracting requirements.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $30 to $100 to develop and operationalize policies and procedures to be compliant with the proposed rule.

17. WAC 246-335-425(13), 246-335-525(16), and 246-335-625(15) – Personnel, contractor, and volunteer policies (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The proposed rules require home care, home health, and hospice agencies to expand their existing infection control practices and communicable disease testing and vaccinations policies and procedures related to the following:

- Standard precautions (e.g. hand hygiene, respiratory hygiene and cough etiquette, personal protective equipment).
- Availability of personal protective equipment.
- Tuberculosis (TB) infection control program, to include initial and annual risk assessment for new employees and employee training.
- Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246-100 WAC and 246-101 WAC;
- Exposure to blood borne pathogens (e.g. Hepatitis B and HIV) and other potentially infectious materials in compliance with the Department of Labor and Industries chapter 296-823 WAC. This includes initial risk assessments to determine occupational hazards, and offering Hepatitis B vaccination for those employees determined to be at high risk.

- Document an annual review of applicable state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.

Cost/Benefit Analysis:
Agencies regularly contact the department asking for clarification on the current rules relating to infection control, communicable disease testing, and vaccinations. Current rules require licensees to contact their local health departments and implement recommendations into agency policies and procedures. Local health departments have information about county level rates of infection but typically point employers to the Centers for Disease Control (CDC), the Department of Health, and the Department of Labor and Industries. These federal and state authorities recommend health care employers to conduct TB baseline testing at hire and require them to determine if their employees have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials (OPIM) through the performance of their work duties.

Based on the results of the risk assessment, employers may need to offer the Hepatitis B vaccine. Home Health and Hospice agencies are clearly identified as health care employers and are currently offering their employees the Hepatitis B vaccine. Although the incidence of acute Hepatitis B in the United States has seen an 80% decline from 1987 to 2004, the CDC recommends continued employer vigilance to maintain this downward trend. Medicare certified Home Health and Hospice agencies conduct TB baseline testing at hire per CDC recommendations. Home Health agencies that are not Medicare certified are not required to follow the CDC recommendations for TB testing but many voluntarily do so.

Nationally, most states do not have a classification for non-medical Home Care agencies. States typically make a distinction between Home Health services and Hospice services. Most states view Home Health agencies as providing a wide range of skilled nursing and therapy services along with non-medical personal care services. Washington State, along with Oregon and California, has created a distinction between Home Care agencies and Home Health agencies. Back in 1988 when the first licensing law was passed (SB 6271, chapter 245, laws of 1988), Home Care agencies were defined as providing non-medical personal care and homemaker services. Publically, Home Care services were seen as providing primarily companionship services and light housework. In 2002, body care, toileting, and limited medication assistance (among other tasks) were added to the list of what a Home Care agency could provide. In 2003, Home Care services were included among other community based settings as being able to provide delegated tasks of nursing under RCW 18.79260(3)(e).

From an infection control perspective, today's Home Care agencies are serving clients with complex needs and their workers have a potential risk of occupational exposure to blood and other potentially infectious materials through the performance of their work duties. Home Care workers are assisting clients with toileting, dressing, skin care, and

washing soiled clothing and linens. For a variety of reasons, Home Care clients often develop needs for specific nursing related tasks. Some Home Care agencies choose to utilize the nurse delegation process to provide clients with certain nursing tasks instead of referring their client to a Home Health agency. Nurse delegators train workers to provide clients with specific nursing tasks such as dressing changes to a wound, injecting insulin, and pushing medications through a gastrostomy tube.

In light of today's typical Home Care agency worker duties, the department views these workers as having a potential risk of occupational exposure to blood and other potentially infectious materials. As a minimum standard, Home Care agencies need to determine whether or not their employees have occupational exposure to blood and OPIM based on services being provided, client health status, and the home environment in which workers perform their duties.

TB rates of infection within the United States have gradually declined over the years due to public education efforts and employer vigilance around TB testing and risk assessments. Many Home Care agencies voluntarily conduct baseline TB testing at hire as best practice. State licensing rules typically cannot impose best practice requirements due to the associated cost burdens. As a minimum standard, Home Care agencies need to protect their employees and the clients they serve from potential exposure to Tuberculosis by conducting new employee risk assessments to determine which employees should be tested for TB.

The proposed rules requires Home Care, Home Health, and Hospice agencies to expand their existing infection control and communicable disease testing policies and procedures to include additional criteria around risk assessments for TB and exposure to blood borne pathogens. The rules point licensees to existing Department of Labor and Industry rules that require employers to determine if their employees have a reasonably anticipated risk of occupational exposure to blood and OPIM. In addition, the department is also taking the position that the existing state and federal recommendations for TB screening also applies to Home Care agencies to the extent of conducting risk assessments.

Agencies will incur additional administrative costs to expand their existing infection control practices and communicable disease testing and vaccinations policies and procedures. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to expand existing policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of expanded policies and procedures are estimated to initially take between 3 and 6 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to update existing policies and procedures are estimated to range from $45 to $150.

As a result of the proposed rule clarification, some Home Care agencies will incur new costs for TB testing and offering the Hepatitis B vaccine to employees if risk assessments determine this is necessary. TB testing per employee ranges from $31 to

$50. A positive test result will result in additional testing costs. Offering the Hepatitis B vaccine series ranges from $255 to $500 per employee.

Total costs cannot be determined with 100 per cent accuracy because TB testing and the offering of Hepatitis B vaccine is tied to an agency's risk assessment results. The following are estimates for both large and small agencies:

For a small agency with 10 employees: Assuming 30% of risk assessments indicate a need for employee TB testing, costs would range from $93 to $150. The majority of today's workforce has been vaccinated for Hepatitis B. Assuming 10% of risk assessments indicate a need for the employer to offer employee the Hepatitis B vaccine series, costs would range from $255 to $500.

