

Chapter 388-71 WAC

HOME AND COMMUNITY SERVICES AND PROGRAMS

<p>WAC</p> <p>ADULT PROTECTIVE SERVICES</p> <p>388-71-0100 What are the statutory references for WAC 388-71-0100 through 388-71-01280?</p> <p>388-71-0105 What definitions apply to adult protective services?</p> <p>PART A—PROGRAM DESCRIPTION</p> <p>388-71-0110 What is the purpose of an adult protective services investigation?</p> <p>388-71-0115 When is an investigation conducted?</p> <p>388-71-01201 What state-only funded services may be offered to a vulnerable adult victim of abandonment, abuse, financial exploitation, neglect or self-neglect?</p> <p>PART B—NOTIFICATION AND ADMINISTRATIVE APPEAL OF A SUBSTANTIATED FINDING</p> <p>388-71-01205 When does APS notify the alleged perpetrator of the results of an APS investigation?</p> <p>388-71-01210 How may APS give the alleged perpetrator notice of the substantiated initial finding?</p> <p>388-71-01215 When is notice to the alleged perpetrator complete?</p> <p>388-71-01220 What proves that APS provided notice of the substantiated initial 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<p>388-71-05785</p> <p>388-71-05790</p> <p>388-71-05795</p> <p>388-71-05799</p> <p>388-71-05805</p> <p>388-71-05810</p>	<p>When can the department, AAA, or managed care entity terminate or summarily suspend an individual provider's contract?</p> <p>When can the department, AAA, or managed care entity otherwise terminate an individual provider's contract?</p> <p>What are the client's rights if the department denies, terminates, or summarily suspends an individual provider's contract?</p> <p>Self-directed care—Who must direct self-directed care?</p> <p>What definitions apply to WAC 388-71-05670 through 388-71-05909?</p> <p>ORIENTATION</p> <p>What is orientation?</p> <p>What content must be included in an orientation?</p> <p>Is competency testing required for orientation?</p> <p>Is there a challenge test for orientation?</p> <p>What documentation is required for orientation?</p> <p>Who is required to complete orientation, and when must it be completed?</p> <p>BASIC TRAINING</p> <p>What is 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388-71-05815	Is competency testing required for nurse delegation core training?	388-71-06160	Does an individual provider or prospective individual provider have any ongoing responsibilities in order to continue to be listed on the referral registry?
388-71-05820	Is there a challenge test for nurse delegation core training?	388-71-06180	Are there training requirements for being placed on the referral registry?
388-71-05825	What documentation is required for successful completion of nurse delegation core training?	388-71-06200	When will an individual provider or prospective individual provider be removed from the referral registry?
388-71-05830	Who is required to complete nurse delegation core training, and when?	388-71-06220	What is the procedure for removing an individual provider or prospective individual provider from the referral registry?
SAFETY TRAINING			
388-71-05832	What is safety training and is there a challenge test for safety training?	388-71-06240	By what procedures will the department deny an individual provider or prospective individual provider's application to be placed on the referral registry?
388-71-05833	What content must be included in safety training?	388-71-06260	Who must be notified if a complaint is received about an individual provider?
388-71-05834	When does a safety training attestation process need to be completed?	388-71-06280	Are referral registry staff considered mandatory reporters?
COMPETENCY TESTING			
388-71-05835	Who is required to complete safety training, when, and how often must it be completed?	388-71-06300	What is reasonable cause for mandatory reporting?
388-71-05836	Will DSHS deny payment of an individual provider who does not complete safety training?	388-71-06340	How does a consumer/employer apply to use the referral registry services?
388-71-05837	What is competency testing?	388-71-06360	How does a consumer/employer obtain a list of names from the referral registry?
388-71-05840	What components must competency testing include?	388-71-06380	Who hires an individual provider or prospective individual provider?
388-71-05845	What experience or training must individuals have to be able to perform competency testing?	388-71-06400	Does a consumer/employer who is eligible to have his or her individual provider paid through medicaid or state-only funds from DSHS need to gain approval from his/her case manager, social worker or nurse?
388-71-05850	What training must include the DSHS-developed competency test?	388-71-06420	How can a consumer/employer use the referral registry to get an individual provider in an emergency or as a critical personal care back-up?
388-71-05855	How must competency test administration be standardized?	ADULT DAY SERVICES	
388-71-05860	What form of identification must providers show a tester before taking a competency or challenge test?	388-71-0702	Purposes and definitions.
388-71-05865	How many times may a competency test be taken?	388-71-0704	Adult day care—Services.
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388-71-05870	What are an instructor's or training entity's responsibilities?	388-71-0706	Adult day health—Services.
388-71-05875	Must instructors be approved by DSHS?	388-71-0708	Adult day care—Eligibility.
388-71-05880	Can DSHS deny or terminate a contract with an instructor or training entity?	388-71-0710	Adult day health—Eligibility.
388-71-05885	What is a guest speaker, and what are the minimum qualifications to be a guest speaker for basic training?	388-71-0712	Adult day health—Skilled nursing.
388-71-05890	What are the minimum qualifications for an instructor for basic, modified basic or nurse delegation core and specialized diabetes training?	388-71-0714	Adult day health—Rehabilitative therapy.
388-71-05895	What additional qualifications are required for instructors of nurse delegation core training and specialized diabetes nurse delegation training?	388-71-0716	Adult day care—Assessment and service plan.
PHYSICAL RESOURCES AND STANDARD PRACTICES FOR TRAINING			
388-71-05899	What must be included in a class on adult education?	388-71-0718	Adult day care—Negotiated care plan.
388-71-05905	What physical resources are required for basic, modified basic, or nurse delegation core classroom training and testing?	388-71-0720	Adult day health—Assessment and service plan.
388-71-05909	What standard training practices must be maintained for basic, modified basic, or nurse delegation core classroom training and testing?	388-71-0722	Adult day health—Negotiated care plan.
REFERRAL REGISTRY			
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388-71-06040	What definitions apply to WAC 388-71-06020 through 388-71-06420?	388-71-0726	Adult day health transportation.
388-71-06060	What is the purpose of the referral registry?	388-71-0728	Coordination of services.
388-71-06080	Who is eligible to request a referral from the referral registry?	388-71-0730	Senior Citizens Services Act/Respite care.
388-71-06100	What is the difference between an individual provider and a prospective individual provider?	388-71-0732	Hearing rights.
388-71-06120	What qualifies an individual provider or prospective individual provider to be listed on the referral registry?	388-71-0734	Limiting expenditures.
388-71-06130	When will an individual provider or prospective individual provider be denied placement on the referral registry?	388-71-0736	Adult day centers—Administrative policies and procedures.
388-71-06135	When may an individual provider or prospective individual provider be denied placement on the referral registry?	388-71-0738	Adult day centers—Operating policies and procedures.
388-71-06140	How does an individual provider or prospective individual provider apply to be placed on the referral registry?	388-71-0740	Adult day centers—Fiscal operations.
		388-71-0742	Adult day centers—Client policies and procedures.
		388-71-0744	Adult day center—Client records.
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		388-71-0752	Adult day center—Staffing requirements.
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		388-71-0770	Adult day center—Food and nutrition services.
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		388-71-0774	Adult day centers—Quality assurance and improvement.
		388-71-0776	Effective date.
		388-71-0801	What is specialized diabetes nurse delegation training?
		388-71-0806	What knowledge and skills must specialized diabetes nurse delegation training include?
		388-71-0811	Is competency testing required for the specialized diabetes nurse delegation training?
		388-71-0816	Is there a challenge test for specialized diabetes nurse delegation training?
		388-71-0821	What documentation is required for successful completion of specialized diabetes nurse delegation training?

388-71-0826	Who is required to complete the specialized diabetes nurse delegation training, and when?		effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
		388-71-0215	What definitions apply to WAC 388-71-0210 through 388-71-0260? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0215, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER			
388-71-0120	What adjunct services are provided? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0120, filed 1/11/00, effective 2/11/00.] Repealed by 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW.	388-71-0220	What is an assessment? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0220, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0150	When is the name of a personal aide placed on a registry? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0150, filed 1/11/00, effective 2/11/00.] Repealed by 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW.	388-71-0225	What is the purpose of a comprehensive assessment? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0225, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0155	Prior to placing his or her name on the registry is the personal aide notified? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0155, filed 1/11/00, effective 2/11/00.] Repealed by 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW.	388-71-0230	How are my needs for MPC services assessed? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0230, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0194	Home and community services—Nursing services. [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z, 04-16-029, § 388-71-0194, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.090, 2003 1st sp.s. c 25, 2003 c 140, 03-24-001, § 388-71-0194, filed 11/19/03, effective 12/20/03. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0194, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0194, filed 10/21/02, effective 11/21/02.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0200, 388-106-0300, 388-106-0305, 388-106-0400, 388-106-0500.	388-71-0235	What is a service plan? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0235, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0202	Long-term care services—Definitions. [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z, 04-16-029, § 388-71-0202, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 04-04-042, § 388-71-0202, filed 1/29/04, effective 2/29/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0202, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0202, filed 10/21/02, effective 11/21/02.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0215.	388-71-0240	What services may I receive under MPC as a child? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0240, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0203	Long-term care services—Assessment of task self-performance and determination of required assistance. [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0203, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0203, filed 10/21/02, effective 11/21/02.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0230.	388-71-0245	What services are not covered under MPC for children? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0245, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0205	Long-term care services—Service plan. [Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0205, filed 10/21/02, effective 11/21/02.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0235.	388-71-0250	Am I eligible for MPC services? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0250, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
388-71-0210	What is the purpose of WAC 388-71-0210 through 388-71-0260? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0210, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06,	388-71-0255	How do children remain eligible for MPC services? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0255, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
		388-71-0260	Are there limitations to MPC services for children? [Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0260, filed 5/17/05, effective 6/17/05.] Repealed by 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.
		388-71-0400	What is the intent of the department's home and community programs? [Statutory Authority: RCW 74.39A.130, 74.09.520, 74.08.090, 00-04-056, § 388-71-0400, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.
		388-71-0405	What are the home and community programs? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z, 04-16-029, § 388-71-0405, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0405, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.08.090, 74.39A.130, 00-04-056, § 388-71-0405, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.
		388-71-0410	What services may I receive under HCP? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs.</i>

- DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0410, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0410, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0410, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.090, 74.39.010, 74.09.520. 00-04-056, § 388-71-0410, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0300, 388-106-0305, 388-106-0400, 388-106-0500 and 388-106-0600.
- 388-71-0415 What other services may I receive under the waiver-funded programs? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0415, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.-090, 2003 1st sp.s. c 25, 2003 c 140. 03-24-001, § 388-71-0415, filed 11/19/03, effective 12/20/03. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0415, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.39.020. 00-04-056, § 388-71-0415, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0300, 388-106-0305.
- 388-71-0420 What services are not covered under HCP? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0420, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0420, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.08.090, 74.39A.130. 00-04-056, § 388-71-0420, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0020.
- 388-71-0425 Who can provide HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0425, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0425, filed 6/12/03, effective 7/13/03. Statutory Authority: 1999 c 175, chapters 70.126, 70.127 RCW, RCW 74.08.044. 00-04-056, § 388-71-0425, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0040.
- 388-71-0430 Am I eligible for one of the HCP programs? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0430, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0430, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.030. 00-13-077, § 388-71-0430, filed 6/19/00, effective 7/20/00. Statutory Authority: RCW 74.39.-010, 74.08.090, 74.39A.110, 74.09.520. 00-04-056, § 388-71-0430, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0210, 388-106-0310, 388-106-0410, 388-106-0510, 388-106-0610.
- 388-71-0435 Am I eligible for COPES-funded services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0435, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0435, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.-030. 00-13-077, § 388-71-0435, filed 6/19/00, effective 7/20/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0310, 388-106-0310, 388-106-0410, 388-106-0510, 388-106-0610.
- 388-71-0440 Am I eligible for MPC-funded services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0440, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.090, 2003 1st sp.s. c 25, 2003 c 140. 03-24-001, § 388-71-0440, filed 11/19/03, effective 12/20/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-23-063, § 388-71-0440, filed 11/18/02, effective 12/19/02. Statutory Authority: RCW 74.09.520. 00-04-056, § 388-71-0440, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0210.
- 388-71-0442 Am I eligible for medically needy residential waiver services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0442, filed 6/12/03, effective 7/13/03.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0410.
- 388-71-0445 Am I eligible for chore-funded services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0445, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0445, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.-110, 74.39A.150. 01-02-051, § 388-71-0445, filed 12/28/00, effective 1/28/01. Statutory Authority: RCW 74.09.520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. 00-18-099, § 388-71-0445, filed 9/5/00, effective 10/6/00. Statutory Authority: RCW 74.39A.-110, 74.39A.150. 00-04-056, § 388-71-0445, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0610.
- 388-71-0450 How do I remain eligible for services? [Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. 02-21-098, § 388-71-0450, filed 10/21/02, effective 11/21/02. Statutory Authority: 42 C.F.R. 441.302, RCW 74.09.520. 00-04-056, § 388-71-0450, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0220, 388-106-0320, 388-106-0420, 388-106-0520, and 388-106-0620.
- 388-71-0455 Can my services be terminated if eligibility requirements for HCP change? [Statutory Authority: RCW 74.09.510, 74.09.520. 00-04-056, § 388-71-0455, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0220, 388-106-0320, 388-106-0420, 388-106-0520 and 388-106-0620.
- 388-71-0460 Are there limitations to HCP services I can receive? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39.005. 03-15-010, § 388-71-0460, filed 7/3/03, effective 8/3/03. Statutory Authority: RCW 74.09.520. 00-04-056, § 388-71-0460, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0130.
- 388-71-0465 Are there waiting lists for HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0465, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39.041 and 2003 1st sp.s. c 25 § 206(9). 04-01-090, § 388-71-0465, filed 12/16/03, effective 1/16/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0465, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.39.010,

