
SUBSTITUTE SENATE BILL 5652

State of Washington

57th Legislature

2001 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Winsley, Thibaudeau, Deccio, B. Sheldon, Prentice, Fraser, Kohl-Welles and Fairley)

READ FIRST TIME 03/05/01.

1 AN ACT Relating to improving the quality of in-home long-term
2 care services provided by state funded individual providers;
3 amending RCW 74.39A.005, 74.39A.030, 74.39A.095, 70.127.040,
4 70.127.040, 70.127.060, and 70.127.070; adding new sections to
5 chapter 74.39A RCW; creating new sections; providing an effective
6 date; and providing an expiration date.

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

8 **Sec. 1.** RCW 74.39A.005 and 2000 c 121 s 9 are each amended to read
9 as follows:

10 The legislature finds that the aging of the population and
11 advanced medical technology have resulted in a growing number of
12 persons who require assistance. The primary resource for long-term
13 care continues to be family and friends. However, these traditional
14 caregivers are increasingly employed outside the home. There is a
15 growing demand for improvement and expansion of home and community-
16 based long-term care services to support and complement the
17 services provided by these informal caregivers.

18 The legislature further finds that the public interest would

1 best be served by (~~a broad~~) an array of long-term care services
2 that support persons who need such services at home or in the
3 community whenever practicable and that promote individual
4 autonomy, dignity, and choice. An integrated long-term care system
5 provided through a continuum of care is the most effective means
6 of providing quality long-term care services to the residents of
7 Washington state. The services provided should be based upon
8 consumer choice and care needs, within available resources, with
9 consumers moving through the continuum as their needs change. Each
10 service included in the long-term care services continuum,
11 including informal caregiver support, in-home services provided
12 through individual providers or home care agencies, residential
13 care, and nursing home care, plays an important role in the
14 continuum of care.

15 The legislature finds that as other long-term care options
16 become more available, the relative need for nursing homes
17 (~~beds~~) or institutional settings is likely to decline. The
18 legislature recognizes, however, that nursing home care will
19 continue to be a critical part of the state's long-term care
20 options, and that such services should promote individual dignity,
21 autonomy, and a homelike environment.

22 The legislature finds that many recipients of in-home services
23 are vulnerable and their health and well-being are dependent on
24 their caregivers. The quality, skills, and knowledge of their
25 caregivers are often the key to good care. The legislature finds
26 that the need for well-trained caregivers is growing as the
27 state's population ages and clients' needs increase. The
28 legislature intends that current training standards be enhanced
29 and that an entity be established that has the authority to
30 recruit, stabilize, and improve the individual provider work
31 force.

32 NEW SECTION. Sec. 2. AUTHORIZATION OF INDIVIDUAL PROVIDER
33 QUALITY AUTHORITY. (1) The governor shall establish an individual
34 provider quality authority to recruit, stabilize, and improve the
35 individual provider work force as provided in this act. The
36 authority shall be established as an instrumentality of the state

1 exercising essential governmental functions. The authority shall be
2 established within six months of the enactment of this act.

3 (2) The individual provider quality authority shall consist of
4 nine members appointed by the governor. The governing board of the
5 authority shall be as follows: Five members of the governing board
6 shall be current or former consumers of home care services for the
7 elderly or people with disabilities, at least one of whom shall be
8 a person with a developmental disability; one member of the
9 governing board shall be a representative of the developmental
10 disabilities planning council; one member shall be a
11 representative of the governor's committee on disability issues
12 and employment; one member shall be a representative of the state
13 council on aging; and one member shall be a representative of the
14 Washington state association of area agencies on aging. The term of
15 office of each member will be three years. If there is a vacancy
16 for any cause, the governor shall make an appointment to become
17 immediately effective for the unexpired term. A member is eligible
18 for reappointment and may serve no more than two consecutive
19 terms. In making appointments to the authority, the governor shall
20 take into consideration any nominations or recommendations made by
21 the representative groups or agencies.