For a large agency with 100 employees: Assuming 30% of risk assessments indicate a need for employee TB testing, costs would range from $310 to $500. The majority of today's workforce has been vaccinated for Hepatitis B. Assuming 10% of risk assessments indicate a need for the employer to offer employee the Hepatitis B vaccine series, costs would range from $2,550 to $5,000. If 30% of indicated employees decline to pursue the Hepatitis B vaccine series (i.e. "I've had the vaccination but can't find the paperwork" or "I simply don't want the vaccine"), the adjusted costs would range from $1,785 to $3,500.

The benefits of the proposed rule outweigh the anticipated costs to licensees. The proposed rule requires agencies to expand their existing infection control and communicable disease testing policies and procedures to include additional criteria around risk assessments for TB testing and exposure to blood borne pathogens. The proposed rule will promote public health and safety by requiring agencies to develop policy and procedures that are both consistent with or more in line with existing state and federal infection control recommendations and requirements.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $45 to $150 to develop and operationalize policies and procedures to be compliant with the proposed rule. In addition, a small agency MAY incur TB testing and Hepatitis B vaccine costs ranging from $348 to $650 (depending on risk assessment results). A large agency may incur TB testing and Hepatitis B vaccine costs ranging from $2,095 to $4,000 (depending on risk assessment results).

18. WAC 246-335-435, 246-335-535, and 246-335-635 – Client / Patient Bill of Rights

Description of the proposed rules:
The proposed rules adds a requirement for home care, home health, and hospice agencies to list newly required policies and procedures in their client / patient "bill of rights" and to review those policies and procedures with clients and patients during the admissions process. See # 8, #10, and #11 for an analysis of these newly required

policies and procedures. The proposed rules also adds a requirement to list the DSHS 866-END-HARM hotline number on the client / patient bill of rights.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule. Clients and patients will benefit from additional agency policies and procedures being included in the bill of rights and reviewed at the time of admission.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

19. WAC 246-335-440(4)(b) – Home Care plan of care.

Description of the proposed rule:
The proposed rule adds a requirement that Home Care agencies develop and implement a system to inform the supervisor of direct care services regarding changes in the client's condition and needs. Those changes may trigger a need to update the client's plan of care.

Cost/Benefit Analysis:
Current rules require Home Health and Hospice agency workers to inform their supervisors regarding changes in a patient's condition that indicate a need to update the plan of care. The proposed rule carries this requirement over for Home Care agencies. Health circumstances and care needs for clients and patients can change quickly. It is important that all agencies develop a system for their workers to inform supervisors of changes in client/patient condition and needs. These changes may trigger a need to update the client's plan of care.

Agencies will incur additional administrative costs to develop and implement a system to inform the supervisor of direct care services regarding changes in the client's condition that indicate a need to update the plan of care. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop this system. Agencies will need educate current and new employees on when and how to contact the supervisor regarding changes in the client's condition. Hourly wages for such employees range from $15 to $25 per hour. Developing this system will take between 3 and 6 hours to initially complete. According to participant responses to the department's May 2017 cost survey, total costs are estimated to range $45 to $150.

The benefits of the proposed rule outweigh the anticipated costs to licensees. It is important that all agencies develop a system for their workers to inform supervisors of changes in client/patient condition that indicate a need to update the plan of care.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $45 to $150 to develop and operationalize policies and procedures to be compliant with the proposed rule.

20. **WAC 246-335-445(3), 246-335-545(3), and 246-335-645(3) – Supervision of Home Care, Home Health, and Hospice services.**

Description of the proposed rule:
The proposed rules require home care, home health, and hospice agencies to ensure their supervisor of direct care services and director of clinical services completes a minimum of 10 hours of training annually related to supervision or the delivery of care services.

Cost/Benefit Analysis:
Current rules do not require the supervisor of direct care services or the director of clinical services to be credentialed or to provide documentation of past education or trainings. Supervisors of Direct Care Services (Home Care) and Directors of Clinical Services (Home Health and Hospice) play a critical role in supervising workers and overseeing the care and services provided by the agency. Home care agencies contracted with the Department of Social and Health Services have an annual training requirement for supervisors. Clients and patients will benefit from direct care workers whose supervisors are engaged in on-going trainings to improve their supervision skills.

Agencies will incur additional administrative costs to ensure their supervisors of direct care services (Home Care) and directors of clinical services (Home Health & Hospice) complete ten hours of training annually. Agencies will review the various trainings they already have in place and determine if they are related to supervision and or delivery of care services. Some agencies will need to provide additional training opportunities to ensure the ten hours are completed each year. Agencies will also need to develop a tracking system that documents completed trainings throughout each year. The proposed rules allow agencies to utilize a wide range of existing community educational opportunities that will count toward the ten hours: in-services, community venues, community classes, conferences, and seminars. A supervisor or director's continuing education related to the professional credential will also count toward the ten hours of required trainings.

At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to review current educational opportunities offered by the agency and to develop a tracking system that documents completed trainings throughout each year. Hourly wages for such employees range from $15 to $25 per hour. Review of current educational opportunities and the development of a tracking system are estimated to initially take between 3 and 6 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs are estimated to range $45 to $150.

The proposed rules are written broadly in order to give agencies options to document educational opportunities already in place that will meet the new annual training requirement. Some agencies may choose to incur additional costs to offer new training opportunities despite having existing viable options that could be counted.