	74.39A.120. 00-04-056, § 388-71-0465, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0235, 388-106-0335, 388-106-0435, and 388-106-0535.	
388-71-0470	Who pays for HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0470, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0470, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.-520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. 00-18-099, § 388-71-0470, filed 9/5/00, effective 10/6/00. Statutory Authority: RCW 74.39A.120, 74.39.010, 74.39.020. 00-04-056, § 388-71-0470, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, 388-106-0525 and 388-106-0625.	388-71-0550
388-71-0475	What is the maximum amount that the department pays per month for your COPEs care? [Statutory Authority: RCW 74.08.090. 00-04-056, § 388-71-0475, filed 1/28/00, effective 2/28/00.] Repealed by 03-09-092, filed 4/18/03, effective 5/19/03. Statutory Authority: Chapter 74.39 RCW.	388-71-0555
388-71-0480	If I am employed, can I still receive HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0480, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0480, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. 00-18-099, § 388-71-0480, filed 9/5/00, effective 10/6/00. Statutory Authority: RCW 74.39A.140, 74.39A.150. 00-04-056, § 388-71-0480, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0230, 388-106-0330, 388-106-0430, 388-106-0530, 388-106-0630.	388-71-0580
388-71-0525	Are there any exemptions from the training requirements? [Statutory Authority: RCW 74.08.090, 74.09.-520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0525, filed 1/13/00, effective 2/13/00.] Repealed by 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.	388-71-05910
388-71-0530	Are there special rules about training for parents who are the individual providers of division of developmental disabilities (DDD) adult children? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.-842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0530, filed 1/13/00, effective 2/13/00.] Repealed by 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.	388-71-05911
388-71-0531	How many hours can my individual provider, agency provider, or personal aide work if I am receiving COPEs, Medicaid Personal Care, or Chore services? [Statutory Authority: RCW 74.08.090, 74.09.520. 04-04-042, § 388-71-0531, filed 1/29/04, effective 2/29/04.] Repealed by 04-15-001, filed 7/7/04, effective 8/7/04. Statutory Authority: 2004 c 3, RCW 74.08.090, 74.09.520.	388-71-05912
388-71-0535	Are there special rules about training for parents who are the individual providers of non-DDD adult children? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0535, filed 1/13/00, effective 2/13/00.] Repealed by 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.	388-71-05913
388-71-0545	Under what conditions will the department/AAA deny payment to or terminate the contract of an individual provider, or deny payment to a home care agency provider? [Statutory Authority: RCW 74.08.090, 74.09.-	388-71-05914
	520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0545, filed 1/13/00, effective 2/13/00.] Repealed by 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.	388-71-05915
	Are there other conditions under which the department/AAA may deny payment, or deny or terminate a contract to an individual provider? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0550, filed 1/13/00, effective 2/13/00.] Repealed by 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.	
	When can the department/AAA summarily suspend an individual provider's contract? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0555, filed 1/13/00, effective 2/13/00.] Repealed by 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.	
	Self-directed care—Who must direct self-directed care? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05640.	
	What definitions apply to WAC 388-71-05911 through 388-71-05952? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05910, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05665.	
	What is orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05911, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05670.	
	What content must be included in an orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05912, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05675.	
	Is competency testing required for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05913, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05680.	
	Is there a challenge test for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05914, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05685.	
	What documentation is required for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05915, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05690.	
	Who is required to complete orientation, and when must it be completed? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05916, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority:	

	RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05695.		Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05928, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05755.
388-71-05917	What is basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05917, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05700.		
388-71-05918	Is there an alternative to the basic training for some health care workers? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05918, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05705.	388-71-05929	Who may take modified basic training instead of the full basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05929, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05760.
388-71-05919	What core knowledge and skills must be taught in basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05919, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05710.	388-71-05930	What are the training requirements and exemptions for parents who are individual providers for their adult children receiving services through DDD? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05930, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05765.
388-71-05920	Is competency testing required for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05920, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05715.	388-71-05931	What are the training requirements and exemptions for parents who are individual providers for their adult children who do not receive services through DDD? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05931, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05770.
388-71-05921	Is there a challenge test for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05921, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05720.	388-71-05932	What is continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05932, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05775.
388-71-05922	What documentation is required for successful completion of basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05922, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05725.	388-71-05933	How many hours of continuing education are required each year? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05933, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05780.
388-71-05923	Who is required to complete basic training, and when? [Statutory Authority: RCW 74.39A.050, 03-19-076, § 388-71-05923, filed 9/12/03, effective 10/13/03. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05923, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05730.	388-71-05934	What kinds of training topics are required for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05934, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05785.
388-71-05924	What is modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05924, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05735.	388-71-05935	Is competency testing required for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05935, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05790.
388-71-05925	What knowledge and skills must be included in modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05925, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05740.	388-71-05936	May basic or modified basic training be completed a second time and used to meet the continuing education requirement? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05936, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05795.
388-71-05926	Is competency testing required for modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05926, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05745.	388-71-05937	What are the documentation requirements for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05937, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05799.
388-71-05927	Is there a challenge test for modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05927, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05750.	388-71-05938	What is competency testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05938, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05835.
388-71-05928	What documentation is required for successful completion of modified basic training? [Statutory Authority:	388-71-05939	What components must competency testing include? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05939, filed 4/30/02, effective

	<p>tive 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05840.</p> <p>What experience or training must individuals have to be able to perform competency testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05940, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05845.</p> <p>What training must include the DSHS-developed competency test? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05941, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05850.</p> <p>How must competency test administration be standardized? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05942, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05855.</p> <p>What form of identification must providers show a tester before taking a competency or challenge test? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05943, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05860.</p> <p>How many times may a competency test be taken? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05944, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05865.</p> <p>What are an instructor's or training entity's responsibilities? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05945, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05870.</p> <p>Must instructors be approved by DSHS or an AAA? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05946, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05875.</p> <p>Can DSHS or the AAA deny or terminate a contact with an instructor or training entity? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05947, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05880.</p> <p>What is a guest speaker, and what are the minimum qualifications to be a guest speaker for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05948, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05885.</p> <p>What are the minimum qualifications for an instructor for basic or modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05949, filed 7/11/02, effective 8/11/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05890.</p> <p>What must be included in a class on adult education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05950, filed 4/30/02, effective 5/31/02.] Decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-</p>	<p>050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05899.</p> <p>388-71-05951 What physical resources are required for basic or modified basic classroom training and testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05951, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05905.</p> <p>388-71-05952 What standard training practices must be maintained for basic or modified basic classroom training and testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05952, filed 4/30/02, effective 5/31/02.] Amended and decodified by 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05909.</p> <p>388-71-0600 What are residential services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0600, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0600, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.44 [74.08.044]. 00-04-056, § 388-71-0600, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0010.</p> <p>388-71-0605 Am I eligible for residential services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0605, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, and 74.08.090. 01-14-055, § 388-71-0605, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 74.08.44 [74.08.044]. 00-04-056, § 388-71-0605, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0905.</p> <p>388-71-0610 Who pays for residential care? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. 03-13-052, § 388-71-0610, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.44 [74.08.044]. 00-04-056, § 388-71-0610, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, and 388-106-0525.</p> <p>388-71-0613 For what days will the department pay the residential care facility? [Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, and 74.08.090. 01-14-055, § 388-71-0613, filed 6/29/01, effective 7/30/01.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, and 388-106-0525.</p> <p>388-71-0615 If I leave a hospital, residential facility, or nursing facility, are there resources available to help me find a place to live? [Statutory Authority: RCW 74.42.450, 74.08.090. 00-04-056, § 388-71-0615, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0950.</p> <p>388-71-0620 Am I eligible for a residential discharge allowance? [Statutory Authority: RCW 74.42.450, 74.08.090. 00-04-056, § 388-71-0620, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0955.</p> <p>388-71-0700 What are the requirements for nursing facility eligibility, assessment, and payment? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i>, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0700, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39A.-040, 74.42.056. 00-22-018, § 388-71-0700, filed 10/20/00, effective 10/31/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority:</p>
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388-71-0800	RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0350, 388-106-0355, and 388-106-0360. What is PACE? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0800, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0800, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.	388-71-0900	Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0845, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1300. What is the intent of WAC 388-71-0900 through 388-71-0960? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0900, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0805	What services does PACE cover? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0805, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0805, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0700.	388-71-0905	What is private duty nursing (PDN) for adults? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0905, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0810	Who provides these services? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0810, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0810, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.	388-71-0910	Am I financially eligible for medicaid-funded private duty nursing services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0910, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0815	Where are these services provided? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0815, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0815, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.	388-71-0915	Am I medically eligible to receive private duty nursing services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and <i>Townsend vs. DSHS</i> , U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0915, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0915, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0820	How do I qualify for medicaid-funded PACE services? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0820, filed 6/16/03, effective 7/17/03; 02-15-138, § 388-71-0820, filed 7/22/02, effective 8/22/02. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0820, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0705.	388-71-0920	How is my eligibility determined? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0920, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0825	What are my appeal rights? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0825, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0825, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1305.	388-71-0925	Am I required to pay participation toward PDN services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0925, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0830	Who pays the PACE provider? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0830, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0710.	388-71-0930	Are PDN costs subject to estate recovery? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0930, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0835	How do I enroll into the PACE program? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0835, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0835, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0705.	388-71-0935	Who can provide my PDN services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0935, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0840	How do I disenroll from the PACE program? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0840, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. 99-19-048, § 388-71-0840, filed 9/13/99, effective 10/14/99.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0715.	388-71-0940	Are there limitations or other requirements for PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0940, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
388-71-0845	What are my rights as a PACE client? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. 03-13-091, § 388-71-0845, filed 6/16/03, effective 7/17/03.	388-71-0945	What requirements must a home health agency meet in order to provide and get paid for my PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0945, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
		388-71-0950	What requirements must a private RN or LPN meet in order to provide and get paid for my PDN services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0950, filed 5/4/01,

- effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
- 388-71-0955 Can I receive PDN in a licensed adult family home (AFH)? [Statutory Authority: RCW 74.08.090, 74.09.-520, 42 C.F.R. 440.80. 01-11-018, § 388-71-0955, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
- 388-71-0960 Can I receive services in addition to PDN? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0960, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0960, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
- 388-71-0965 Can I choose to self-direct my care if I receive PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 CFR 440.80. 01-11-018, § 388-71-0965, filed 5/4/01, effective 6/4/01.] Repealed by 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.
- 388-71-1000 What is the Senior Citizens Services Act? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1000, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.
- 388-71-1005 Who administers the Senior Citizens Services Act funds? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1005, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-71-1010 What services does the SCSA fund? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1010, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1100.
- 388-71-1015 How do I apply for SCSA-funded services? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1015, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1105.
- 388-71-1020 Am I eligible for SCSA-funded services at no cost? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1020, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1110.
- 388-71-1025 What income and resources are exempt when determining eligibility? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1025, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1115.
- 388-71-1030 What if I am not eligible to receive SCSA-funded services at no cost? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1030, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1120.
- 388-71-1035 What are my rights under SCSA? [Statutory Authority: RCW 74.38.030. 00-04-056, § 388-71-1035, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1300.
- 388-71-1065 What is the purpose of the respite care program? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1065, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015, 388-106-1205.
- 388-71-1070 What definitions apply to respite care services? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1070, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1200.
- 388-71-1075 Who is eligible to receive respite care services? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1075, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1210.
- 388-71-1080 Who may provide respite care services? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1080, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1215.
- 388-71-1085 How are respite care providers reimbursed for their services? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1085, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1220.
- 388-71-1090 Are participants required to pay for the cost of their services? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1090, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1225.
- 388-71-1095 Are respite care services always available? [Statutory Authority: RCW 74.41.040. 00-04-056, § 388-71-1095, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1230.
- 388-71-1100 What is volunteer chore services (VCS)? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.100. 00-04-056, § 388-71-1100, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015, 388-106-0650.
- 388-71-1105 Am I eligible to receive volunteer chore services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-1105, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.-100. 00-04-056, § 388-71-1105, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0655.
- 388-71-1110 How do I receive information on applying for volunteer chore services? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.100. 00-04-056, § 388-71-1110, filed 1/28/00, effective 2/28/00.] Repealed by 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.

ADULT PROTECTIVE SERVICES

WAC 388-71-0100 What are the statutory references for WAC 388-71-0100 through 388-71-01280? The statutory references for WAC 388-71-0100 through WAC 388-71-01280 are:

- (1) Chapter 74.34 RCW;
- (2) Chapter 74.39A RCW; and
- (3) Chapter 74.39 RCW.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-0100, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0100, filed 1/11/00, effective 2/11/00.]

WAC 388-71-0105 What definitions apply to adult protective services? In addition to the definitions found in chapter 74.34 RCW, the following definitions apply:

"**ADSA**" means DSHS aging and disability services administration.

"**ALJ**" means an administrative law judge, an impartial decision-maker who is an attorney and presides at an administrative hearing. The office of administrative hearings (OAH), which is a state agency, employs the ALJs. ALJs are not DSHS employees or DSHS representatives.

"**APS**" means adult protective services.

"**Basic necessities of life**" means food, water, shelter, clothing, and medically necessary health care, including but not limited to health-related treatment or activities, hygiene, oxygen, and medication.

"**BOA**" means the DSHS board of appeals. The board of appeals consists of lawyers who are members of the Washington State Bar Association. An ALJ's decision can be appealed to the board of appeals, allowing a level of review before an appeal to the court system may be considered.

"**DSHS**" means the department of social and health services.

"**Entity**" means any agency, corporation, partnership, association, limited liability company, sole proprietorship, for-profit or not-for-profit business that provides care and/or services to vulnerable adults under a license, certification or contract issued by DSHS or DSHS' contractor. An entity does not include a boarding home licensed under chapter 18.20 RCW, an adult family home licensed under chapter 70.128 RCW, or a nursing home licensed under chapter 18.51 RCW, but does include such facilities if they are required to be licensed but are not currently licensed.

"**Facility**" means a residence licensed as a boarding home under chapter 18.20 RCW, an adult family home under chapter 70.128 RCW, a nursing home under chapter 18.51 RCW, a soldier's home under chapter 72.36 RCW, a residential habilitation center under chapter 71A.20 RCW, or any other facility licensed by DSHS.

"**Final finding**" means the department's substantiated finding of abandonment, abuse, financial exploitation or neglect is upheld through the administrative appeal process specified in WAC 388-71-01205 through 388-71-01280, or is not timely appealed to the office of administrative hearings. The alleged perpetrator can appeal a final finding to Superior Court and the Court of Appeals under the Administrative Procedure Act, chapter 34.05 RCW.

"**Initial finding**" means a determination made by the department upon investigation of an allegation of abandonment, abuse, financial exploitation, neglect or self-neglect.

(1) If the department determines it is more likely than not the incident occurred, the department shall document the finding as "substantiated."

(2) If the department determines it is more likely than not the incident did not occur, the department shall document the finding as "unsubstantiated."