22 (3) To assist in carrying out its duties under section 3 of
23 this act, the governing board may establish technical advisory
24 committees.

25 (4) As used in this chapter and RCW 70.127.040, "individual
26 provider" means a person who has contracted with the department to
27 provide personal care services to functionally disabled persons
28 under the medicaid personal care, community options program entry
29 system, or chore services program; or to provide respite,
30 attendant care, individual alternatives living, or companion home
31 services for people with developmental disabilities under chapter
32 71A.12 RCW, or to provide services as defined in RCW 74.13.270.

33 NEW SECTION. **Sec. 3.** DUTIES. The department shall contract with
34 the individual provider quality authority to carry out the
35 following duties and functions:

36 (1)(a) Undertake recruitment activities to help meet the need
37 for individual providers to care for functionally disabled people;

1 and

2 (b) Through its recruitment efforts, the authority should give
3 preference to recipients of public assistance or other low-income
4 persons who would qualify for public assistance in the absence of
5 such employment;

6 (2)(a) Provide assistance to functionally disabled persons in
7 finding individual providers through the establishment of a
8 referral list of qualified individual providers. Prior to placing a
9 person's name on the referral list, the authority must investigate
10 the qualifications and background of potential individual
11 providers. The investigation must confirm that:

12 (i) The person has met the minimum requirements for training as
13 provided in RCW 74.39A.050;

14 (ii) Applicable requirements for criminal history background
15 checks have been met; and

16 (iii) The person is not currently listed on any long-term care
17 abuse and neglect registry currently in use, or established at
18 some future date; and

19 (b) The department shall: (i) Continue to perform the criminal
20 history background check for individual providers; and (ii) ensure
21 that the authority has ready access to any long-term care abuse
22 and neglect registry currently in use, or established at some
23 future date;

24 (3) Provide routine, emergency, and respite referrals of
25 qualified individual providers to functionally disabled people who
26 are authorized to receive services in their home under the
27 medicaid personal care, community options program entry system, or
28 chore services program through an individual provider hired
29 directly by the functionally disabled person;

30 (4) Provide training opportunities, either directly or through
31 contract, for functionally disabled persons as consumers of
32 personal care services;

33 (5) Cooperate with the department, area agencies on aging, and
34 other designated agencies to provide the services described and
35 set forth in this section. If, in the course of its duties, the
36 individual provider quality authority identifies concerns
37 regarding the care being provided by an individual provider, the
38 authority shall notify the relevant area agency on aging or

1 department case manager regarding its concerns; and
2 (6) In determining how best to carry out its duties and
3 functions under this section, the authority must consider home
4 care worker recruitment and referral resources and home care
5 training resources for consumers that are currently available in
6 communities around the state. The authority should look first to
7 these existing resources as an opportunity to provide a local
8 presence for the authority and provide greater access to services
9 offered by the authority in a cost-effective manner. Using a
10 request for proposal, or similar process, the authority may
11 subcontract for services offered through these existing community
12 resources if the entity offering the services can meet standards
13 for performance defined by the governing board. The authority must
14 provide an opportunity for consumer input into the performance
15 standards included in any subcontract developed by the authority
16 under this subsection.

17 NEW SECTION. **Sec. 4.** EMPLOYMENT RELATIONSHIP AND CONSUMER
18 RIGHTS. (1) The individual provider quality authority authorized by
19 this act shall be deemed to be the employer of individual
20 providers for the purpose of the application of chapter 41.56
21 RCW. The authority shall be deemed to be a public employer as that
22 term is defined in RCW 41.56.030(1) and the individual providers
23 shall be deemed to be public employees as that term is defined in
24 RCW 41.56.030(2). The provisions of chapter 41.56 RCW shall govern
25 the relations between the authority and the individual providers
26 except: (a) The only unit appropriate for the purpose of collective
27 bargaining under RCW 41.56.060 shall be a statewide unit of all
28 individual providers; (b) the showing of interest needed to
29 request an election under RCW 41.56.060 shall be ten percent of
30 the unit and any intervener seeking to appear on the ballot shall
31 make the same showing of interest; (c) the mediation and interest
32 arbitration provisions of RCW 41.56.430 through 41.56.470 and
33 41.56.480 shall apply; (d) individual providers shall not have a
34 right to strike; and (e) as otherwise expressly provided in this
35 act.