The benefits of the proposed rule outweigh the anticipated costs to licensees. Agencies currently offer their supervisors and directors various educational opportunities that will count toward the annual ten hours of training. Clients and patients will benefit from direct care workers whose supervisors are engaged in on-going trainings to improve their supervision skills.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $45 to $150 to develop and operationalize policies and procedures in order to be compliant with the proposed rule. The proposed rule is written broadly to allow licensee to utilize a wide range of existing agency and community educational opportunities to count toward the ten hours of annual training.

21. WAC 246-335-450(7), 246-335-550(7), and 246-335-650(7) – Client and Patient Records (Home Care, Home Health, and Hospice agencies)

Description of the proposed rules:
The current rules require licensees to maintain records after a client or patient death according to chapter 70.02 RCW (Medical records—Health care information access and disclosure). The proposed rule adds language that clarifies that records are to be kept for three years after a client or patient has died.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule. Stakeholders requested that the timeframe for record retention after a client or patient death in chapter 70.02 RCW be listed in WAC.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

22. WAC 246-335-525(11) – Personnel, contractors, and volunteers (Home Health agencies)

Description of the proposed rule:
The proposed rule requires Home Health agencies to develop and operationalize new policies and procedures that describe personnel and contractors holding a nursing assistant registration (NAR) becoming credentialed as a nursing assistant certified (NAC) within 12 months of the date of hire. The proposed rule does not require this for employees hired prior to January 1, 2018 who held a nursing assistant registration and have maintained their registration and employment.

Cost/Benefit Analysis:
Current rules allow Home Health agencies to hire NARs without a requirement that they

become NACs. NARs are registered with the department but are not required to complete training and competency testing. NARs typically are hired by nursing homes where they work under the supervision of a licensed nurse while taking an NAC training course. In these settings, NARs must become NACs within 120 days.

In addition to valuable in-house trainings that agencies provide, it is important that NARs also complete formal trainings and achieve credentialing as NACs. Home Health patients must receive safe and quality services from agency workers that have been formerly trained and whose skills have been tested and validated through the NAC credentialing process.

Agencies will incur additional administrative costs to develop and operationalize new policies and procedures consistent with the proposed rule requirements. Agencies also will need to develop a tracking system that documents NAR employees becoming NACs within 12 months. At a minimum, agencies are likely to task an administrative assistant, human resource assistant, or other similarly classified staff to develop such policies and procedures. Hourly wages for such employees range from $15 to $25 per hour. The development of the new policies and procedures are estimated to initially take between 3 and 6 hours to complete. According to participant responses to the department's May 2017 cost survey, total costs to develop and operationalize this new policy and procedure are estimated to range from $45 to $150.

Agencies may incur additional costs if they make a business decision to pay for the costs of nursing assistant credentialing. Credentialing costs for a Certified Nursing Assistant is $85.00 for the application fee and between $400 and $800 for the training / testing course. Total costs for credentialing would range from $485 to $885 per employee. Agencies could alternatively require current employees who hold a NAR to pay their own credentialing costs. Agencies could also make the business decision to only hire credentialed individuals.

The benefits of the proposed rule outweigh the anticipated costs to licensees. Home Health patients must receive safe and quality services from agency workers that have been formerly trained and whose skills have been tested and validated through the NAC credentialing process.

Estimated cost impact of rule:
Applicants and licensees will incur additional costs ranging from $45 to $150 to develop and operationalize policies and procedures to be compliant with the proposed rule. In addition, agencies will incur additional costs IF they make a business decision to pay for the credentialing costs of current employees who hold a NAR. The department is unable to predict the business decisions that licensees will make in order to be compliant with the proposed rule and therefore cannot provide an estimated cost impact.

23. WAC 246-335-540(3) and 246-335-640(3) – Home Health and Hospice Plan of Care.

Description of the proposed rules:
The proposed rules require home health and hospice agencies to identify palliative care and telehealth services on the patient plan of care if those services are being offered. Stakeholders requested the inclusion of palliative care and telehealth definitions as these are services commonly provided by home health and hospice agencies. The proposed rule also requires that the plan of care indicate if a patient has a signed POLST form (See # 11 for the POLST analysis).

Cost/Benefit Analysis:
There is no cost associated with this proposed rule.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

24. WAC 246-335-720(2) – Emergency Preparedness (Hospice Care Centers)

Description of the proposed rule:
Current rules require licensees to have policies and procedures related to service delivery during natural and man-made emergencies. The proposed rule requires licensees to add additional components to their existing policies and procedures that will assist agencies in being better prepared when natural disasters, man-made incidents, or public health emergencies occur. See # 12 for further analysis.

Cost/Benefit Analysis:
See # 12 for cost/benefit analysis.

Estimated cost impact of rule:
See # 12 for cost impact of proposed rule.

25. WAC 246-335-728 – Construction and Design Codes (Hospice Care Centers)

Description of the proposed rule:
The proposed rule reformats the section for ease of reading and updates references to applicable codes.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

26. WAC 246-335-730 – Design, Construction Review, and Approval of Plans (Hospice Care Centers)

Description of the proposed rule:
The proposed rule adds new language that reflects the department's construction review services (CRS) process for the review and approval of hospice care center construction plans. The proposed rule also adds new language that allows flexibility for owners to begin construction before CRS has approved the project at their own risk.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

27. WAC 246-335-752 – Heating, Ventilation, and Air Conditioning (Hospice Care Centers)

Description of the proposed rule:
The proposed rule reformats the section for ease of reading and updates references to applicable codes.

Cost/Benefit Analysis:
There is no cost associated with this proposed rule.

Estimated cost impact of rule:
There is no cost associated with this proposed rule.

28. WAC 246-335-990 – Fees (Home Care, Home Health, and Hospice agencies)

Although a significant analysis is not required for adjusting licensing fees, the department is choosing to include a brief narrative of why it is necessary for fees to be raised.