(3) If the department cannot make a determination about whether the incident occurred or did not occur on a more probable than not basis, the department shall document the finding as "inconclusive."

"**Legal representative**" means a guardian appointed under chapter 11.88 RCW.

"**Person or entity with a duty of care**" includes, but is not limited to, the following:

(1) A guardian appointed under chapter 11.88 RCW; or

(2) A person named in a durable power of attorney as the attorney-in-fact as defined under chapter 11.94 RCW.

(3) A person or entity providing the basic necessities of life to a vulnerable adult [adults] where:

(a) The person or entity is employed by or on behalf of the vulnerable adult; or

(b) The person or entity voluntarily agrees to provide, or has been providing, the basic necessities of life to the vulnerable adult on a continuing basis.

"**Personal aide**" as found in RCW 74.39.007.

"**Self-directed care**" as found in RCW 74.39.007.

"**Willful**" means the nonaccidental action or inaction by an alleged perpetrator that he/she knew or reasonably should have known could cause harm, injury or a negative outcome.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-0105, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0105, filed 1/11/00, effective 2/11/00.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

PART A—PROGRAM DESCRIPTION

WAC 388-71-0110 What is the purpose of an adult protective services investigation? The purpose of an adult protective services investigation is to:

(1) Investigate allegations of abandonment, abuse, financial exploitation, neglect, or self-neglect.

(2) Provide protective services with the consent of the vulnerable adult or his or her legal representative when the allegation is substantiated, or prior to substantiation when it appears abandonment, abuse, financial exploitation, neglect or self-neglect may be occurring and protective services could assist in ending or preventing harm to the vulnerable adult.

(3) When an allegation is substantiated, APS may investigate whether other vulnerable adults may be at current risk of abuse, neglect, abandonment or financial exploitation by the person or entity.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-0110, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0110, filed 1/11/00, effective 2/11/00.]

WAC 388-71-0115 When is an investigation conducted? The department determines when an investigation is conducted [required]. The following criteria must be met:

(1) The reported circumstances fit the definition of abandonment, abuse, financial exploitation, neglect, or self-neglect as defined in chapter 74.34 RCW; and

(2) The alleged victim is a vulnerable adult as defined in chapter 74.34 RCW.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-0115, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). 00-03-029, § 388-71-0115, filed 1/11/00, effective 2/11/00.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 388-71-01201 What state-only funded services may be offered to a vulnerable adult victim of abandonment, abuse, financial exploitation, neglect or self-neglect? (1) Subject to available funding, state-only funded in-home personal care/household services and state-only funded placement in a department licensed and contracted adult family home, boarding home or nursing facility may be offered without regard to the vulnerable adult's functional status or income/resources, if:

(a) The vulnerable adult is the subject of an open APS case involving an allegation of abandonment, abuse, financial exploitation, neglect, and/or self-neglect;

(b) The services would help protect the vulnerable adult from harm;

(c) APS cannot verify alternative resources or options for payment for services available to the vulnerable adult at the time;

(d) Services are provided in the least restrictive and most cost effective setting available to appropriately meet the needs of the vulnerable adult;

(e) APS is actively pursuing other service alternatives and/or resolution of the issues that resulted in the need for protective services; and

(f) The state-only funded services are temporary and provided with the consent of the vulnerable adult or legal representative only until the situation has stabilized. State-only funded protective services are provided by DSHS on a discretionary basis and are not a benefit and not an entitlement. Termination of state-only funded temporary protective services is exempt from notification and appeal requirements.

(2) State-only funded services to an individual vulnerable adult shall be based on assessed need and limited to:

(a) Up to one hundred forty-three hours of in-home personal care/household services per month; and

(b) A cumulative maximum total of ninety days service in any twelve-month period of time, with nursing facility services not exceeding thirty days of the ninety-day total. An exception to rule cannot be used to grant an extension.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-0121 (codified as WAC 388-71-01201), filed 9/21/04, effective 10/22/04.]

PART B—NOTIFICATION AND ADMINISTRATIVE APPEAL OF A SUBSTANTIATED FINDING

WAC 388-71-01205 When does APS notify the alleged perpetrator of the results of an APS investigation?

(1) APS will notify the alleged perpetrator in writing within ten working days of making a substantiated initial finding of abandonment, abuse, financial exploitation or neglect of a vulnerable adult.

(2) The time frame for notification can be extended beyond ten working days to include the time needed to translate the notification letter or make provisions for the safety of the alleged victim.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01205, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01210 How may APS give the alleged perpetrator notice of the substantiated initial finding? (1) APS shall notify the alleged perpetrator of a substantiated ini-

tial finding by sending a letter certified mail/return receipt requested and regular mail to the alleged perpetrator's last known place of residence. The duty of notification created by this section is subject to the ability of the department to ascertain the location of the alleged perpetrator. APS shall make a reasonable, good faith effort to determine the address of the last known place of residence of the alleged perpetrator; or

(2) APS shall have the written notice delivered or personally served upon the alleged perpetrator.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01210, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01215 When is notice to the alleged perpetrator complete? Notice is complete when:

(1) Personal service is made;

(2) Mail is properly stamped, addressed and deposited in the United States mail;

(3) A parcel is delivered to a commercial delivery service with charges prepaid; or

(4) A parcel is delivered to a legal messenger service with charges prepaid.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01215, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01220 What proves that APS provided notice of the substantiated initial finding to the alleged perpetrator? APS may prove notice was provided to the alleged perpetrator by any of the following:

(1) A sworn statement or declaration of personal service;

(2) The certified mail receipt signed by the recipient;

(3) An affidavit or certificate of mailing; or

(4) A signed receipt from the person who accepted the commercial delivery service or legal messenger service package.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01220, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01225 What information must not be in the APS finding notice to the alleged perpetrator? The identities of the alleged victim, reporter, and witnesses must not be included in the APS finding notice to the alleged perpetrator.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01225, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01230 Will APS notify anyone other than the alleged perpetrator of the finding of abandonment, abuse, financial exploitation or neglect? (1) In a manner consistent with confidentiality requirements concerning the vulnerable adult, witnesses, and reporter, APS may provide notification of a substantiated initial finding to:

(a) Other divisions within the department;

(b) The agency or program identified under RCW 74.34.068 with which the alleged perpetrator is associated as an employee, volunteer or contractor;

(c) Law enforcement;

(d) Other investigative authority consistent with chapter 74.34 RCW; and

(e) The facility in which the incident occurred.

(2) In the notification APS will identify the finding as an initial finding.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01230, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01235 Can an alleged perpetrator challenge an APS finding of abandonment, abuse, financial exploitation or neglect? An alleged perpetrator of abandonment, abuse, financial exploitation or neglect may request an administrative hearing to challenge a substantiated initial finding made by APS on or after the effective date of this rule.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01235, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01240 How does an alleged perpetrator request an administrative hearing to challenge an APS finding of abandonment, abuse, financial exploitation or neglect? (1) To request an administrative hearing the alleged perpetrator must send, deliver, or fax a written request to the office of administrative hearings. OAH must receive the written request within thirty calendar days of the date the department's letter of notice is mailed or personally served upon the alleged perpetrator, whichever occurs first. If the alleged perpetrator requests a hearing by fax, the alleged perpetrator must also mail a copy of the request to OAH on the same day.

(2) The alleged perpetrator must complete and submit the form to request an administrative hearing provided by APS or submit a written request for a hearing that includes:

(a) The full legal name, current address and phone number of the alleged perpetrator;

(b) A brief explanation of why the alleged perpetrator disagrees with the substantiated initial finding;

(c) A description of any assistance needed in the administrative appeal process by the alleged perpetrator, including a foreign or sign language interpreter or any accommodation for a disability;

(d) The alleged perpetrator should keep a copy of the request.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01240, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01245 What laws and rules will control the administrative hearings held regarding substantiated APS findings? Chapters 34.05 and 74.34 RCW, chapter 388-02 WAC, and the provisions of this chapter govern any administrative hearing regarding a substantiated APS finding. In the event of a conflict between the provisions of this chapter and chapter 388-02 WAC, the provisions of this chapter shall prevail.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01245, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01250 How is confidential information protected in the appeal process? (1) All information and documents provided by the department to the alleged perpetrator shall be used by the alleged perpetrator only to challenge the findings in the administrative hearing.

(2) Confidential information such as the name and other personal identifying information of the reporter and the vul-

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nerable adult shall be redacted from documents and the parties shall use means in testimony to protect the identify of such persons, unless otherwise ordered by the ALJ consistent with chapter 74.34 RCW and other applicable state and federal laws.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01250, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01255 How does the administrative law judge make a decision regarding the substantiated APS finding? (1) The ALJ shall decide if a preponderance of the evidence in the hearing record supports a determination that the alleged perpetrator committed an act of abandonment, abuse, financial exploitation or neglect of a vulnerable adult.

(2) If the ALJ determines that a preponderance of the evidence in the hearing record supports the substantiated APS finding, the ALJ shall uphold the finding.

(3) If the ALJ determines that the substantiated APS finding is not supported by a preponderance of the evidence in the hearing record, the ALJ shall remand the matter to the department to modify the finding consistent with the initial decision of the ALJ.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01255, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01260 How is the alleged perpetrator notified of the administrative law judge's decision? After the administrative hearing, the ALJ will send a written decision to the alleged perpetrator and the department within ninety calendar days after the record is closed.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01260, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01265 What if the alleged perpetrator or the department disagrees with the decision? If the alleged perpetrator or the department disagrees with the ALJ's decision, either party may challenge this decision by filing a petition for review with the department's board of appeals consistent with the procedures contained in chapter 34.05 RCW and chapter 388-02 WAC.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01265, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01270 What happens if the administrative law judge rules against the department? If the department appeals the ALJ's decision, the department will not modify the finding in the department's records until a final hearing decision is issued. If the department does not appeal the ALJ's initial decision, the department will modify the finding in the department's records consistent with the ALJ's initial decision and document the ALJ's decision in the record.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01270, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01275 When does the APS substantiated initial finding become a final finding? A substantiated initial finding becomes a final finding when:

(1) The department gives the alleged perpetrator notice of the substantiated initial finding pursuant to WAC 388-71-

01210 and the alleged perpetrator does not request an administrative hearing as set forth in WAC 388-71-01240; or

(2) The ALJ dismisses the hearing following default or withdrawal by the alleged perpetrator, or issues an initial order upholding the substantiated finding and the alleged perpetrator fails to file a request for review of the ALJ's initial decision with the department's board of appeals consistent with the procedures contained in chapter 34.05 RCW and chapter 388-02 WAC; or

(3) The board of appeals issues a final order upholding the substantiated finding when a request for review to the department's board of appeals is made consistent with the procedures contained in chapter 34.05 RCW and chapter 388-02 WAC.

(4) The final finding will remain as substantiated in the department's records unless the final finding is reversed after judicial review.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01275, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01280 Does the department disclose information about final findings of abuse, abandonment, neglect and financial exploitation? The department will maintain a registry of final findings and, upon request of any person, the department may disclose the identity of a person or entity with a final finding of abandonment, abuse, financial exploitation or neglect.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. 04-19-136, § 388-71-01280, filed 9/21/04, effective 10/22/04.]

INDIVIDUAL PROVIDER AND HOME CARE AGENCY PROVIDER QUALIFICATIONS

WAC 388-71-0500 What is the purpose of WAC 388-71-0500 through [388-71-05952] [388-71-05909]? A client/legal representative may choose an individual provider or a home care agency provider. The intent of WAC 388-71-0500 through [388-71-05952] [388-71-05909] is to describe the:

(1) Qualifications of an individual provider, as defined in WAC 388-106-0010;

(2) Qualifications of a home care agency provider, as defined in WAC 388-106-0010 and chapter 246-336 WAC;

(3) Conditions under which the department or the area agency on aging (AAA) will pay for the services of an individual provider or a home care agency provider;

(4) Training requirements for an individual provider and home care agency provider.

[Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0500, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. 02-21-098, § 388-71-0500, filed 10/21/02, effective 11/21/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-0500, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0500, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0500, filed 1/13/00, effective 2/13/00.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

(11/7/11)

WAC 388-71-0505 How does a client hire an individual provider? The client, or legal representative:

(1) Has the primary responsibility for locating, screening, hiring, supervising, and terminating an individual provider;

(2) Establishes an employer/employee relationship with the provider; and

(3) May receive assistance from the social worker/case manager or other resources in this process.

[Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0505, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0505, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0510 How does a person become an individual provider? In order to become an individual provider, a person must:

(1) Be eighteen years of age or older;

(2) Provide the social worker/case manager/designee with:

(a) Picture identification; and

(b) A Social Security card; or

(c) Authorization to work in the United States.

(3) Complete and submit to the social worker/case manager/designee the department's criminal conviction background inquiry application, unless the provider is also the parent of the adult DDD client and exempted, per chapter 74.15 RCW;

(a) Preliminary results may require a thumb print for identification purposes;

(b) An FBI fingerprint-based background check is required if the person has lived in the state of Washington less than three years.

(4) Sign a home and community-based service provider contract/agreement to provide services to a COPEs, MNIW, or medicaid personal care client.

[Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0510, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0510, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0510, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0513 Is a background check required of a home care agency provider? In order to be a home care agency provider, a person must complete the department's criminal conviction background inquiry application, which is submitted by the agency to the department. This includes an FBI fingerprint-based background check if the home care agency provider has lived in the state of Washington less than three years.

[Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0513, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0515 What are the responsibilities of an individual provider or home care agency provider when employed to provide care to a client? An individual provider or home care agency provider must:

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(1) Understand the client's plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider;

(2) Provide the services as outlined on the client's plan of care, as defined in WAC 388-106-0010;

(3) Accommodate client's individual preferences and differences in providing care;

(4) Contact the client's representative and case manager when there are changes which affect the personal care and other tasks listed on the plan of care;

(5) Observe the client for change(s) in health, take appropriate action, and respond to emergencies;

(6) Notify the case manager immediately when the client enters a hospital, or moves to another setting;

(7) Notify the case manager immediately if the client dies;

(8) Notify the department or AAA immediately when unable to staff/serve the client; and

(9) Notify the department/AAA when the individual provider or home care agency will no longer provide services. Notification to the client/legal guardian must:

(a) Give at least two weeks' notice, and

(b) Be in writing.

(10) Complete and keep accurate time sheets that are accessible to the social worker/case manager; and

(11) Comply with all applicable laws and regulations.