36 (2) The individual providers shall not be considered employees
37 of the state of Washington for any purpose.

1 (3) Functionally disabled persons retain the right to select,
2 supervise, and terminate the work of any individual provider
3 providing services to them. Functionally disabled persons may elect
4 to receive services from individual providers who are not referred
5 to them by the individual provider quality authority. Those
6 providers shall be referred to the authority for the purposes of
7 wages, benefits, and other terms and conditions of employment.

8 (4) In implementing and administering this act, no individual
9 provider quality authority, any of its subcontractors, or a
10 combination thereof, shall reduce or increase the authorized hours
11 of service for any functionally disabled person below the amount
12 determined to be necessary under any assessment prepared by the
13 department or an area agency on aging.

14 (5) The individual provider quality authority authorized under
15 this act may enter into contracts and adopt rules under chapter
16 34.05 RCW as are necessary or proper to carry out this chapter.

17 (6) To the extent permitted by federal law, federal matching
18 funds under Title XIX of the federal social security act may be
19 used to establish and operate the individual provider quality
20 authority authorized by this act.

21 (7)(a) The individual provider quality authority authorized
22 under this act shall be deemed not to be the employer of
23 individual providers referred to functionally disabled persons
24 under this act for purposes of vicarious liability due to the
25 negligence or intentional torts of the individual provider.
26 Neither the individual provider quality authority, nor its
27 subcontractors, nor the state, nor the area agencies on aging, nor
28 their case management subcontractors, nor their employees, shall
29 be held vicariously liable for the acts or omissions of any
30 individual provider, whether or not the authority included the
31 individual provider on its referral list or otherwise referred him
32 or her to a functionally disabled person receiving services in his
33 or her home under the medicaid personal care, community options
34 program entry system, chore services program, programs under Title
35 71A RCW through which persons with developmental disabilities
36 receive services from individual providers, or programs under RCW
37 74.13.270.

38 (b) The state is immune from any liability resulting from

1 implementation of this act. Any obligation of the individual
2 provider quality authority under this act, whether statutory,
3 contractual, or otherwise, is the obligation solely of the
4 individual provider quality authority, and is not the obligation
5 of the state.

6 (8) Nothing in this section shall be construed to affect the
7 state's responsibility with respect to the state payroll system or
8 unemployment insurance for individual providers.

9 (9) The individual provider quality authority may offer its
10 recruitment, training, and referral services to long-term care
11 providers other than individual providers for a membership fee
12 fixed by the authority.

13 NEW SECTION. **Sec. 5. PERFORMANCE REVIEW.** (1) Two years after the
14 establishment of the individual provider quality authority, and
15 biennially thereafter, the joint legislative audit and review
16 committee shall perform a performance review of the authority. The
17 first such review shall be submitted to the legislature and the
18 governor by December 1st of the year following the initiation of
19 the performance review under this section.

20 (2) The performance review will give special attention to the
21 health, welfare, and satisfaction with services of the
22 functionally disabled persons receiving services from individual
23 providers under this act, including the degree to which all
24 required services have been delivered, the degree to which
25 functionally disabled persons receiving services from individual
26 providers have ultimately required additional more intensive
27 services, such as home health care, or have been placed in other
28 residential settings or nursing homes, prompt response to consumer
29 complaints, and any other issue the committee deems relevant. The
30 performance review also should provide an explanation of the full
31 cost of individual provider services, including the administrative
32 costs of the individual provider quality authority, unemployment
33 compensation, social security and medicare payroll taxes paid by
34 the department, and area agency on aging home care oversight
35 costs.