Description of the proposed rule:
The proposed rule increases licensing fees by 35%.

Cost/Benefit Analysis:
During the 2016 rules workshops, stakeholders were given the following department fiscal forecast for the remaining 2015-17 biennium:

  $1,319,150 - projected revenue
- $1,993,188 - projected expenditures for the IHS licensing program
  $ (674,038) projected shortfall

The goal of the proposed fee increase is to bring licensing fee revenues more in alignment with the actual costs of regulating In-Home Services agencies. The department develops a best estimate for licensing fee levels based on historical revenue and expenditure data. On the revenue side, the number of licensees can vary from initial projections. On the expenditure side, costs can also vary from year to year. The fees also cover issuing and renewing licenses, disciplinary costs, and costs to adopt rules to implement standards set or changed by the legislature.

The department informed stakeholders that overall revenue for the program had not increased since 2008. Although fees increased by 12% in 2012, that increase only compensated for lost General Fund State monies – actual program revenue remained the same. Because RCW 43.70.250 requires licensing fees to fully cover the costs of the IHS program, stakeholders were told that in order to address the budgetary shortfall, licensing fees needed to be increased by roughly 50%.

Licensees expressed serious concerns over the anticipated fiscal impact of a 50% fee increase to their businesses. The department acknowledged that a 50% fee increase would be difficult for licensees to absorb at one time. In order to mitigate the fiscal impact to licensees, the department proposed to implement the needed fee increase in two phases:

- Phase 1: 35% increase in FY 2018
- Phase 2: 15% increase in FY 2022

The 35% fee increase will reduce the future shortfall or funding gap for the program. Based on 2016 available data, the department estimated the following fiscal forecast for the 2017-19 biennium:

$1,780,853 - projected revenue resulting from the 35% increase
- $1,993,188 - projected expenditures for the IHS licensing program
$ (212,335) projected shortfall

The department indicated that the projected future shortfall was an estimate based on data available at the time. The department will conduct a new fee study in the next two to three years to assess program expenditures and revenue and verify that the remaining fee increase rate that is needed. In order to increase fees, the department will again open the rules and engage stakeholders in the rule making process. Stakeholders understood why licensing fees need to increase but are nevertheless concerned about the fiscal impact to their businesses.

Estimated cost impact of rule:
The proposed rule will increase licensing fees by 35% after the rules become effective.

Summary of total cost impact of proposed rules:
The table below summarizes the cost impacts of the proposed rules 1 thru 27 listed in Section 5 and provides totals for small and large sized agencies. Proposed rule # 28 is not included in the table because RCW 43.70.250 requires licensing fees to fully cover the costs of administering the department's IHS program.

Proposed rule	Estimated cost impact - low		Estimated cost impact - high	
	Small agency (10 employees)	Large agency (100 employees)	Small agency (10 employees)	Large agency (100 employees)
# 1	$50	$50	$50	$50
# 2	No data	No data	No data	No data
# 3	No cost impact	No cost impact	No cost impact	No cost impact
# 4	See # 3	See # 3	See # 3	See # 3
# 5	See # 13	See # 13	See # 13	See # 13
# 6	No cost impact	No cost impact	No cost impact	No cost impact
# 7	No cost impact	No cost impact	No cost impact	No cost impact
# 8	$30	$30	$100	$100
# 9	$30	$30	$100	$100
# 10*	$45	$45	$150	$150
# 11	$30	$30	$100	$100
# 12	$60	$60	$150	$150
# 13	$38	$96	$375	$959
# 14	$30	$30	$100	$100
# 15	$30	$30	$100	$100
# 16	$30	$30	$100	$100
# 17	$45	$45	$150	$150
	$348	$650	$2,095	$4,000
# 18	No cost impact	No cost impact	No cost impact	No cost impact
# 19	$45	$45	$150	$150
# 20	$45	$45	$150	$150
# 21	No cost impact	No cost impact	No cost impact	No cost impact
# 22*	$45	$45	$150	$150
# 23	No cost impact	No cost impact	No cost impact	No cost impact
# 24	See # 12	See # 12	See # 12	See # 12
# 25	No cost impact	No cost impact	No cost impact	No cost impact
# 26	No cost impact	No cost impact	No cost impact	No cost impact
# 27	No cost impact	No cost impact	No cost impact	No cost impact
Totals	$901	$1,261	$4,020	$6,509

* The proposed rule is written broadly in order to give licensees compliance options. Agencies may voluntarily choose to make business decisions that result in additional costs. For example, paying for external training instead of utilizing current in-house trainings, paying the credentialing costs for existing employees instead of passing the cost on to the employee. The department is unable to predict the future business decisions of licensees and therefore cannot provide an estimated cost impact.

SECTION 6:

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

Department staff has worked closely with licensees, industry association representatives, and other constituents since 2015 to minimize the burden of this proposed rule. The department offered stakeholders eight public rules workshop opportunities in 2016 to participate in the rule discussions and updating process. During these workshops, many versions of specific rules were discussed and debated. After careful consideration, some of the suggested changes were accepted while others were rejected. Mutual interests were identified and considered as the department made decisions on the final rule language.

The department's stakeholdering process encouraged interested parties to:

- Identify areas of the existing rules that are burdensome;
- Identify areas of the existing rules that require clarification;
- Propose revised rule language that is more clear and reduces regulatory burden; and
- Work with department staff on refining proposed language.

The proposed rule changes went through several stages of edits, review, and discussion and then further refinement before arriving at the final proposal. The end result of this process are proposed changes that will provide increased rule clarity, guidance and will ultimately be less burdensome than the current rules.