(12) A home care agency must not bill the department for in-home medicaid funded personal care or DDD respite services when the agency employee providing care is a family member of the client served, unless approved to do so through an exception to rule under WAC 388-440-0001. For purposes of this section, family member means related by blood, marriage, adoption, or registered domestic partnership.

[Statutory Authority: RCW 74.08.090, 74.09.520, 2009 c 571, and Washington state 2009-11 budget, section 206(17). 10-06-112, § 388-71-0515, filed 3/3/10, effective 4/3/10. Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0515, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090, 02-21-098, § 388-71-0515, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095, 01-11-019, § 388-71-0515, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 00-03-043, § 388-71-0515, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0520 Are there training requirements for an individual provider or a home care agency provider of an adult client? An individual provider or a home care agency provider for an adult client must meet the training requirements in WAC 388-71-05665 through 388-71-05865 and WAC 388-71-0801 through 388-71-0826.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW, 09-03-066, § 388-71-0520, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0520, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW, 04-02-001, § 388-71-0520, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121, 02-10-117, § 388-71-0520, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 00-03-043, § 388-71-0520, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0540 When will the department, AAA, or department designee deny payment for services of an individual provider or home care agency provider? The department, AAA, or department designee will deny payment for the services of a home care agency provider if the services are provided by an employee of the home care agency who is related by blood, marriage, adoption, or registered domestic partnership to the client.

The department, AAA, or department designee will deny payment for the services of an individual provider or home care agency provider who:

(1) Is the client's spouse, per 42 C.F.R. 441.360(g), except in the case of an individual provider for a chore services client. Note: For chore spousal providers, the department pays a rate not to exceed the amount of a one-person standard for a continuing general assistance grant, per WAC 388-478-0030;

(2) Is the natural/step/adoptive parent of a minor client aged seventeen or younger receiving services under medicaid personal care;

(3) Is a foster parent providing personal care to a child residing in their licensed foster home;

(4) Has been convicted of a disqualifying crime, under RCW 43.43.830 and 43.43.842 or of a crime relating to drugs as defined in RCW 43.43.830;

(5) Has abused, neglected, abandoned, or exploited a minor or vulnerable adult, as defined in chapter 74.34 RCW;

(6) Has had a license, certification, or a contract for the care of children or vulnerable adults denied, suspended, revoked, or terminated for noncompliance with state and/or federal regulations;

(7) Does not successfully complete the training requirements within the time limits required in WAC 388-71-05665 through 388-71-05865;

(8) Is already meeting the client's needs on an informal basis, and the client's assessment or reassessment does not identify any unmet need; and/or

(9) Is terminated by the client (in the case of an individual provider) or by the home care agency (in the case of an agency provider).

In addition, the department, AAA, or department designee may deny payment to or terminate the contract of an individual provider as provided under WAC 388-71-0546, 388-71-0551, and 388-71-0556.

[Statutory Authority: RCW 74.08.090, 74.09.520, 2009 c 571, and Washington state 2009-11 budget, section 206(17). 10-06-112, § 388-71-0540, filed 3/3/10, effective 4/3/10. Statutory Authority: RCW 74.08.090, 74.09.520, 07-24-026, § 388-71-0540, filed 11/28/07, effective 1/1/08. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020, 06-05-022, § 388-71-0540, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0540, filed 5/17/05, effective 6/17/05. Statutory Authority: Chapter 74.39A RCW and 2000 c 121, 02-10-117, § 388-71-0540, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095, 01-11-019, § 388-71-0540, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 00-03-043, § 388-71-0540, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0546 When can the department, AAA, or managed care entity reject the client's choice of an individual provider? The department, AAA, or managed

care entity may reject a client's request to have a family member or other person serve as his or her individual provider if the case manager has a reasonable, good faith belief that the person will be unable to appropriately meet the client's needs. Examples of circumstances indicating an inability to meet the client's needs could include, without limitation:

- (1) Evidence of alcohol or drug abuse;
- (2) A reported history of domestic violence, no-contact orders, or criminal conduct (whether or not the conduct is disqualifying under RCW 43.43.830 and 43.43.842);
- (3) A report from the client's health care provider or other knowledgeable person that the requested provider lacks the ability or willingness to provide adequate care;
- (4) Other employment or responsibilities that prevent or interfere with the provision of required services;
- (5) Excessive commuting distance that would make it impractical to provide services as they are needed and outlined in the client's service plan.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-0546, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0546, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0551 When can the department, AAA, or managed care entity terminate or summarily suspend an individual provider's contract? The department, AAA, or managed care entity may take action to terminate an individual provider's contract if the provider's inadequate performance or inability to deliver quality care is jeopardizing the client's health, safety, or well-being. The department, AAA, or managed care entity may summarily suspend the contract pending a hearing based on a reasonable, good faith belief that the client's health, safety, or well-being is in imminent jeopardy. Examples of circumstances indicating jeopardy to the client could include, without limitation:

- (1) Domestic violence or abuse, neglect, abandonment, or exploitation of a minor or vulnerable adult;
- (2) Using or being under the influence of alcohol or illegal drugs during working hours;
- (3) Other behavior directed toward the client or other persons involved in the client's life that places the client at risk of harm;
- (4) A report from the client's health care provider that the client's health is negatively affected by inadequate care;
- (5) A complaint from the client or client's representative that the client is not receiving adequate care;
- (6) The absence of essential interventions identified in the service plan, such as medications or medical supplies; and/or
- (7) Failure to respond appropriately to emergencies.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-0551, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0551, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0556 When can the department, AAA, or managed care entity otherwise terminate an individual provider's contract? The department, AAA, or managed care entity may otherwise terminate the individual provider's contract for default or convenience in accordance with the

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terms of the contract and to the extent that those terms are not inconsistent with these rules.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-0556, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0556, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0560 What are the client's rights if the department denies, terminates, or summarily suspends an individual provider's contract? If the department denies, terminates, or summarily suspends the individual provider's contract, the client has the right to:

- (1) A fair hearing to appeal the decision, per chapter 388-02 WAC, and
- (2) Receive services from another currently contracted individual provider or home care agency provider, or other options the client is eligible for, if a contract is summarily suspended.
- (3) The hearing rights afforded under this section are those of the client, not the individual provider.

[Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0560, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0560, filed 1/13/00, effective 2/13/00.]

WAC 388-71-05640 Self-directed care—Who must direct self-directed care? Self-directed care under chapter 74.39 RCW must be directed by an adult client for whom the health-related tasks are provided. The adult client is responsible to train the individual provider in the health-related tasks which the client self-directs.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05640, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.-710, 74.39.050, 43.43.830. 00-03-043, § 388-71-0580, filed 1/13/00, effective 2/13/00.]

WAC 388-71-05665 What definitions apply to WAC 388-71-05670 through 388-71-05909? "Client" means an individual age eighteen or older, receiving in-home services through medicaid personal care, COPES, MNIW, or Chore programs.

"Competency" means the minimum level of information and skill trainees are required to know and be able to demonstrate.

"DSHS" refers to the department of social and health services.

"Learning outcomes" means the specific information, skills and behaviors desired of the learner as a result of a specific unit of instruction, such as what they would learn by the end of a single class or an entire course. Learning outcomes are generally identified with a specific lesson plan or curriculum.

"Routine interaction" means contact with clients that happens regularly.

"Training partnership" means a joint partnership or trust that includes the office of the governor and the exclusive

bargaining representative of individual providers under RCW 74.39A.270 with the capacity to provide training, peer mentoring, and workforce development, or other services to individual providers.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05665, filed 12/1/09, effective 1/1/10. Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-05665, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05665, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05910, filed 4/30/02, effective 5/31/02.]

ORIENTATION

WAC 388-71-05670 What is orientation? Orientation provides basic introductory information appropriate to the in-home setting and population served. The department does not approve specific orientation programs, materials, or trainers for home care agencies. Department-developed orientation materials must be used for orientation of individual providers. No test is required for orientation.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05670, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05911, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05675 What content must be included in an orientation? Orientation may include the use of videotapes, audiotapes, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Orientation must include introductory information in the following areas:

- (1) The care setting;
- (2) The characteristics and special needs of the population served;
- (3) Fire and life safety, including:
 - (a) Emergency communication (including phone system if one exists);
 - (b) Evacuation planning (including fire alarms and fire extinguishers where they exist);
 - (c) Ways to handle client injuries and falls or other accidents;
 - (d) Potential risks to clients or providers (for instance, aggressive client behaviors and how to handle them); and
 - (e) The location of agency policies and procedures, when orientation takes place in a home care agency.
- (4) Communication skills and information, including:
 - (a) Methods for supporting effective communication among the client/guardian, the provider, and family members;
 - (b) Use of verbal and nonverbal communication;
 - (c) Review of written communications and/or documentation required for the job, including the client's service plan; and
 - (d) Whom to contact about problems and concerns.
- (5) Universal precautions and infection control, including:
 - (a) Proper hand washing techniques;
 - (b) Protection from exposure to blood and other body fluids;

(c) Appropriate disposal of contaminated/hazardous articles;

(d) Reporting exposure to contaminated articles, blood, or other body fluids; and

(e) What a provider should do if they are ill.

(6) Client rights, including:

(a) The client's right to confidentiality of information about the client;

(b) The client's right to participate in decisions about the client's care, and to refuse care;

(c) The provider's duty to protect and promote the rights of each client, and assist the client to exercise his or her rights;

(d) How and to whom providers should report any concerns they may have about a client's decision concerning the client's care, including the client's case manager;

(e) Providers' duty to report any suspected abuse, abandonment, neglect, or exploitation of a client;

(f) Advocates that are available to help clients (LTC ombudsmen, organizations); and

(g) Complaint lines, hot lines, and client grievance procedures.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05675, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05912, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05680 Is competency testing required for orientation? There is no competency testing required for orientation.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05680, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05913, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05685 Is there a challenge test for orientation? There is no challenge test for orientation.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05685, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05914, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05690 What documentation is required for orientation? The home care agency or individual provider must maintain documentation of completion of orientation, issued by the home care agency or the training entity that provides the orientation, that includes:

- (1) The trainee's name;
- (2) A list of the specific information taught;
- (3) Name of the person or training entity overseeing the orientation indicating completion of the required information;
- (4) The trainee's date of employment;
- (5) The location of the orientation; and
- (6) The date(s) of orientation.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05690, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05690, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05915, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05695 Who is required to complete orientation, and when must it be completed? (1) Home care agency providers must complete orientation before working with the agency's clients. Orientation must be provided by appropriate agency staff or the training entity.

(2) Individual providers must complete orientation provided by the training partnership no later than fourteen calendar days after beginning to work with their first DSHS client. Individual providers may be oriented by distance learning, with phone contact by the person overseeing the orientation to answer questions.

(3) Parents who are individual providers for their adult children are exempt from the orientation requirement.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05695, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-05695, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05695, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05916, filed 4/30/02, effective 5/31/02.]

BASIC TRAINING

WAC 388-71-05700 What is basic training? Basic training includes the core knowledge and skills that providers need to provide personal care services effectively and safely. Only the training curriculum developed by DSHS may be used for basic training.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05700, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05917, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05705 Is there an alternative to the basic training for some health care workers? Certain health care workers may complete the modified basic training instead of basic training if they meet the requirements in WAC 388-71-05760.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05705, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05918, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05710 What core knowledge and skills must be taught in basic training? The basic training knowledge and skills must include all of the learning outcomes and competencies published by the department for the following core knowledge and skills:

- (1) Understanding and using effective interpersonal and problem solving skills with clients, family members, and other care team members;
- (2) Taking appropriate action to promote and protect client rights, dignity, and independence;
- (3) Taking appropriate action to promote and protect the health and safety of the client and the caregiver;
- (4) Correctly performing required personal care tasks while incorporating client preferences, maintaining the client's privacy and dignity, and creating opportunities that encourage client independence;
- (5) Adhering to basic job standards and expectations.

(11/7/11)

The basic training learning outcomes and competencies may be obtained from the DSHS aging and disability services administration.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05710, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05919, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05715 Is competency testing required for basic training? Competency testing is required for basic training as provided under WAC 388-71-05835 through 388-71-05865.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05715, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05920, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05720 Is there a challenge test for basic training? Individuals may take the DSHS challenge test instead of the required training. If a person does not pass a challenge test on the first attempt, they may not retake the challenge test and must attend a class.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05720, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05921, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05725 What documentation is required for successful completion of basic training? Basic training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (1) The name of the trainee;
- (2) The name of the training;
- (3) The location of the training;
- (4) The instructor's name and signature; and
- (5) The date(s) of training.

The trainee must retain the original certificate. A home care agency must keep a copy of the certificate on file. An individual provider must give a copy of the certificate to DSHS or area agency on aging.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05725, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05922, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05730 Who is required to complete basic training, and when? Individual providers and home care agency providers must complete basic training developed by the department and demonstrate competency within one hundred twenty days after being authorized to provide department-paid in-home services for a client. A certificate of successful completion of basic training, using a curriculum developed or approved by the department, meets this requirement.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05730, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050. 03-19-076, § 388-71-05923, filed 9/12/03, effective 10/13/03. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05923, filed 4/30/02, effective 5/31/02.]

MODIFIED BASIC TRAINING**WAC 388-71-05735 What is modified basic training?**

Modified basic training is a subset of the basic training curriculum designed for certain health care workers defined in WAC 388-71-05760, whose previous training includes many of the competencies taught in the full basic training. Only the training curriculum developed by DSHS may be used for modified basic training.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05735, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05924, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05740 What knowledge and skills must be included in modified basic training? Modified basic training must include all of the learning outcomes and competencies published by DSHS for the following core knowledge and skills:

- (1) Client rights, including mandatory reporting requirements;
- (2) Medication assistance regulations;
- (3) Nurse delegation regulations;
- (4) Assessment and observations in home and community settings;
- (5) Documentation in home and community settings;
- (6) Service planning in home and community care settings;
- (7) Resource information, including information on continuing education; and
- (8) Self-directed care regulations.