36 (3) The performance review shall make recommendations to the
37 legislature and the governor for any changes to this act that will

1 further ensure the well-being of functionally disabled persons
2 receiving services from individual providers, and the most
3 efficient delivery of required services. In addition, the first
4 performance review must include findings and recommendations
5 regarding the appropriateness of the individual provider quality
6 authority assuming responsibility for verification of hours worked
7 by individual providers, payment of individual providers, or other
8 functions.

9 NEW SECTION. **Sec. 6.** APPROVAL OF WAGES AND BENEFITS. (1) When
10 any increase in provider wages or benefits is negotiated or agreed
11 to by the individual provider quality authority authorized under
12 this act, no increase in wages or benefits negotiated or agreed to
13 pursuant to this act shall take effect unless and until, prior to
14 its implementation, the department has determined that the
15 increase is consistent with federal law and to ensure federal
16 financial participation for the services under Title XIX of the
17 federal social security act.

18 (2) Any rate approved pursuant to this subsection shall take
19 effect commencing on the first day of the month subsequent to the
20 month in which final approval is received from the department. The
21 department may grant approval on a conditional basis, subject to
22 the availability of funding.

23 **Sec. 7.** RCW 74.39A.030 and 1995 1st sp.s. c 18 s 2 are each
24 amended to read as follows:

25 (1) To the extent of available funding, the department shall
26 expand cost-effective options for home and community services for
27 consumers for whom the state participates in the cost of their
28 care.

29 (2) In expanding home and community services, the department
30 shall: (a) Take full advantage of federal funding available under
31 Title XVIII and Title XIX of the federal social security act,
32 including home health, adult day care, waiver options, and state
33 plan services; and (b) be authorized to use funds available under
34 its community options program entry system waiver granted under
35 section 1915(c) of the federal social security act to expand the
36 availability of in-home, adult residential care, adult family

1 homes, enhanced adult residential care, and assisted living
2 services. By June 30, 1997, the department shall undertake to
3 reduce the nursing home medicaid census by at least one thousand
4 six hundred by assisting individuals who would otherwise require
5 nursing facility services to obtain services of their choice,
6 including assisted living services, enhanced adult residential
7 care, and other home and community services. If a resident, or his
8 or her legal representative, objects to a discharge decision
9 initiated by the department, the resident shall not be discharged
10 if the resident has been assessed and determined to require
11 nursing facility services. In contracting with nursing homes and
12 boarding homes for enhanced adult residential care placements, the
13 department shall not require, by contract or through other means,
14 structural modifications to existing building construction.

15 (3)(a) Except to the extent provided otherwise in section 6 of
16 this act, the department shall by rule establish payment rates for
17 home and community services that support the provision of cost-
18 effective care.

19 (b) The department may authorize an enhanced adult residential
20 care rate for nursing homes that temporarily or permanently
21 convert their bed use for the purpose of providing enhanced adult
22 residential care under chapter 70.38 RCW, when the department
23 determines that payment of an enhanced rate is cost-effective and
24 necessary to foster expansion of contracted enhanced adult
25 residential care services. As an incentive for nursing homes to
26 permanently convert a portion of its nursing home bed capacity for
27 the purpose of providing enhanced adult residential care, the
28 department may authorize a supplemental add-on to the enhanced
29 adult residential care rate.

30 (c) The department may authorize a supplemental assisted living
31 services rate for up to four years for facilities that convert
32 from nursing home use and do not retain rights to the converted
33 nursing home beds under chapter 70.38 RCW, if the department
34 determines that payment of a supplemental rate is cost-effective
35 and necessary to foster expansion of contracted assisted living
36 services.