Summarized below are brief descriptions of alternative versions of the analyzed portions of the rule set. The proposed rules represent the least burdensome alternative by providing clear requirements for applicants and licensees that are consistent with current law and industry standards, and will achieve the statutorily described general goals and specific objectives of chapter 70.127 RCW.

Alternate Versions	Level Of Burden
WAC 246-335-310 – Definitions. **Early version of rule:** "Back-up care" means substitute client or patient care arranged by the agency's administration when caregiving staff, aides, or health services cannot be provided as scheduled.	The department initially proposed a new rule that would automatically require agency administrators, supervisors, and directors of clinical services that provide back-up care to clients and patients to have minimal healthcare credentialing. Agencies were generally supportive of the concept but stated such a requirement was not appropriate for instances where the administrator / supervisor was simply sitting with the client until a substitute caregiver or family member arrived. Agencies also indicated that this rule should not apply in client / patient emergency

Minimum credentialing is required if the administrator or supervisor intends to provide scheduled or back-up ADL care to clients as documented in the plan of care. **Final version of rule:** Providing back-up care to the client when services cannot be provided as scheduled. Back-up care which requires assistance with client ADLs must be provided by staff with minimum credentialing or workers who meet the exemption criteria in chapter 246-980 WAC. Noncredentialed staff may provide back-up care only when assisting a client with IADLs or in emergency situations;	situations. The department addressed stakeholder concerns by revising the rule as follows: • Defining ADLs and IADLs and indicating that only assistance with ADLs (e.g. hands-on care) requires minimum credentialing. • Clarifying that if administrators / supervisors intend to provide ADL back-up care that minimum credentialing is required. • Added a clarifier that the administrator / supervisor could respond to client / patient emergency situations without being credentialed. The final version of the proposed rule improves public health and safety by ensuring hands-on back-up care is provided by appropriately credentialed persons. The final version of the proposed rule is also the least burdensome on licensees.
WAC 246-335-425 - Personnel, contractor, and volunteer policies. **Early version of rule:** Passive range of motion may be performed by home care agencies when an OT/PT has established a formal exercise program and a contracted register nurse delegator has trained the aide to perform the ordered exercises and has accepted oversight responsibilities. **Final version of rule:** If a home care agency chooses to offer assistance with passive range of motion exercises for maintenance	The department initially proposed a new rule that clarified that Home Care agencies could only provide clients with passive range of motion (PROM) exercises through the nurse delegation process. Agencies were divided on the issue. Some indicated that PROM was part of Certified Home Care Aide training and that DSHS contracted agencies are permitted to provide the service. Others stated that PROM was a skilled service and not within a Home Care agency’s scope of practice. Still others stated that PROM should be allowed but only through the nurse delegation process. Agencies indicated they would have a significant cost impact if they had to contract with a delegating RN in order to be compliant with the new rule. The department verified that PROM is a training component for Certified Home Care Aides and Certified Nursing Assistants. The department also contacted DSHS and confirmed that their contracted Home Care agencies are allowed to provide clients

purposes only, then relevant policies and procedures must comply with the following minimum requirements: (a) Ensure the client provides the agency with a copy of their passive range of motion exercise plan established by a physical therapist licensed under chapter 18.74 RCW, an occupational therapist licensed under chapter 18.59 RCW, or qualified registered nurse licensed under chapter 18.79 RCW. The date of the plan must be within twelve months of requesting assistance with passive range of motion. The plan must clearly state that the passive range of motion is for maintenance purposes only. Passive range of motion for purposes of restoring joint function is outside the scope of a home care agency to provide; (b) If the exercise plan is older than twelve months or does not clearly state for maintenance purposes only, the agency will direct client to get an updated or new passive range of motion plan from their health care provider; (c) Ensure and document passive range of motion skills verification of assigned agency workers, consistent with WAC 246-335-425(9), prior to the provision of these services;	with PROM for maintenance purposes only. The department addressed stakeholder concerns by revising the rule as follows: • Agency must receive a copy of the client's PROM exercise plan established by a PT, OT, or qualified RN. • The plan must indicate the PROM is for maintenance purposes only. • Agency must verify PROM skills of assigned agency workers. • Agency must receive an updated PROM exercise plan annually. The final version of the proposed rule improves public health and safety, is consistent with professional scope of practice and DSHS Home Care contracting, and is the least burdensome on licensees.
WAC 246-335-440 – Home Care Plan of Care **Early version of rule:**	The department initially proposed a rule that would require Home Care agencies to review client plans of care on-site every six months (instead of every twelve months). Agencies were divided on the issue.

(d) Develop and implement a system to: (i) Assure the plan of care is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client or designated family member <u>every six months</u> and as necessary based on changing client needs; and (ii) Inform the supervisor of direct care services regarding changes in the client's condition that indicate a need to change the plan of care. **Final version of rule:** (4) Develop and implement a system to: (a) Ensure the plan of care is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client, designated family member, or legal representative <u>every twelve months</u> and whenever <u>significant changes to client care needs are identified</u>; and (b) Inform the supervisor of direct care services regarding changes in the client's condition that indicate a need to update the plan of care.	Some indicated a six month on-site review of the client's plan of care was appropriate as care needs often change quickly. Other agencies disagreed and stated that a mandatory review every six months was overly burdensome as many clients would not have a change in their care needs. These agencies also indicated they would need to hire additional staff (a significant cost impact) in order to be compliant with a new six month review timeframe. The department addressed stakeholder concerns by revising the rule as follows: • Returned the on-site review of the plan of care to every twelve months. • Added the word "significant" to changes so that whenever "significant changes" to a client's care needs are identified, the agency would be required to conduct an on-site review of the plan of care. • Added a requirement for workers to inform the supervisor of changes in the client's condition that indicate a need to update the plan of care. The final version of the rule improves public health and safety by requiring agency workers to inform supervisors of changes in the client's condition. A significant change would require the supervisor to meet with the client to update the plan of care. The final version of the rule is also the least burdensome on licensees.
WAC 246-335-424, 525, and 625 - Infection control practices, communicable disease testing and vaccinations. **Early version of rule:** Infection control practices, including communicable disease testing and	The department initially proposed a revised rule that required agencies to conduct baseline TB testing of new employees, offer direct care workers the Hepatitis B vaccine, and to conduct annual risk assessments. Agencies were divided on the issue. Hospice agencies, most Home Health agencies, and some Home Care agencies already meet this standard and were in support. Most Home Care agencies were supportive of the concept but indicated that mandatory TB testing and offering