The modified basic learning outcomes and competencies may be obtained from the DSHS aging and disability services administration.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05740, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05925, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05745 Is competency testing required for modified basic training? Competency testing is required for modified basic training as provided under WAC 388-71-05835 through 388-71-05865.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05745, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05926, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05750 Is there a challenge test for modified basic training? Individuals may take the department's challenge test instead of the required training. If a person does not pass a challenge test on the first attempt, they may not retake the challenge test and must attend the class.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05750, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05927, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05755 What documentation is required for successful completion of modified basic training? Modified basic training must be documented by a certificate

of successful completion of training, issued by the instructor or training entity, that includes:

- (1) The name of the trainee;
- (2) The name of the training;
- (3) The location of the training;
- (4) The instructor's name and signature; and
- (5) The date(s) of training.

The trainee must retain the original certificate. A home care agency must keep a copy of their employees' certificates on file. An individual provider must give a copy to DSHS or area agency on aging.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05755, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05928, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05760 Who may take modified basic training instead of the full basic training? Modified basic training may be taken, instead of the full basic training, by a person who can document they have successfully completed training as a registered or licensed practical nurse, certified nursing assistant, physical therapist, occupational therapist, or medicare-certified home health aide. In addition, modified basic training may be taken by a natural, step, or adoptive parent who is the individual provider for his or her adult child who is not receiving services through DSHS' division of developmental disabilities.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05760, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05929, filed 4/30/02, effective 5/31/02.]

EXEMPTION FOR IP PARENTS FOR ADULT CHILDREN

WAC 388-71-05765 What are the training requirements and exemptions for parents who are individual providers for their adult children receiving services through DDD? A natural, step, or adoptive parent who is the individual provider for his or her adult child who is receiving services through DSHS' division of developmental disabilities (DDD):

- (1) Must possess a certificate of successfully completing a six-hour DDD-approved training or a specially designed DSHS-approved training within one hundred eighty days of beginning employment; and
- (2) Is exempt from the orientation, basic training, and continuing education requirements if the parent provides care only for his or her own adult child.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05765, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05930, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05770 What are the training requirements and exemptions for parents who are individual providers for their adult children who do not receive services through DDD? A natural, step, or adoptive parent who is the individual provider for his or her adult child who is not receiving services through DSHS' division of developmental disabilities:

(1) Must:

(a) Possess a certificate of successfully completing modified basic training or the modified basic challenge test within one hundred eighty days of beginning employment, and have documentation that the parent has received individualized or other specific instruction on the care of the adult child; or

(b) Possess a certificate of successfully completing basic training or the basic training challenge test.

(2) Is exempt from the orientation and continuing education requirements if the parent provides care only for his or her own adult child.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05770, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05931, filed 4/30/02, effective 5/31/02.]

CONTINUING EDUCATION

WAC 388-71-05775 What is continuing education?

Continuing education is additional caregiving-related training designed to increase and keep current a person's knowledge and skills. Training entities and home care agencies may provide continuing education without prior approval of curricula or instructors by the department.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05775, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05775, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05932, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05780 How many hours of continuing education are required each year? (1) Individual providers and home care agency providers must complete at least ten hours of continuing education each calendar year (January 1 through December 31) after the year in which they successfully complete basic or modified basic training.

(2) One hour of completed classroom instruction or other form of training (such as a video or on-line course) equals one hour of continuing education.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05780, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05933, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05785 What kinds of training topics are required for continuing education? Continuing education must be on a topic relevant to the care setting and care needs of clients, including but not limited to:

- (1) Client rights;
- (2) Personal care (such as transfers or skin care);
- (3) Mental illness;
- (4) Dementia;
- (5) Developmental disabilities;
- (6) Depression;
- (7) Medication assistance;
- (8) Communication skills;
- (9) Positive client behavior support;
- (10) Developing or improving client centered activities;
- (11) Dealing with wandering or aggressive client behaviors; and
- (12) Medical conditions.

(11/7/11)

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05785, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05934, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05790 Is competency testing required for continuing education? Competency testing is not required for continuing education.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05790, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05935, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05795 May basic or modified basic training be completed a second time and used to meet the continuing education requirement? Retaking basic or modified basic training may not be used to meet the continuing education requirement.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05795, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05936, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05799 What are the documentation requirements for continuing education? (1) The home care agency or individual provider must maintain documentation of continuing education including:

- (a) The trainee's name;
 - (b) The title or content of the training;
 - (c) The instructor's name or the name of the video, on-line class, professional journal, or equivalent instruction materials completed;
 - (d) The number of hours of training; and
 - (e) The date(s) of training.
- (2) Home care individual providers must provide DSHS or the area agency on aging with documentation of completion of continuing education credits.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05799, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05937, filed 4/30/02, effective 5/31/02.]

NURSE DELEGATION CORE TRAINING

WAC 388-71-05805 What is nurse delegation core training? Nurse delegation core training is required before a nursing assistant may be delegated a nursing task. DSHS approves instructors for nurse delegation core training.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05805, filed 12/24/03, effective 1/24/04.]

WAC 388-71-05810 What knowledge and skills must nurse delegation core training include? Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants," meets the training requirement for nurse delegation core training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-05810, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05810, filed 12/24/03, effective 1/24/04.]

WAC 388-71-05815 Is competency testing required for nurse delegation core training? Passing the DSHS com-

petency test is required for successful completion of nurse delegation core training, as provided under WAC 388-71-05835 through 388-71-05865.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05815, filed 12/24/03, effective 1/24/04.]

WAC 388-71-05820 Is there a challenge test for nurse delegation core training? There is no challenge test for nurse delegation core training.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05820, filed 12/24/03, effective 1/24/04.]

WAC 388-71-05825 What documentation is required for successful completion of nurse delegation core training? (1) Nurse delegation core training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (a) The name of the trainee;
- (b) The name of the training;
- (c) The name of the training entity giving the training;
- (d) The instructor's name and signature; and
- (e) The date(s) of training.

(2) The trainee must be given an original certificate. Home care agencies must keep a copy of the certificate on file.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05825, filed 12/24/03, effective 1/24/04.]

WAC 388-71-05830 Who is required to complete nurse delegation core training, and when? Before performing any delegated nursing task, individual providers and home care agency providers must:

- (1) Successfully complete DSHS-designated nurse delegation core training;
- (2) Be a nursing assistant registered or certified under chapter 18.88A RCW; and
- (3) If a nursing assistant registered, successfully complete basic training.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05830, filed 12/24/03, effective 1/24/04.]

SAFETY TRAINING

WAC 388-71-05832 What is safety training and is there a challenge test for safety training? Safety training provides basic injury, illness and accident prevention information appropriate to the in-home setting and individuals served. No competency test is required.

There is no challenge test for safety training.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05832, filed 11/7/11, effective 12/8/11. Statutory Authority: RCW 74.08.090, 74.09.520. 05-11-082, § 388-71-05832, filed 5/17/05, effective 6/17/05.]

WAC 388-71-05833 What content must be included in safety training? Safety training may include the use of video tapes, audio tapes and other print or electronic media. Safety training consists of introductory information in the following areas:

(1) Safety planning and accident prevention, including but not limited to:

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- (a) Proper body mechanics;
 - (b) Fall prevention;
 - (c) Fire safety;
 - (d) In-home hazards;
 - (e) Long-term care worker safety; and
 - (f) Emergency and disaster preparedness.
- (2) Standard precautions and infection control, including but not limited to:
- (a) Proper hand washing;
 - (b) When to wear gloves and how to correctly put them on and take them off;
 - (c) Basic methods to stop the spread of infection;
 - (d) Protection from exposure to blood and other body fluids;
 - (e) Appropriate disposal of contaminated/hazardous articles;
 - (f) Reporting exposure to contaminated articles; and
 - (g) What to do when sick or injured, including whom to report this to.
- (3) Basic emergency procedures, including but not limited to:
- (a) Evacuation preparedness;
 - (b) When and where to call for help in an emergency;
 - (c) What to do when a client is falling or falls;
 - (d) Location of any advanced directives and when they are given; and
 - (e) Basic fire emergency procedures.

One hour of completed classroom instruction or other form of training (such as video or on-line course) equals one hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05833, filed 11/7/11, effective 12/8/11.]

WAC 388-71-05834 When does a safety training attestation process need to be completed? All individual providers must contact the training partnership and follow their procedures to confirm that they have completed the training, once it is completed.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05834, filed 11/7/11, effective 12/8/11.]

COMPETENCY TESTING

WAC 388-71-05835 Who is required to complete safety training, when, and how often must it be completed? (1) All individual providers must complete safety training within fourteen calendar days after beginning to work with their first DSHS consumer. Safety training must be provided by the training partnership.

(2) There is no requirement for periodic refresher safety training.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05835, filed 11/7/11, effective 12/8/11. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05835, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05938, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05836 Will DSHS deny payment of an individual provider who does not complete safety training?

(11/7/11)

ing? DSHS will deny payment of an individual provider who does not confirm through the training partnership that they completed safety training within fourteen calendar days after beginning to work with their first DSHS consumer.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05836, filed 11/7/11, effective 12/8/11.]

WAC 388-71-05837 What is competency testing?

Competency testing, including challenge testing, is evaluating a trainee to determine if they can demonstrate the required level of skill, knowledge, and/or behavior with respect to the identified learning outcomes of a particular course.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. 11-23-013, § 388-71-05837, filed 11/7/11, effective 12/8/11.]

WAC 388-71-05840 What components must competency testing include? Competency testing must include the following components:

- (1) Skills demonstration of ability to perform and/or implement specific caregiving approaches, and/or activities as appropriate for the training;
- (2) Written evaluation to show knowledge of the learning outcomes included in the training; and
- (3) A scoring guide for the tester with clearly stated scoring criteria and minimum proficiency standards.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05840, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05939, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05845 What experience or training must individuals have to be able to perform competency testing? Individuals who perform competency testing must have documented experience or training in assessing competencies.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05845, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05940, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05850 What training must include the DSHS-developed competency test? Basic training, modified basic training, and nurse delegation core and specialized diabetes training must include the DSHS-developed competency test.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05850, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05850, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05941, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05855 How must competency test administration be standardized? To standardize competency test administration, testing must include the following components:

- (1) An instructor for the course who meets all minimum qualifications for the course he or she teaches must oversee all testing; and
- (2) The tester must follow DSHS guidelines for:
 - (a) The maximum length of time allowed for testing;

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(b) The amount and nature of instruction given to students before beginning a test;

(c) The amount of assistance to students allowed during testing;

(d) The accommodation guidelines for students with disabilities; and

(e) Accessibility guidelines for students with limited English proficiency.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05855, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05942, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05860 What form of identification must providers show a tester before taking a competency or challenge test? Providers must show a tester photo identification before taking a competency test (or challenge test, when applicable) for basic training, modified basic training, or nurse delegation core and specialized diabetes training.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05860, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05860, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05943, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05865 How many times may a competency test be taken? (1) A competency test that is part of a course may be taken twice. If the test is failed a second time, the person must retake the course before any additional tests are administered.

(2) If a challenge test is available for a course, it may be taken only once. If the test is failed, the person must take the classroom course.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05865, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05944, filed 4/30/02, effective 5/31/02.]

INSTRUCTOR QUALIFICATIONS

WAC 388-71-05870 What are an instructor's or training entity's responsibilities? The instructor or training entity is responsible for:

- (1) Coordinating and teaching classes;
- (2) Assuring that the curriculum used is taught as designed;
- (3) Selecting qualified guest speakers where applicable;
- (4) Administering or overseeing the administration of DSHS competency and challenge tests;
- (5) Maintaining training records including student tests and attendance records for a minimum of six years;
- (6) Reporting training data to DSHS in DSHS-identified time frames; and
- (7) Issuing or reissuing training certificates to students.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05870, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05945, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05875 Must instructors be approved by DSHS? (1) DSHS must approve any instructor through a contract with DSHS to conduct basic training, modified basic

training, or nurse delegation core and specialized diabetes training classes using the training curricula developed by DSHS. DSHS may select contracted instructors using any applicable contracting procedures. Contractors must meet the minimum qualifications for instructors under this chapter and any additional qualifications established through the contracting procedure.

(2) The training partnership is legislatively mandated to provide orientation, basic, modified basic, six hour DDD parent provider training, nurse delegation core and specialized diabetes training, and continuing education training programs for individual providers. The training partnership will ensure instructors meet the minimum qualifications under this chapter. The training partnership or their contracted training entity must maintain a record for each instructor which, at a minimum must contain:

- (a) Copy of current professional licenses, as required.
- (b) Documentation to verify the instructor meets the required minimum instructor qualifications.
- (3) Home care agencies shall utilize a DSHS approved instructor or training entity.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05875, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05875, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05946, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05880 Can DSHS deny or terminate a contract with an instructor or training entity? (1) DSHS may determine not to accept an offer by a person or organization seeking a contract with DSHS to conduct training programs. No administrative remedies are available to dispute DSHS' decision not to accept an offer, except as may be provided through the contracting process.

(2) DSHS may terminate any training contract in accordance with the terms of the contract. The contractor's administrative remedies shall be limited to those specified in the contract.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05880, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05880, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05947, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05885 What is a guest speaker, and what are the minimum qualifications to be a guest speaker for basic training? Guest speakers for basic training programs teach a specific subject in which they have expertise, under the supervision of the instructor. The guest speaker must have, as minimum qualifications, an appropriate background and experience that demonstrates that the guest speaker has expertise on the topic he or she will teach. The instructor must select guest speakers that meet the minimum qualifications, and maintain documentation of this background. DSHS does not approve guest speakers.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05885, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05948, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05890 What are the minimum qualifications for an instructor for basic, modified basic or nurse delegation core and specialized diabetes training?

An instructor for basic, modified basic, or nurse delegation core and specialized diabetes training must meet the following minimum qualifications:

- (1) General qualifications:
 - (a) Twenty-one years of age;
 - (b) Has not had a professional health care or social services license or certification revoked in Washington state (however, no license or certification is required).
- (2) Education and work experience:
 - (a) Upon initial approval or hire, must have:
 - (i) A high school diploma and one year of professional or caregiving experience within the last five years in an adult family home, boarding home, supported living through DDD per chapter 388-820 WAC, or home care setting; or
 - (ii) An associate degree in a health field and six months of professional or caregiving experience within the last five years in an adult family home, boarding home, supported living through DDD per chapter 388-820 WAC, or home care setting.
 - (3) Teaching experience:
 - (a) Must have one hundred hours of experience teaching adults on topics directly related to the basic training; or
 - (b) Must have forty hours of teaching while being mentored by an instructor who meets these qualifications, and must attend a class on adult education that meets the requirements of WAC 388-71-05899.