37

1 **Sec. 8.** RCW 74.39A.095 and 2000 c 87 s 5 are each amended to read
2 as follows:

3 (1) In carrying out case management responsibilities
4 established under RCW 74.39A.090 for consumers who are receiving
5 services under the medicaid personal care, community options
6 program(~~(s)~~) entry system or chore services program through an
7 individual provider, each area agency on aging shall provide
8 (~~adequate~~) oversight of the care being provided to consumers
9 receiving services under this section(~~(.—Such oversight shall)~~) to
10 the extent of available funding. Case management responsibilities
11 incorporate this oversight, and include, but (~~is~~) are not
12 limited to:

13 (a) Verification that (~~the~~) any individual provider who has
14 not been referred to a consumer by the individual provider quality
15 authority established under this act has met any training
16 requirements established by the department;

17 (b) Verification of a sample of worker time sheets;

18 (c) (~~Home visits or telephone contacts sufficient to ensure~~
19 ~~that the plan of care is being appropriately implemented~~)
20 Monitoring the consumer's plan of care to ensure that it
21 adequately meets the needs of the consumer, through activities
22 such as home visits, telephone contacts, and responses to
23 information received by the area agency on aging indicating that a
24 consumer may be experiencing problems related to his or her home
25 care;

26 (d) Reassessment and reauthorization of services;

27 (e) Monitoring of individual provider performance. If, in the
28 course of its case management activities, the area agency on aging
29 identifies concerns regarding the care being provided by an
30 individual provider who was referred to a consumer by the
31 individual provider quality authority authorized under this act,
32 the area agency on aging shall notify the individual provider
33 quality authority regarding its concerns; and

34 (f) Conducting criminal background checks or verifying that
35 criminal background checks have been conducted for any individual
36 provider who has not been referred to a functionally disabled
37 person by the individual provider quality authority authorized
38 under this act.

1 (2) The area agency on aging case manager shall work with each
2 consumer to develop a plan of care under this section that
3 identifies and ensures coordination of health and long-term care
4 services that meet the consumer's needs. In developing the plan,
5 they shall utilize, and modify as needed, any comprehensive
6 community service plan developed by the department as provided in
7 RCW 74.39A.040. The plan of care shall include, at a minimum:

8 (a) The name and telephone number of the consumer's area agency
9 on aging case manager, and a statement as to how the case manager
10 can be contacted about any concerns related to the consumer's well-
11 being or the adequacy of care provided;

12 (b) The name and telephone numbers of the consumer's primary
13 health care provider, and other health or long-term care providers
14 with whom the consumer has frequent contacts;

15 (c) A clear description of the roles and responsibilities of
16 the area agency on aging case manager and the consumer receiving
17 services under this section;

18 (d) The duties and tasks to be performed by the area agency on
19 aging case manager and the consumer receiving services under this
20 section;

21 (e) The type of in-home services authorized, and the number of
22 hours of services to be provided;

23 (f) The terms of compensation of the individual provider;

24 (g) A statement that the individual provider has the ability
25 and willingness to carry out his or her responsibilities relative
26 to the plan of care; and

27 (h)(i) Except as provided in (h)(ii) of this subsection, a
28 clear statement indicating that a consumer receiving services
29 under this section has the right to waive any of the case
30 management services offered by the area agency on aging under this
31 section, and a clear indication of whether the consumer has, in
32 fact, waived any of these services.

33 (ii) The consumer's right to waive case management services
34 does not include the right to waive reassessment or
35 reauthorization of services, or verification that services are
36 being provided in accordance with the plan of care.

37 (3) Each area agency on aging shall retain a record of each
38 waiver of services included in a plan of care under this section.

1 (4) Each consumer has the right to direct and participate in
2 the development of their plan of care to the maximum practicable
3 extent of their abilities and desires, and to be provided with the
4 time and support necessary to facilitate that participation.

5 (5) A copy of the plan of care must be distributed to the
6 consumer's primary care provider, individual provider, and other
7 relevant providers with whom the consumer has frequent contact, as
8 authorized by the consumer.

9 (6) The consumer's plan of care shall be an attachment to the
10 contract between the department, or their designee, and the
11 individual provider.