vaccinations, according to state and federal health authorities. At a minimum, policies and procedures must include the following: (a) Standard precautions (e.g. Hand hygiene, respiratory hygiene and cough etiquette, personal protective equipment) (b) Availability of personal protective equipment necessary to implement client/patient plans of care (c) Tuberculosis control program in compliance with the Department of Labor and industries Division of Occupational Safety and Health directive 11.35, or successor directive. (d) Exposure to blood borne pathogens (e.g. Hepatitis B and HIV) and other potentially infectious materials in compliance with the Department of Labor and industries chapter 296-823 WAC. Agencies must document an annual review of state and federal health authority recommendations and update trainings and policies and procedures where necessary. **Final version of rule:** Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and personal protective equipment;	employees the Hepatitis B vaccine would be extremely costly. Agencies also questioned if the TB data supported the need for mandatory TB testing at hire. Agencies were also concerned about the cost impact of offering the 3 step Hepatitis B vaccine to all employees. The department's Tuberculosis program indicated that TB infection rates for Washington State are generally low. Although baseline TB testing at hire is preferable from an infection control perspective, the data does not support a rule that would require TB testing for all new employees. The data does support the need for employers to conduct risk assessments and conduct TB testing if indicated. The department addressed stakeholder concerns by revising the rule as follows: • Removed the mandatory requirement to conduct baseline TB testing of new employees. • Require agencies to conduct a TB risk assessment at hire and only conduct TB testing if indicated. • Removed the mandatory requirement to offer the Hepatitis B vaccine to all direct care workers. • Require agencies to conduct a risk assessment to determine if their workers have a reasonable anticipated risk of occupational exposure to blood and OPIM and offer the Hepatitis B vaccine to employees if indicated. The final version of proposed rule improves public health and safety by requiring agencies to conduct risk assessments that will determine if employee TB testing is required or if the Hepatitis B vaccine should be offered. The final version of the rule is also the least burdensome on licensees because agency actions are based on risk assessment results.

(b) Availability of personal protective equipment and other equipment necessary to implement client plans of care; (c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new employees. If TB testing is required, follow the department’s tuberculosis risk assessment form testing recommendations; (ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine agency's responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested negative and have new risk factors since the last assessment; and (iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's tuberculosis program's on-line posted educational materials.	

(d) Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246-100 WAC and 246-101 WAC; (e) Exposure to bloodborne pathogens such as Hepatitis B and HIV and other potentially infectious materials in compliance with the department of labor and industries, chapter 296-823 WAC. Key elements include, but are not limited to: (i) Conducting an initial risk assessment of the environment in which personnel, volunteers, and contractors perform their assigned duties to determine occupational exposure. The results of the risk assessment will inform policy and procedure development and level of employee training and education. Annually, agencies must determine if significant changes have occurred that would require a new risk assessment to be performed; (ii) If the risk assessment concludes that workers have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials, agencies must offer workers the Hepatitis B vaccine series at the agency's expense. Workers have the right to decline the Hepatitis B vaccine series; and (f) Agencies must document an annual review of applicable	

state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.	
WAC 246-335-445, 545, and 645 **Early version of rule:** The licensee shall ensure the supervisor of direct care services or director of clinical services and the designated alternate completes a minimum of ten (10) hours of training annually. Training may include a combination of topics related to supervisory duties and the delivery of home care, home health, and hospice services. **Final version of rule:** The licensee shall ensure the supervisor of direct care services and the designated alternate completes a minimum of ten hours of training annually. Training must be documented and maintained in the personnel files. Training may include a combination of topics related to supervisory duties and the delivery of home care services. Examples of appropriate training include, but are not limited to: (a) Agency sponsored in-services; (b) Community venues; (c) Community classes;	The department initially proposed a revised rule that would require agencies to ensure the supervisor of direct care services or director of clinical services and the designated alternate completes a minimum of ten (10) hours of training annually. Agencies were divided on the issue. Some indicated their supervisors were adequately trained and this annual requirement would have cost impact in terms of paying for new training opportunities. Other agencies stated they already had a ten hour training requirement as part of their DSHS contract and such a rule would have no impact. The department addressed stakeholder concerns by revising the rule as follows: • Added language that clarifies agencies can use a wide range of their current activities (in-services, community venues, community classes, conferences, seminars and continuing education related to the supervisor's professional credential, if applicable) toward the ten hours of annual training. The final version of the proposed rule improves public health and safety and is the least burdensome on licensees.

(d) Conferences; (e) Seminars; (f) Continuing education related to the supervisor's professional credential, if applicable; and (g) Supervisory responsibilities in the event of a natural disaster, man-made incident, or public health emergency;	

SECTION 7:

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take action that violates requirements of federal or state law.