(4) The instructor must be experienced in caregiving practices and capable of demonstrating competency with respect to the course content or units being taught;

(5) Instructors who will administer tests must have experience or training in assessment and competency testing; and

(6) If required under WAC 388-71-05730 or 388-71-05760, instructors must successfully complete basic or modified basic training prior to beginning to train others.

[Statutory Authority: RCW 74.08.090 and 74.39A.360. 09-24-092, § 388-71-05890, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05890, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-15-064, § 388-71-05949, filed 7/11/02, effective 8/11/02.]

WAC 388-71-05895 What additional qualifications are required for instructors of nurse delegation core training and specialized diabetes nurse delegation training?

An instructor for nurse delegation core training and specialized diabetes nurse delegation training must have a current RN license in good standing.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-05895, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, § 388-71-05895, filed 12/24/03, effective 1/24/04.]

PHYSICAL RESOURCES AND STANDARD PRACTICES FOR TRAINING

WAC 388-71-05899 What must be included in a class on adult education? A class on adult education must include content, student practice, and evaluation of student skills by the instructor in:

- (1) Adult education theory and practice principles;
- (2) Instructor facilitation techniques;
- (3) Facilitating learning activities for adults;
- (4) Administering competency testing; and
- (5) Working with adults with special training needs (for example, English as a second language or learning and literacy issues).

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, recodified as § 388-71-05899, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05950, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05905 What physical resources are required for basic, modified basic, or nurse delegation core classroom training and testing? (1) Classroom facilities used for basic, modified basic, or nurse delegation core classroom training must be accessible to trainees and provide adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning such as white boards and flip charts. Appropriate supplies and equipment must be provided for teaching and practice of caregiving skills in the class being taught.

(2) Testing sites must provide adequate space for testing, comfort, lighting, and lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05905, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05951, filed 4/30/02, effective 5/31/02.]

WAC 388-71-05909 What standard training practices must be maintained for basic, modified basic, or nurse delegation core classroom training and testing? The following training standards must be maintained for basic, modified basic, or nurse delegation core classroom training and testing:

- (1) Training, including all breaks, must not exceed eight hours within one day;
- (2) Training provided in short time segments must include an entire unit, skill or concept;
- (3) Training must include regular breaks; and
- (4) Students attending a classroom training must not be expected to leave the class to attend to job duties, except in an emergency.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. 04-02-001, amended and recodified as § 388-71-05909, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. 02-10-117, § 388-71-05952, filed 4/30/02, effective 5/31/02.]

REFERRAL REGISTRY

WAC 388-71-06020 What is the purpose of WAC 388-71-06020 through 388-71-06420? The purpose of this chapter is to describe the operation of the home care referral registry.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06020, filed 6/3/11, effective 7/4/11.]

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WAC 388-71-06040 What definitions apply to WAC 388-71-06020 through 388-71-06420? The following definitions apply to WAC 388-71-06020 through 388-71-06420:

"AAA" means the local area agency on aging.

"ALJ" means administrative law judge.

"Consumer/employer" means an adult or child with functional or developmental disabilities who qualifies for and uses personal care or respite care paid for through medicaid or state-only funds.

"Consumer representative" means an individual who is acting on behalf of the consumer/employer.

"Department" or DSHS means the department of social and health services.

"Emergency provider" means an individual provider who is employed as a back-up for a provider who did not show up or who was unable to work due to unexpected circumstances.

"Employer" means the consumer.

"HCRR" means the home care referral registry.

"Home care referral registry operations" or "referral registry operations" means the activities carried out at the local level to recruit and register individual providers or prospective individual providers for the referral registry and assist consumers to utilize the referral registry to find qualified individual providers.

"Individual provider" means a person, regardless of relationship, including a personal aide working for a consumer under self-directed care, who has a contract with the department of social and health services to provide personal care or respite care services to adults or children with functional or developmental disabilities and is reimbursed for those services through medicaid or state-only funding.

"IP" means an individual provider.

"Malfeasance" means any unlawful act committed by the provider, whether in the course of employment or otherwise.

"Mandatory reporter" is an employee of DSHS; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian science practitioner; or health care provider subject to chapter 18.130 RCW.

"Misfeasance" means performance of a workplace duty in an improper manner; including events which jeopardize the health and safety of persons, unresolved pattern of performance, issues related to truth or dishonesty, including failure to report a criminal conviction.

"OAH" means the office of administrative hearings.

"Prospective individual provider" means someone who is seeking employment with a consumer/employer.

"Provider" means an individual provider.

"Referral registry" is a data base that is designed to assist consumers with finding individual providers and to assist individual providers to find employment.

"Respite provider" means an individual provider who is employed on a prearranged short-term basis to fill in for a routine caregiver.

"Routine provider" means an individual provider who is employed on a regularly scheduled basis.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06040, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06060 What is the purpose of the referral registry? To increase consumer/employer choice while providing assistance in finding individual providers and prospective individual providers. In addition, the referral registry:

- (1) Takes into account the consumer/employer needs and preferences when identifying potential individual providers;
- (2) Provides for reasonable standards of accountability for providers and prospective individual providers listed on the registry;
- (3) Is voluntary for individual providers and prospective individual providers and consumers/employers;
- (4) Promotes job opportunities for individual providers and prospective individual providers;
- (5) Provides access to the data base for consumer/employers who want to query a referral independently; and
- (6) Increases a consumer/employer's choice of individual providers and prospective individual providers via an established pool of available individual providers and prospective individual providers on the registry.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06060, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06080 Who is eligible to request a referral from the referral registry? The following categories of persons are eligible to request a referral from the referral registry:

- (1) Consumer/employers who are adults or children with functional or developmental disabilities who qualify for and use or will use personal care or respite care paid for through medicaid or state-only funds.
- (2) Persons who are authorized to request a referral on behalf of a consumer including family members, area agency on aging case managers, department social workers and/or a consumer representative.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06080, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06100 What is the difference between an individual provider and a prospective individual provider? The difference between an individual provider and a prospective individual provider is

- (1) An individual provider is someone who has a current individual provider contract with the department.
- (2) A prospective individual provider is someone who is seeking employment with a consumer/employer and who does not have a current individual provider contract with the department.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06100, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06120 What qualifies an individual provider or prospective individual provider to be listed on the referral registry? An individual provider or prospective individual provider is qualified to be on the referral registry if he or she:

- (1) Prior to January 1, 2012 satisfactorily completes a Washington state patrol background check and has not been

convicted of a disqualifying crime or negative action based on the applicable department list of disqualifying crimes and negative actions; and

(2) Has completed an FBI fingerprint based background check if the person has lived in the state of Washington less than three consecutive years immediately before the background check. An individual provider or prospective individual provider who has lived in Washington state less than three consecutive years immediately before the background check may be included on the referral registry for a one hundred twenty-day provisional period as allowed by law or program rules when:

- (a) A fingerprint based background check is pending; and
- (b) The individual provider or prospective individual provider is not disqualified based on the immediate result of the Washington state patrol background check.
- (3) Is not listed on any long-term care abuse and neglect registry used by the department;
- (4) Is eighteen years of age or older;
- (5) Provides a valid Washington state driver's license or other valid picture identification;
- (6) Has a Social Security card or proof of authorization to work in the United States; and
- (7) Complies with requirements listed in WAC 388-71-06180 and other applicable requirements in chapter 388-71 WAC.

(8) Effective January 1, 2012, has been screened through the department's fingerprint based background check, as required by RCW 74.39A.055.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06120, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06130 When will an individual provider or prospective individual provider be denied placement on the referral registry? When:

- (1) A background check reveals that he or she has been convicted of a disqualifying crime or reveals the existence of a negative action listed on an applicable department list of disqualifying crimes and/or negative actions;
- (2) He or she is listed on any state abuse or neglect registry;
- (3) He or she is subject to a current and valid protective order that was issued in the state of Washington barring or restricting contact with children, vulnerable adults or persons with disabilities;
- (4) The department has denied or revoked his or her individual provider contract; or
- (5) He or she is ineligible to be paid as an individual provider pursuant to WAC 388-71-0540.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06130, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06135 When may an individual provider or prospective individual provider be denied placement on the referral registry? An individual provider or prospective individual provider may be denied placement on the referral registry when:

- (1) He or she has failed to disclose pending charges, or criminal convictions, or negative actions on a background authorization form;

(2) The department has a reasonable, good faith belief that he or she is unable to meet the care needs of consumers;

(3) A background check reveals that he or she has committed an offense or pattern of offenses, not listed on the applicable list of disqualifying crimes, that the department determines may put consumers at risk; or

(4) He or she is subject to denial of payment as an individual provider pursuant to WAC 388-71-0543.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06135, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06140 How does an individual provider or prospective individual provider apply to be placed on the referral registry? To apply to be placed on the registry an individual provider must:

(1) Contact the local referral registry operations office; and

(2) Request and complete an application packet.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06140, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06160 Does an individual provider or prospective individual provider have any ongoing responsibilities in order to continue to be listed on the referral registry? (1) Yes, he or she must:

(a) Verify their information is accurate and up-to-date whenever contact or availability information changes by contacting the local referral registry operations office or updating directly through the web site; and

(b) Successfully complete the criminal history background check process as described in WAC 388-71-06130 and 388-71-0513.

(2) Failure to comply with these ongoing responsibilities will result in placing the individual provider or prospective individual provider in an "inactive" status. The provider will not be referred to a consumer/employer when in "inactive" status. An individual provider or prospective individual provider will be taken off inactive status when he or she meets the requirements of subsections (1) and (2).

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06160, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06180 Are there training requirements for being placed on the referral registry? Yes, an individual provider must complete the "Becoming a Professional IP" unless the person has already worked as an individual provider for more than three months. All other mandatory training requirements for long-term care workers set forth in chapter 388-71 WAC are applicable.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06180, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06200 When will an individual provider or prospective individual provider be removed from the referral registry? When he or she:

(1) Fails to meet the qualifications set forth in WAC 388-71-06120 and 388-71-06180;

(2) Has committed misfeasance in the performance of his or her duties as an individual provider;

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(3) Has committed malfeasance in the performance of his or her duties as an individual provider;

(4) Requests that his or her name be removed from the referral registry;

(5) Has his or her individual provider contract terminated;

(6) Is subject to being denied placement on the referral registry pursuant to WAC 388-71-06130, exists; or

(7) Fails to meet qualifications set forth in WAC 388-71-0510 and 388-71-0540.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06200, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06220 What is the procedure for removing an individual provider or prospective individual provider from the referral registry? The department and/or its designee, will review all incidents of which it becomes aware that may warrant removal from the referral registry and:

(1) For those incidents that fall under the legal jurisdiction of law enforcement, adult protective services (APS) or child protective services (CPS), an immediate referral will be made to the appropriate agency or agencies.

(a) The department may initiate an emergency proceeding to inactivate the individual provider or prospective individual provider on the registry pending the investigation.

(b) If APS, CPS, and/or law enforcement declines to take action in response to the referral, the matter will proceed to internal review pursuant to subsection (2) of this section.

(c) If APS, CPS, and/or law enforcement accepts the matter, then action process per RCW 34.05.479 will be stayed pending APS, CPS, and/or law enforcement action.

(2) For those incidents not forwarded to APS, CPS, or law enforcement, the department will conduct an internal review. After the internal review is completed, a decision will be made whether or not to remove the individual provider or prospective individual provider from the referral registry. If the decision is to remove the individual provider or prospective individual provider from the referral registry, written notification will be served on the individual provider or prospective individual provider.

(3) An individual provider or prospective individual provider has the right to appeal a decision to remove him or her from the referral registry.

(a) The appeal must be received in writing by the office of administrative hearings (OAH) as designated on the written notice within twenty-eight days of the date the written notice was mailed by the department.

(b) OAH will send the parties a notice containing the hearing date, time and place.

(c) Before the hearing is held:

(i) The department may contact you and try to resolve your dispute; and

(ii) You are encouraged to contact the department and try to resolve your dispute.

(d) An administrative law judge (ALJ) from OAH will act as presiding officer for the adjudicative proceeding.

(e) The ALJ will render an initial decision that will include all matters required by RCW 34.05.461(3). If no party seeks review of the ALJ's initial decision within the

time limits set forth in chapter 388-02 WAC, the initial decision will become the final order.

(f) The board of appeals will issue a written order announcing its decision to either adopt, modify, or reverse the initial decision. The board of appeals' order will include, or incorporate by reference to the initial order, all matters required by RCW 34.05.461(3). The board of appeals' decision is the final order.

(g) The final order is the final department action and will be provided to all interested parties and to the individual provider or prospective individual provider along with information regarding the right to seek judicial review in superior court when applicable.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06220, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06240 By what procedures will the department deny an individual provider or prospective individual provider's application to be placed on the referral registry? Upon receipt of an application to be on the referral registry, the department will utilize the following procedure to determine whether the individual provider or prospective individual provider meets the minimum qualifications, and whether he or she will be able to appropriately meet the care needs of consumers:

(1) An internal review will be conducted and a decision will be made whether to accept or deny the individual provider or prospective individual provider's application to be listed on the referral registry. If the decision is to deny the individual provider or prospective individual provider's application to be listed on the referral registry, written notice will be served on the individual provider or prospective individual provider.

(2) The individual provider or prospective individual provider has the right to appeal a decision to deny his or her application to be listed on the referral registry.

(a) The appeal must be received in writing by the office of administrative hearings (OAH) as designated on the written notice within twenty-eight days of the date the written notice was mailed by DSHS.

(b) OAH will send the parties a notice containing the hearing date, time and place.

(c) Before the hearing is held:

(i) The department may contact you and try to resolve your dispute; and

(ii) You are encouraged to contact the department and try to resolve your dispute.

(d) An administrative law judge from OAH will act as presiding officer for the adjudicative proceeding.

(e) The ALJ will render an initial decision that will include all matters required by RCW 34.05.461(3). If no party seeks review of the ALJ's initial decision within the time limits set forth in chapter 388-02 WAC, the initial decision will become the final order.

(f) The board of appeals will issue a written order announcing its decision to either adopt, modify, or reverse the initial decision. The board of appeals' order will include, or incorporate by reference to the initial order, all matters required by RCW 34.05.461(3). The board of appeals' decision is the final order.