12 (7) If the department or area agency on aging case manager
13 finds that an individual provider's inadequate performance or
14 inability to deliver quality care is jeopardizing the health,
15 safety, or well-being of a consumer receiving service under this
16 section, the department or the area agency on aging may take
17 action to terminate the contract between the department and the
18 individual provider. If the department or the area agency on aging
19 has a reasonable, good faith belief that the health, safety, or
20 well-being of a consumer is in imminent jeopardy, the department
21 or area agency on aging may summarily suspend the contract pending
22 a fair hearing. The consumer may request a fair hearing to contest
23 the planned action of the case manager, as provided in chapter
24 34.05 RCW. When the department or area agency on aging terminates
25 or summarily suspends a contract under this subsection, they shall
26 provide oral and written notice of the action taken to the
27 individual provider quality authority authorized under this act.
28 The department may by rule adopt guidelines for implementing this
29 subsection.

30 (8) The department or area agency on aging may reject a request
31 by a consumer receiving services under this section to have a
32 family member or other person serve as his or her individual
33 provider if the case manager has a reasonable, good faith belief
34 that the family member or other person will be unable to
35 appropriately meet the care needs of the consumer. The consumer may
36 request a fair hearing to contest the decision of the case
37 manager, as provided in chapter 34.05 RCW. The department may by
38 rule adopt guidelines for implementing this subsection.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38

Sec. 9. RCW 70.127.040 and 1993 c 42 s 2 are each amended to read as follows:

The following are not subject to regulation for the purposes of this chapter:

- (1) A family member;
- (2) An organization that provides only meal services in a person's residence;
- (3) Entities furnishing durable medical equipment that does not involve the delivery of professional services beyond those necessary to set up and monitor the proper functioning of the equipment and educate the user on its proper use;
- (4) A person who provides services through a contract with a licensed agency;
- (5) An employee or volunteer of a licensed agency who provides services only as an employee or volunteer;
- (6) Facilities and institutions, including but not limited to nursing homes under chapter 18.51 RCW, hospitals under chapter 70.41 RCW, boarding homes under chapter 18.20 RCW, developmental disability residential programs under chapter 71.12 RCW, or other facilities and institutions, only when providing services to persons residing within the facility or institution if the delivery of the services is regulated by the state;
- (7) Persons providing care to disabled persons through a contract with the department of social and health services;
- (8) The individual provider quality authority authorized under section 2 of this act;
- (9) Nursing homes, hospitals, or other institutions, agencies, organizations, or persons that contract with licensed home health, hospice, or home care agencies for the delivery of services;
- ~~((+9+))~~ (10) In-home assessments of an ill, disabled, or infirm person's ability to adapt to the home environment that does not result in regular ongoing care at home;
- ~~((+10+))~~ (11) Services conducted by and for the adherents of a church or religious denomination that rely upon spiritual means alone through prayer for healing in accordance with the tenets and practices of such church or religious denomination and the bona fide religious beliefs genuinely held by such adherents;

1 (~~(11)~~) (12) A medicare-approved dialysis center operating a
2 medicare-approved home dialysis program;

3 (~~(12)~~) (13) Case management services which do not include the
4 direct delivery of home health, hospice, or home care services;

5 (~~(13)~~) (14) Pharmacies licensed under RCW 18.64.043 that
6 deliver prescription drugs and durable medical equipment that does
7 not involve the use of professional services beyond those
8 authorized to be performed by licensed pharmacists pursuant to
9 chapter 18.64 RCW and those necessary to set up and monitor the
10 proper functioning of the equipment and educate the person on its
11 proper use.

12 **Sec. 10.** RCW 70.127.040 and 2000 c 175 s 4 are each amended to
13 read as follows:

14 The following are not subject to regulation for the purposes of
15 this chapter:

16 (1) A family member providing home health, hospice, or home
17 care services;

18 (2) A person who provides only meal services in an individual's
19 permanent or temporary residence;

20 (3) An individual providing home care through a direct
21 agreement with a recipient of care in an individual's permanent or
22 temporary residence;

23 (4) A person furnishing or delivering home medical supplies or
24 equipment that does not involve the provision of services beyond
25 those necessary to deliver, set up, and monitor the proper
26 functioning of the equipment and educate the user on its proper
27 use;