SECTION 8:

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

SECTION 9:

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

SECTION 10:

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

The department coordinated its rule updating process with the Department of Social and Health Services to ensure revised language would be consistent with long-term care worker scope of practice, Area Agency on Aging contracting process for Home Care agencies, and other overlapping issues.

Appendix A.

Existing WAC to be repealed	Justification
WAC 246-335-010 – Applicability.	Repealed language removes information about chapter applicability. The section is replaced by WAC 246-335-305 that also describes chapter applicability.
WAC 246-335-015 – Definitions.	Repealed language removes information about chapter definitions. The section is replaced by the following new WACs: WAC 246-335-310 (Definitions - general); WAC 246-335-410 (Definitions - Home care agencies); WAC 246-335-510 (Definitions – Home health agencies); WAC 246-335-610 (Definitions – Hospice agencies); and WAC 246-335-710 (Definitions – Hospice care centers).
WAC 246-335-020 – License required.	Repealed language removes information about license required. The section is replaced by WAC 246-335-315 that also describes license required.
WAC 246-335-025 – Initial application.	Repealed language removes information about initial application. The section is replaced by WAC 246-335-320 that also describes initial application.
WAC 246-335-030 - Renewal.	Repealed language removes information about renewal. The section is replaced by WAC 246-335-325 that also describes license renewal.
WAC 246-335-035 - Change of ownership.	Repealed language removes information about change of ownership. The section is replaced by WAC 246-335-330 that also describes changes of ownership.
WAC 246-335-040 - Applicant or licensee rights and responsibilities.	Repealed language removes information about applicant or licensee rights and responsibilities. The section is replaced by WAC 246-335-335 that similarly describes applicant or licensee responsibilities.
WAC 246-335-045 – Department responsibilities.	Repealed language removes information about department responsibilities. The section is replaced by the following WACs: WAC 246-335-340 (Survey and investigation); and WAC 246-335-345 (Statement of deficiencies, Plan of correction, and Enforcement action).

WAC 246-335-050 – Deemed status.	Repealed language removes information about deemed status. The section is replaced by WAC 246-335-350 that similarly describes substantial equivalency to state survey requirement.
WAC 246-335-055 – Plan of operation.	Repealed language removes information about plan of operation. The section is replaced by the following WACs: WAC 246-335-415 (Plan of operation); WAC 246-335-515 (Plan of operation); and WAC 246-335-615 (Plan of operation).
WAC 246-335-060 - Delivery of services.	Repealed language removes information about delivery of services. The section is replaced by the following WACs: WAC 246-335-420 (Delivery of services); WAC 246-335-520 (Delivery of services); and WAC 246-335-620 (Delivery of services).
WAC 246-335-065 - Personnel, contractor, and volunteer policies.	Repealed language removes information about personnel, contractor, and volunteer policies. The section is replaced by the following WACs: WAC 246-335-425 (personnel, contractor, and volunteer policies); WAC 246-335-525 (personnel, contractor, and volunteer policies); and WAC 246-335-625 (personnel, contractor, and volunteer policies);
WAC 246-335-070 - Personnel, contractor and volunteer records.	Repealed language removes information about personnel, contractor and volunteer records. The section is replaced by the following WACs: WAC 246-335-430 (personnel, contractor and volunteer records); WAC 246-335-530 (personnel, contractor and volunteer records); and WAC 246-335-630 (personnel, contractor and volunteer records).
WAC 246-335-075 - Bill of rights.	Repealed language removes information about bills of rights. The section is replaced by the following WACs: WAC 246-335-435 (Bill of rights); WAC 246-335-535 (Bill of rights); and WAC 246-335-635 (Bill of rights).
WAC 246-335-080 - Home health plan of care.	Repealed language removes information about home health plan of care. The section is replaced by WAC 246-335-540 that also describes home health plan of care.

WAC 246-335-085 - Hospice plan of care.	Repealed language removes information about hospice plan of care. The section is replaced by WAC 246-335-640 that also describes hospice plan of care.
WAC 246-335-090 - Home care plan of care.	Repealed language removes information about home care plan of care. The section is replaced by WAC 246-335-440 that also describes home care plan of care.
WAC 246-335-095 - Supervision of home health care.	Repealed language removes information about supervision of home health care. The section is replaced by WAC 246-335-545 that also describes supervision of home health services.
WAC 246-335-100 - Supervision of hospice care.	Repealed language removes information about supervision of hospice care. The section is replaced by WAC 246-335-645 that also describes supervision of hospice services.
WAC 246-335-105 - Supervision of home care.	Repealed language removes information about supervision of home care. The section is replaced by WAC 246-335-445 that also describes supervisions of home care services.
WAC 246-335-110 - Patient/client records.	Repealed language removes information about patient / client records. The section is replaced by the following WACs: WAC 246-335-450 (Client records); WAC 246-335-550 (Patient records); and WAC 246-335-650 (Patient records).
WAC 246-335-115 - Quality improvement.	Repealed language removes information about quality improvement. The section is replaced by the following WACs: WAC 246-335-455 (Quality improvement program); WAC 246-335-555 (Quality improvement program); and WAC 246-335-655 (Quality improvement program).
WAC 246-335-120 - Home medical supplies and equipment.	Repealed language removes information about home medical supplies and equipment. The section is replaced by the following WACs: WAC 246-335-560 (home medical supplies and equipment); and WAC 246-335-660 (home medical supplies and equipment).
WAC 246-335-125 – Exemptions and alternative methods	Repealed language removes information about exemptions and alternative