(g) The final order is the final department action and will be provided to all interested parties and to the individual provider or prospective individual provider along with information regarding the right to seek judicial review in superior court when applicable.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06240, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06260 Who must be notified if a complaint is received about an individual provider? If, in the course of carrying out its duties, the department or its designee, identifies concerns regarding the services being provided by an individual provider, including, but not limited to, when it receives a complaint, the department, or its designee, must notify the appropriate area agency on aging case manager or DSHS social worker regarding such concerns.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06260, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06280 Are referral registry staff considered mandatory reporters? Any department staff, or subcontracted staff working for the referral registry are considered mandatory reporters.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06280, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06300 What is reasonable cause for mandatory reporting? RCW 74.34.035 sets forth reasonable cause for mandatory reporting.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06300, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06340 How does a consumer/employer apply to use the referral registry services? In order to use the referral registry, a consumer/employer or consumer representative must complete the registration process. The registration process conducted by the local referral registry operations office must confirm that the consumer/employer is qualified to receive personal care or respite care paid for through medicaid or state-only funds.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06340, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06360 How does a consumer/employer obtain a list of names from the referral registry? He or she must complete and submit a request application to the local referral registry operations office. The completed application may indicate the days and times an individual provider is needed, the personal care tasks that need to be performed, and any preferences the consumer/employer may have. Upon completion of the application, a registry coordinator will conduct a query that will generate a list of names that best match the consumer/employer's specific criteria. The list will be given to the consumer/employer via mail, phone, fax, or email, depending on the consumer/employer's preference, within a reasonable time.

Upon successful submission of a request application, a consumer/employer or consumer representative may request a user name and password to access the registry independently to generate a list of names.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06360, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06380 Who hires an individual provider or prospective individual provider? It is the consumer/employer or consumer representative's responsibility to interview, screen, hire, supervise, and terminate an individual provider or prospective individual provider.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06380, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06400 Does a consumer/employer who is eligible to have his or her individual provider paid through medicaid or state-only funds from DSHS need to gain approval from his/her case manager, social worker or nurse? Yes, they must receive approval from his/her case manager, social worker or nurse. Pursuant to WAC 388-71-0540 through 388-71-0551, the department or the AAA may deny payment to the client's choice of an individual provider or prospective individual provider when:

- (1) The individual provider or prospective individual does not meet the requirements to contract with DSHS; or
- (2) The case manager has a reasonable, good faith belief that the person will be unable to appropriately meet the consumer/employer needs.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06400, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06420 How can a consumer/employer use the referral registry to get an individual provider in an emergency or as a critical personal care back-up? A consumer/employer must complete an application with the local referral registry operations office. Registry applications can be completed by contacting the local referral registry operations office. Although a consumer/employer must complete the application process, he/she is not required to have previously used the registry prior to requesting a back-up referral.

[Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. 11-13-009, § 388-71-06420, filed 6/3/11, effective 7/4/11.]

ADULT DAY SERVICES

WAC 388-71-0702 Purposes and definitions. (1) WAC 388-71-0702 through 388-71-0776 contain the eligibility requirements for medicaid-funded adult day care and adult day health services. These rules also contain the requirements that apply to adult day care or day health centers that contract with the department, an area agency on aging, or other department designee to provide medicaid services to department clients. Nothing in these rules may be construed as requiring the department, area agency on aging, or other designee to contract with an adult day care or day health center.

(2) An adult day services program is a community-based program designed to meet the needs of adults with impairments through individual plans of care. This type of structured, comprehensive, nonresidential program provides a variety of health, social, and related support services in a protective setting. By supporting families and caregivers, an adult day services program enables the person to live in the

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community. An adult day services program assesses the needs of the persons served and offers services to meet those needs. The persons served attend on a planned basis. Nothing in this generic description of adult day services may be construed to modify the specific services or eligibility requirements referenced in the definition of adult day care and adult day health.

(3) The following definitions apply under WAC 388-71-0702 through 388-71-0774:

(a) **"Adult day care"** means the services under WAC 388-71-0704 that are provided to clients who meet the eligibility requirement under WAC 388-71-0708.

(b) **"Adult day center"** means an adult day care or adult day health center. A day care or day health center for purposes of these rules is a center operating in a specific location, whether or not the center's owner also operates adult day centers in other locations.

(c) **"Adult day health"** means the services under WAC 388-71-0706 that are provided to clients who meet the eligibility requirements under WAC 388-71-0710.

(d) **"Adult day services"** is a generic term referring to adult day care and adult day health services.

(e) **"Client"** means an applicant for or recipient of medicaid-reimbursed adult day services.

(f) **"Participant"** means clients and other persons receiving adult day services at an adult day center.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0702, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0704 Adult day care—Services. Adult day care is a supervised daytime program providing core services as defined in WAC 388-106-0800. Core services are appropriate for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's physician. The adult day care center must offer and provide on site the following core services. These core services must meet the level of care needed by the client as assessed by the department case manager for waiver funded clients and do not exceed the scope of services that the adult day care center is able to provide.

- (1) Assistance with activities of daily living:
 - (a) Locomotion outside of room, locomotion in room, walk in room;
 - (b) Body care;
 - (c) Eating;
 - (d) Repositioning;
 - (e) Medication management that does not require a licensed nurse;
 - (f) Transfer;
 - (g) Toileting;
 - (h) Personal hygiene at a level that ensures client safety while in attendance at the program; and
 - (i) Bathing at a level that ensures client safety and comfort while in attendance at the program.
- (2) Social services on a consultation basis, which may include:
 - (a) Referrals to other providers for services not within the scope of medicaid reimbursed adult day care services;
 - (b) Caregiver support and education; or

(c) Assistance with coping skills.

(3) Routine health monitoring with consultation from a registered nurse that a consulting nurse acting within the scope of practice can provide with or without a physician's order. Examples include:

(a) Obtaining baseline and routine monitoring information on client health status, such as vital signs, weight, and dietary needs;

(b) General health education such as providing information about nutrition, illnesses, and preventative care;

(c) Communicating changes in client health status to the client's caregiver;

(d) Annual and as needed updating of the client's medical record; or

(e) Assistance as needed with coordination of health services provided outside of the adult day care program.

(4) General therapeutic activities that an unlicensed person can provide or that a licensed person can provide with or without a physician's order. These services are planned for and provided based on the client's abilities, interests, and goals. Examples include:

(a) Recreational activities;

(b) Diversionary activities;

(c) Relaxation therapy;

(d) Cognitive stimulation; or

(e) Group range of motion or conditioning exercises.

(5) General health education that an unlicensed person can provide or that a licensed person can provide with or without a physician's order, including but not limited to topics such as:

(a) Nutrition;

(b) Stress management;

(c) Disease management skills; or

(d) Preventative care.

(6) A nutritional meal and snacks every four hours, including a modified diet if needed and within the scope of the program, as provided under WAC 388-71-0768;

(7) Supervision and/or protection if needed for client safety;

(8) Assistance with arranging transportation to and from the program; and

(9) First aid and provisions for obtaining or providing care in an emergency. NOTE: If the client requires the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of a physician, consider adult day health services.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-0704, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0704, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0704, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0706 Adult day health—Services. Adult day health is a supervised daytime program providing skilled nursing and rehabilitative therapy services in addition to core services. Adult day health services are only appropriate for adults with medical or disabling conditions that require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's physician.

The adult day health center must offer and provide on site the following services:

(1) All core services under WAC 388-71-0704;

(2) Skilled nursing services other than routine health monitoring with nurse consultation;

(3) At least one of the following skilled therapy services: physical therapy, occupational therapy, or speech-language pathology or audiology, as defined under chapters 18.74, 18.59 and 18.35 RCW; and

(4) Psychological or counseling services, including assessing for psycho-social therapy need, dementia, abuse or neglect, and alcohol or drug abuse; making appropriate referrals; and providing brief, intermittent supportive counseling.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. 06-05-022, § 388-71-0706, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0706, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0706, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0708 Adult day care—Eligibility. Clients are eligible for adult day care services if they meet criteria outlined in WAC 388-106-0805.

[Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0708, filed 5/17/05, effective 6/17/05. Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS*, U.S. District Court, Western District of Washington, No. C 00-0944Z. 04-16-029, § 388-71-0708, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0708, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0710 Adult day health—Eligibility. Clients are eligible for adult day health services if they meet the criteria outlined in WAC 388-106-0815.

[Statutory Authority: RCW 74.08.090, 74.09.520, 05-11-082, § 388-71-0710, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0710, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0712 Adult day health—Skilled nursing. (1) Skilled nursing services are medically necessary services provided directly or indirectly by a registered nurse under physician supervision, or by a licensed practical nurse under physician or registered nurse supervision, that a licensed nurse acting within the scope of practice can provide or supervise. Physician orders must be obtained when required by applicable state practice laws for licensed nurses.

(2) Skilled nursing services must exceed the level of routine health monitoring, general health education, and general therapeutic activities as defined in WAC 388-71-0704, and must be provided with the reasonable expectation that the services will improve, restore, or maintain function as defined in WAC 388-71-0710 (1)(c). Skilled nursing services are:

(a) Specific to a client diagnosis;

(b) Individualized to the client with planned measurable outcomes; and

(c) Evaluated every ninety days for effect on improvement of health status or prevention of decline.

(3) Skilled nursing services, including the initial client nursing assessment and development of the nursing plan of care, must be provided or supervised by a registered nurse in

accordance with nursing practice standards under chapter 246-840 WAC.

(4) A skilled nursing service is not a qualifying adult day health service merely because the service is ordered by a physician or is provided by a nurse. If, by way of example, the service can be performed by the client or at the client's direction by a person other than a licensed nurse, or the client does not meet eligibility criteria, it is not a qualifying adult day health service.

(5) Skilled nursing services must be medically necessary as defined under WAC 388-500-0005. Medically necessary skilled nursing services may, but do not necessarily, include:

(a) Care and assessment of an unstable or unpredictable medical condition, with time limited measurable treatment goals, requiring frequent intervention by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse according to WAC 246-840-705;

(b) Evaluation and management of the care plan when unstable medical conditions or complications require complex nonskilled care and skilled nurse oversight to ensure that the nonskilled care is achieving its purpose;

(c) Time-limited training by licensed nursing staff to teach the client and/or the client's caregiver self-care for newly diagnosed, acute, or episodic medical conditions that require the skills of a licensed nurse to teach, and that will optimize client function, as illustrated by the following examples:

- (i) Self administration of an injection;
- (ii) Prefilling insulin syringes;
- (iii) Irrigating a catheter;
- (iv) Caring for a colostomy or urostomy;
- (v) Wound dressing changes or aseptic technique; or
- (vi) Disease self-management.

(d) Skilled interventions provided directly by a licensed nurse such as:

- (i) Inserting or irrigating a catheter;
- (ii) Administering medications or oxygen;
- (iii) Administering and managing infusion therapy; or
- (iv) Treating decubitus ulcers, or other types of wound care.

(6) Medically necessary skilled nursing services, by way of example, do **not** include:

(a) Reminding or coaching the client;

(b) Monitoring of a medical condition that does not require frequent skilled nursing intervention or a change in physician treatment orders, or where there is no reasonable expectation that skilled services will maintain, improve, or slow the effect of a progressive disabling condition on the pain, health or functioning of a client;

(c) Medication assistance when the client is capable of self-administration or is having this need met through paid or unpaid caregivers;

(d) Evaluation and management of the care plan when the complexity of care to be provided by nonskilled persons does not require skilled nurse oversight beyond routine health monitoring;

(e) Continued training by nursing staff to teach self-care for newly diagnosed, acute, or episodic medical conditions when it is apparent that the training should have achieved its purpose or that the client is unwilling or unable to be trained;

(f) Core services that can be provided by an adult day care center, such as routine health monitoring, general health education, or general therapeutic activities; or

(g) Group therapy or training where three or more clients are being simultaneously treated or trained by the nurse.

(7) Skilled nursing services must be documented as provided under WAC 388-71-0746 and chapter 388-502 WAC.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0712, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0714 Adult day health—Rehabilitative therapy. (1) Skilled rehabilitative therapy services are medically necessary services provided by or under the supervision of a licensed physical, occupational, or speech-language pathology or audiology therapist that the therapist acting within the scope of practice can provide or supervise directly or indirectly. Physician orders must be obtained when required by applicable state practice laws for licensed therapists.

(a) Persons that can provide rehabilitative care under the direction and supervision of a licensed therapist include occupational therapy aides, occupational therapy assistants, physical therapy aides, physical therapy assistants, and nurses within their respective scopes of practice. Adult day health program aides, specifically trained in rehabilitative techniques, may also provide care under the direction and supervision of a licensed therapist.

(b) Services, group or individual, must be related to an active written plan of care with time limited measurable treatment goals approved by the physician;

(c) Services, group or individual, must require the assessment, knowledge and skills of a licensed therapist; and

(d) Services, group or individual, must be provided with the reasonable expectation that the services will improve, restore, or maintain function, or slow decline. Rehabilitative services are:

- (i) Specific to a client diagnosis;
- (ii) Individualized to the client with planned, measurable outcomes; and

(iii) Evaluated every ninety days for effect on improvement of health status or prevention of decline.

(2) Skilled rehabilitative therapy is not a qualifying adult day health service merely because the therapy is ordered by a physician or is provided by a therapist or under the supervision of a therapist. If, by way of example, the therapy can be performed independently by the client or at the client's direction by a person other than a licensed therapist, or the client does not meet eligibility criteria, it is not a qualifying adult day health service.

Skilled rehabilitative therapy services must be medically necessary as defined under WAC 388-500-0005.

(3) Medically necessary physical therapy services may, but do not necessarily include:

(a) Assessing baseline mobility level, strength, range of motion, endurance, balance, and ability to transfer;

(b) One to one and group treatment to relieve pain or develop, restore, or maintain functioning, with individualized and measurable client treatment goals;

(c) Establishing a maintenance or restorative program with measurable treatment goals, and providing written and

oral instruction to the client, caregivers, or program staff as needed to assist the client in implementing the program;

(d) Training the client or the client's caregivers in the use of supportive, adaptive equipment or assistive devices;

(e) Evaluation and management of the care plan when medical conditions or complications require complex non-skilled care and skilled therapist oversight to ensure that the nonskilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of a physical therapist acting within the therapist's scope of practice.