28 (5) A person who provides services through a contract with a
29 licensed agency;

30 (6) An employee or volunteer of a licensed agency who provides
31 services only as an employee or volunteer;

32 (7) Facilities and institutions, including but not limited to
33 nursing homes under chapter 18.51 RCW, hospitals under chapter
34 70.41 RCW, adult family homes under chapter 70.128 RCW, boarding
35 homes under chapter 18.20 RCW, developmental disability
36 residential programs under chapter 71.12 RCW, other entities

1 licensed under chapter (~~71.12~~) 71A.12 RCW, or other licensed
2 facilities and institutions, only when providing services to
3 persons residing within the facility or institution;

4 (8) Local and combined city-county health departments providing
5 services under chapters 70.05 and 70.08 RCW;

6 (9) An individual providing care to ill, disabled, infirm, or
7 vulnerable individuals through a contract with the department of
8 social and health services;

9 (10) The individual provider quality authority authorized under
10 section 2 of this act;

11 (11) Nursing homes, hospitals, or other institutions, agencies,
12 organizations, or persons that contract with licensed home health,
13 hospice, or home care agencies for the delivery of services;

14 (~~(11)~~) (12) In-home assessments of an ill, disabled,
15 vulnerable, or infirm individual that does not result in regular
16 ongoing care at home;

17 (~~(12)~~) (13) Services conducted by and for the adherents of a
18 church or religious denomination that rely upon spiritual means
19 alone through prayer for healing in accordance with the tenets and
20 practices of such church or religious denomination and the bona
21 fide religious beliefs genuinely held by such adherents;

22 (~~(13)~~) (14) A medicare-approved dialysis center operating a
23 medicare-approved home dialysis program;

24 (~~(14)~~) (15) A person providing case management services. For
25 the purposes of this subsection, "case management" means the
26 assessment, coordination, authorization, planning, training, and
27 monitoring of home health, hospice, and home care, and does not
28 include the direct provision of care to an individual;

29 (~~(15)~~) (16) Pharmacies licensed under RCW 18.64.043 that
30 deliver prescription drugs and durable medical equipment that does
31 not involve the use of professional services beyond those
32 authorized to be performed by licensed pharmacists pursuant to
33 chapter 18.64 RCW and those necessary to set up and monitor the
34 proper functioning of the equipment and educate the person on its
35 proper use;

36 (~~(16)~~) (17) A volunteer hospice complying with the
37 requirements of RCW 70.127.050; and

1 (~~(17)~~) (18) A person who provides home care services without
2 compensation.

3 **Sec. 11.** RCW 70.127.060 and 1988 c 245 s 7 are each amended to read
4 as follows:

5 Except as exempt under RCW 70.127.040 (6) and (~~(8)~~) (9) a
6 nursing home licensed under chapter 18.51 RCW is not exempt from
7 the requirements of this chapter when the nursing home is
8 functioning as a home health, hospice, or home care agency.

9 **Sec. 12.** RCW 70.127.070 and 1988 c 245 s 8 are each amended to read
10 as follows:

11 Except as exempt under RCW 70.127.040 (6) and (~~(8)~~) (9), a
12 hospital licensed under chapter 70.41 RCW is not exempt from the
13 requirements of this chapter when the hospital is functioning as a
14 home health, hospice, or home care agency.

15 NEW SECTION. **Sec. 13.** Sections 2 through 6 of this act are each
16 added to chapter 74.39A RCW.

17 NEW SECTION. **Sec. 14.** Sections 9, 11, and 12 of this act expire
18 January 1, 2002.

19 NEW SECTION. **Sec. 15.** Section 10 of this act takes effect
20 January 1, 2002.

21 NEW SECTION. **Sec. 16.** Captions used in this act are not any part
22 of the law.

23 NEW SECTION. **Sec. 17.** If specific funding for the purposes of
24 this act, referencing this act by bill or chapter number, is not
25 provided by June 30, 2001, in the omnibus appropriations act, this
26 act is null and void.

--- END ---