	methods. The section is replaced by WAC 246-335-355 that also describes exemptions and alternative methods.
WAC 246-335-130 – Applicability.	Repealed language removes information about applicability (Hospice care centers). The section is replaced by WAC 246-335-705 that also describes applicability (Hospice care centers).
WAC 246-335-135 – Definitions.	Repealed language removes information about definitions (Hospice care center). The section is replaced by WAC 246-335-710 that also describes Definitions – Hospice care centers.
WAC 246-335-140 – License required.	Repealed language removes information about license required (Hospice care centers). The section is replaced by WAC 246-335-712 that also describes license required (Hospice care centers).
WAC 246-335-145 – Initial application.	Repealed language removes information about initial application (Hospice care centers). The section is replaced by WAC 246-335-714 that similarly describes general licensing requirements.
WAC 246-335-150 – Renewal.	Repealed language removes information about renewal (Hospice care centers). The section is replaced by WAC 246-335-714 that similarly describes general licensing requirements.
WAC 246-335-155 – Other general hospice care center licensing requirements.	Repealed language removes information about other general hospice care center licensing requirements. The section is replaced by WAC 246-335-714 that similarly describes general licensing requirements.
WAC 246-335-160 – Nutritional services.	Repealed language removes information about nutritional services. The section is replaced by WAC 246-335-716 that also describes nutritional services.
WAC 246-335-165 – Infection control.	Repealed language removes information about infection control. The section is replaced by WAC 246-335-718 that also describes infection control.
WAC 246-335-170 – Emergency preparedness.	Repealed language removes information about emergency preparedness. The section is replaced by WAC 246-335-720 that also describes emergency

	preparedness.
WAC 246-335-175 – Pharmaceutical services.	Repealed language removes information about pharmaceutical services. The section is replaced by WAC 246-335-722 that also describes pharmaceutical services.
WAC 246-335-180 – Applicability.	Repealed language removes information about applicability (Hospice care center construction regulations). The section is replaced by WAC 246-335-726 that also describes applicability.
WAC 246-335-185 – Application and approval.	Repealed language removes information about application and approval. Elements of this section can now be found in the following WACs: WAC 246-335-728 (Construction and design codes); and WAC 246-335-730 (Design, construction review and approval of plans).
WAC 246-335-190 – Construction and design codes.	Repealed language removes information about construction and design codes. The section is replaced by WAC 246-335-728 that also describes construction and design codes.
WAC 246-335-195 – Construction documents.	Repealed language removes information about construction documents. Elements of this section can now be found in WAC 246-335-730 (Design, construction review and approval of plans).
WAC 246-335-200 – Site and site development.	Repealed language removes information about site and site development. The section is replaced by WAC 246-335-732 that also describes site and site development.
WAC 246-335-205 – General requirements.	Repealed language removes information about general requirements. The section is replaced by WAC 246-335-734 that also describes general requirements.
WAC 246-335-210 – Furnishings.	Repealed language removes information about furnishings. The section is replaced by WAC 246-335-736 that also describes furnishings.
WAC 246-335-220 – Pharmaceutical services area.	Repealed language removes information about pharmaceutical services area. The section is replaced by WAC 246-335-738 that also describes pharmaceutical services area.

WAC 246-335-225 – Food preparation.	Repealed language removes information about food preparation. The section is replaced by WAC 246-335-740 that also describes food preparation.
WAC 246-335-230 – Linen handling facilities.	Repealed language removes information about linen handling facilities. The section is replaced by WAC 246-335-742 that also describes linen handling facilities.
WAC 246-335-235 – Laundry facilities.	Repealed language removes information about laundry facilities. The section is replaced by WAC 246-335-744 that also describes laundry facilities.
WAC 246-335-240 – Utility rooms.	Repealed language removes information about utility rooms. The section is replaced by WAC 246-335-746 that also describes utility rooms.
WAC 246-335-245 – Plumbing.	Repealed language removes information about plumbing. The section is replaced by WAC 246-335-748 that also describes plumbing.
WAC 246-335-250 – Medical gases.	Repealed language removes information about medical gases. The section is replaced by WAC 246-335-750 that also describes medical gases.
WAC 246-335-255 – Heating, ventilating and air conditioning.	Repealed language removes information about heating, ventilating and air conditioning. The section is replaced by WAC 246-335-752 that also describes heating, ventilating and air conditioning.
WAC 246-335-260 – Electrical service and distribution.	Repealed language removes information about electrical service and distribution. The section is replaced by WAC 246-335-754 that similarly describes electrical and communication services.
WAC 246-335-265 – Patient rooms.	Repealed language removes information about patient rooms. The section is replaced by WAC 246-335-756 that also describes patient rooms.
WAC 246-335-270 – Patient toilets and bathing facilities.	Repealed language removes information about patient toilets and bathing facilities. The section is replaced by WAC 246-335-758 that also describes patient toilets and bathing facilities.
WAC 246-335-275 – Family, personnel, volunteer, contractor, and public areas.	Repealed language removes information about family, personnel, volunteer, contractor, and public areas. The section

	is replaced by WAC 246-335-760 that also describes family, personnel, volunteer, contractor, and public areas.
WAC 246-335-280 – Environmental services facilities.	Repealed language removes information about environmental services facilities. The section is replaced by WAC 246-335-762 that also describes environmental services facilities.
WAC 246-335-285 – Maintenance facilities.	Repealed language removes information about maintenance facilities. The section is replaced by WAC 246-335-764 that also describes maintenance facilities.
WAC 246-335-290 – Receiving, storage and distribution facilities.	Repealed language removes information about Receiving, storage and distribution facilities. The section is replaced by WAC 246-335-766 that also describes Receiving, storage and distribution facilities.
WAC 246-335-295 – Exemptions and alternative methods.	Repealed language removes information about exemptions and alternative methods. The section is replaced by WAC 246-335-768 that also describes exemptions and alternative methods.