(4) Medically necessary occupational therapy services may, but do not necessarily include:

(a) Administering a basic evaluation to determine baseline level of functioning, ability to transfer, range of motion, balance, strength, coordination, activities of daily living and cognitive-perceptual functioning;

(b) Teaching and training the client, caregivers, or program staff in the use of therapeutic, creative, and self care activities to improve or maintain the client's capacity for self-care and independence, and to increase the range of motion, strength and coordination;

(c) One to one and group treatment to develop, restore, or maintain functioning with individualized and measurable client treatment goals;

(d) Training the client or the client's caregivers in the use of supportive, adaptive equipment or assistive devices;

(e) Evaluation and management of the care plan when medical conditions or complications require complex non-skilled care and skilled therapist oversight to ensure that the nonskilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of an occupational therapist acting within the therapist's scope of practice.

(5) Medically necessary speech-language pathology or audiology services may, but do not necessarily include;

(a) Assessing baseline level of speech, swallowing, auditory, or communication disorders;

(b) Establishing a treatment program to improve speech, swallowing, auditory, or communication disorders;

(c) Providing speech therapy procedures that include auditory comprehension tasks, visual and/or reading comprehensive tasks, language intelligibility tasks, training involving the use of alternative communication devices, or swallowing treatment;

(d) Training the client or the client's caregivers in methods to assist the client in improving speech, communication, or swallowing disorders;

(e) Evaluation and management of the care plan when medical conditions or complications require complex non-skilled care and skilled therapist oversight to ensure that non-skilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of a speech-language pathology or audiology therapist acting within the therapist's scope of practice.

(6) Medically necessary skilled rehabilitative therapy services, by way of example, do **not** include:

(a) Reminding or coaching the client in tasks that are not essential to the skilled therapy or intervention in the client's service plan;

(b) Monitoring of a medical condition that does not require frequent skilled therapist intervention or a change in physician treatment orders, or where there is no reasonable expectation that skilled services will maintain, improve, or slow the effect of a progressive disabling condition on the pain, health or functioning of a client;

(c) Massage therapy;

(d) Evaluation and management of the care plan when the complexity of the care to be provided by nonskilled persons does not require the skills of a licensed therapist for oversight;

(e) Continued training by therapy staff to teach self-care for newly diagnosed, acute, or episodic medical conditions when it is apparent that the training should have achieved its purpose or that the client is unwilling or unable to be trained;

(f) Core services that can be provided by an adult day care center, such as routine health monitoring, general health education, or general therapeutic activities; or

(g) Group therapy or training where the ratio of licensed therapists and assisting program staff to clients is inadequate to ensure that:

(i) The group activity contributes to the individual client's planned therapy goals; and

(ii) The complexity of the individual client's need can be met.

(7) Skilled therapy services must be documented as provided under WAC 388-71-0746 and chapter 388-502 WAC.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0714, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0716 Adult day care—Assessment and service plan.

(1) The department or an authorized case manager must perform a CARE assessment to determine a client's need for adult day care, per WAC 388-106-0065. Based on the assessment, the case manager determines whether the client should be referred for day care services or whether the client's needs can be met in other ways.

(2) If the case manager determines an unmet need for a core service that may be provided at a day care center, the case manager works with the client and/or the client's representative to develop a service plan that documents the needed services and the number of days per week that the services are to be provided. The case manager refers the client to a waiver-contracted day care center that the client and the case manager agree can potentially meet the client's needs.

(3) Clients receiving adult day care services must be reassessed at least annually.

[Statutory Authority: RCW 74.08.090, 74.09.520. 05-11-082, § 388-71-0716, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0716, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0718 Adult day care—Negotiated care plan.

(1) Upon referral of a COPES eligible client by the case manager, the day care center must conduct an intake evaluation based on an interview with the client and/or the client's representative to assess the center's ability to meet the client's

needs as identified in the department service plan. The case manager will provide the client's service plan to the adult day care provider within five working days after the client or client's representative has signed it.

(2) Within two working days of the referral, the day care center must respond to the referral and notify the case manager of its ability to process and evaluate the referral.

(3) Within ten working days of the initial date of client attendance at the day care center, the center must determine whether it can meet the client's needs, how those needs will be met, and whether to accept the client to the program. The center must not accept a client whose needs the center cannot meet.

(4) Within thirty days of acceptance into the program, the day care center must develop a negotiated care plan signed by the client or the client's representative and the day care center. The care plan must:

(a) Be consistent with the department-authorized service plan and include all day care services authorized in the service plan;

(b) Document the client's needs as identified in the service plan, the adult day care services that will be provided to meet those needs, and when, how, and by whom the services will be provided;

(c) Document the client's choices and preferences concerning the provision of care and services, and how those preferences will be accommodated;

(d) Document potential behavioral issues identified in the assessment, service plan, or through the intake evaluation, and how those issues will be managed;

(e) Document contingency plans for responding to a client's emergent care needs or other crises; and

(f) Be approved by the client's case manager.

(5) The adult day care center must keep the negotiated care plan in the client's file, must offer a copy of the plan to the client or client representative, and must provide a copy to the client's case manager. The case manager must review the negotiated care plan for inclusion of services that are appropriate and authorized for the client's care needs.

(6) The negotiated care plan must limit the frequency of services to the number of days authorized in the department-authorized service plan.

(7) The day care center must review each service in the negotiated care plan if the client's condition changes, and determine if the care plan continues to meet the client's needs. Changes in the client's condition or unanticipated absences of more than three consecutive days of scheduled service must be reported to the client's case manager within one week. Unanticipated absences by way of example may include absences due to client illness or injury, or a change in transportation access. The case manager may follow-up with the client and determine if any updates to the assessment, service plan, and service authorization are needed.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0718, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0720 Adult day health—Assessment and service plan. (1) The department or an authorized case manager must perform a CARE assessment to determine a client's need for adult day health, per WAC 388-106-0065.

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Based on the assessment, the case manager determines whether the client should be referred for day health services or whether the client's needs can be met in other ways.

(2) If the client **has** a department or area agency on aging case manager, the adult day health center or other referral source must notify the case manager of the client's potential adult day health service need. The case manager must assess the client's need for skilled nursing or skilled rehabilitative therapy within the department's normal time frames for client reassessments.

(3) If the client does not have a department or area agency on aging case manager, the adult day health center or other referral source must notify the department of the referral and the client's potential adult day health service need, or refer the client to the department for intake. The department's assigned case manager must assess the client's need for adult day health services within the department's normal time frames for initial client eligibility assessments.

(4) The case manager may consult with the client's practitioner, department or area agency on aging nursing services staff, or other pertinent collateral contacts, concerning the client's need for skilled nursing or rehabilitative therapy.

(5) If the department or area agency on aging case manager determines and documents a potential unmet need for day health services, the case manager works with the client and/or the client's representative to develop a service plan that documents the potential unmet needs and the anticipated number of days per week that the services are needed. The case manager refers the client to a department contracted day health center for evaluation and the development of a preliminary negotiated plan of care.

(6) The department or area agency on aging case manager must reassess adult day health clients at least annually. Clients must also be reassessed if they have a break in service of more than thirty days. The adult day center must inform the case manager of the break in service so payment authorization can be discontinued.

(7) Recipients of adult day health services must be assessed by the department or an authorized case manager for continued or initial eligibility as follows:

(a) Annual reassessment for department clients;

(b) Adult day health quarterly review for current nondepartmental clients as resources allow; and

(c) New referrals for adult day health services are to be forwarded to local department offices for intake and assessment for eligibility.

(8) The department or area agency on aging case manager must review a client's continued eligibility for adult day health services every ninety days, coinciding with the quarterly review completed by the adult day health program. At the case manager's discretion, additional information will be gathered through face to face, collateral or other contact methods to determine continued eligibility. Services will be continued, adjusted, or terminated based upon the case manager's determination during the eligibility review.

[Statutory Authority: RCW 74.08.090, 74.09.520. 05-11-082, § 388-71-0720, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0720, filed 2/24/03, effective 7/1/03.]

[Ch. 388-71 WAC—p. 31]

WAC 388-71-0722 Adult day health—Negotiated care plan. (1) Upon referral of a client by the department or an authorized case manager, the day health center must conduct an intake evaluation and multidisciplinary assessment based on an interview with the client or the client's representative to determine the center's ability to meet the client's core service needs and potential adult day health needs as identified in the preliminary department service plan. The case manager will provide the client's service plan to the day health center within five working days after the client or client's representative has signed it. The day health center must evaluate the client's skilled and core service needs, and may provide up to ten days of paid service to complete the evaluation and develop a preliminary or negotiated plan of care to be provided to the client and the case manager.

(2) Within two working days of the referral, the day health center must respond to the referral and notify the case manager of its ability to process and evaluate the referral.

(3) Within ten paid days of service, the day health center must determine whether it can meet the client's needs, how those needs will be met, and whether to accept the client to the program. The center must not accept a client whose needs the center cannot meet. The center will be reimbursed under WAC 388-71-0724 for any service days provided from the start of the evaluation if the case manager has authorized services. The evaluation includes acceptance of the client to the center, the development of the initial assessment, and the preliminary negotiated plan of care.

(4) Upon approval by the case manager of the adult day health preliminary or negotiated care plan, the day health center multidisciplinary team must obtain and provide to the case manager any required practitioner's orders for skilled nursing and rehabilitative therapy along with a copy of the negotiated plan of care, according to department documentation requirements. Orders must indicate how often the client is to be seen by the authorized practitioner. The case manager or nursing services staff may follow up with the practitioner or other pertinent collateral contacts concerning the client's need for skilled services. Services may not be authorized for payment without current practitioner orders and the client's consent to follow up with the practitioner.

(5) Within thirty days of the client's acceptance into the program, the day health multidisciplinary team must work with the client to develop a negotiated care plan signed by the client or the client's representative and the day health center. The care plan must:

(a) Be consistent with the department-authorized service plan and include all day health services authorized in the service plan;

(b) Include an authorized practitioner's order(s) for skilled nursing and/or skilled rehabilitative therapy according to applicable state practice laws for licensed nurses or therapists;

(c) Document that the client or the client's representative has consented to follow up with the primary authorizing practitioner;

(d) Document the client's needs as identified in the service plan, the authorized services that will be provided to meet those needs, and when, how, and by whom the services will be provided;

(e) Establish time-limited, client specific, measurable goals, not to exceed ninety days from the date of signature of the negotiated care plan, for accomplishing the objectives of adult day health skilled services and/or discharging or transitioning the client to other appropriate settings or services;

(f) Document the client's choices and preferences concerning the provision of care and services, and how those preferences will be accommodated;

(g) Document potential behavioral issues identified in the assessment, service plan, or through the intake evaluation, and how those issues will be managed;

(h) Document contingency plans for responding to a client's emergent care needs or other crises; and

(i) Be approved by the case manager.

(6) The adult day health center must keep the negotiated care plan in the client's file, the plan to the client or client representative, and must provide a copy to the client's case manager, including any required authorizing practitioner orders. The department case manager must review the negotiated care plan for inclusion of services that are appropriate and authorized for the client's care needs.

(7) The negotiated care plan must limit the frequency of department-funded services to the number of days in the department-authorized service plan.

(8) The day health center must review each service in the negotiated care plan every ninety days or more often if the client's condition changes, or if the client is reassessed for eligibility after a break in service of more than thirty days. Changes in the client's condition or unanticipated absences of more than three consecutive days of scheduled service must be reported to the client's case manager within one week. Unanticipated absences by way of example may include absences due to client illness or injury. The case manager may follow-up with the client and determine if any updates to the assessment, service plan, and service authorization are needed.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0722, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0724 Adult day services—Contracting and rates. (1) The department, or an area agency on aging (or other department designee) as authorized by the department, must determine that the adult day care or day health center meets the applicable adult day care or day health requirements and any additional requirements for contracting with the area agency on aging through a COPES contract or with the department through a medicaid provider contract. If a center is contracting for both day care and day health, requirements of both adult day services must be met.

(a) A prospective provider desiring to provide adult day services shall be provided an application form from the department or the area agency on aging.

(b) The prospective provider will provide the area agency on aging with evidence of compliance with, or administrative procedures to comply with, the adult day service rules under this chapter.

(c) The area agency on aging will conduct a site inspection of the adult day center and review of the requirements for contracting.

(d) Within thirty days of completing the site visit, the area agency on aging will advise the prospective provider in writing of any deficiencies in meeting contracting requirements.

(e) The area agency on aging will verify correction of any deficiencies within thirty days of receiving notice from the prospective provider that deficiencies have been corrected, before contracting can take place.

(f) The area agency on aging will provide the department with a written recommendation as to whether or not the center meets contracting requirements.

(2) Minimum application information required to apply for contract with the department, or an area agency on aging includes:

(a) Mission statement, articles of incorporation, and bylaws, as applicable;

(b) Names and addresses of the center's owners, officers, and directors as applicable;

(c) Organizational chart;

(d) Total program operating budget including all anticipated revenue sources and any fees generated;

(e) Program policies and operating procedure manual;

(f) Personnel policies and job descriptions of each paid staff position and volunteer position functioning as staff;

(g) Policies and procedures meeting the requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and local law enforcement for other participants;

(h) Audited financial statement;

(i) Floor plan of the facility;

(j) Local building inspection, fire department, and health department reports;

(k) Updated TB test for each staff member according to local public health requirements;

(l) Sample client case file including all forms that will be used; and

(m) Activities calendar for the month prior to application, or a sample calendar if the day service provider is new.

(3) The area agency on aging or other department designee monitors the adult day center at least annually to determine continued compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the area agency on aging.

(a) The area agency on aging will send a written notice to the provider indicating either compliance with contracting requirements or any deficiencies based on the annual monitoring visit and request a corrective action plan. The area agency on aging will determine the date by which the corrective action must be completed

(b) The area agency on aging will notify the department of the adult day center's compliance with contracting requirements or corrected deficiencies and approval of the corrective action plan for continued contracting.

(4) Adult day care services are reimbursed on an hourly basis up to four hours per day. Service provided four or more hours per day will be reimbursed at the daily rate.

(5) Payment rates are established on an hourly and daily basis for adult day care centers as may be adopted in rule. Rate adjustments are determined by the state legislature. Providers seeking current reimbursement rates can refer to SSPS billing instructions.

(6) Rates as of July 1, 2002, are as follows:

Counties	COPES Adult Day Care	
	Daily Rate	Hourly Rate
King	\$36.48	\$9.10
Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, & Yakima	\$32.45	\$8.11
All other counties	\$30.75	\$7.69

(7) Payment rates are established on a daily basis for adult day health centers as may be adopted in rule. Rate adjustments are determined by the state legislature. Providers seeking current reimbursement rates can refer to MAA billing instructions or <http://maa.dshs.wa.gov>.

(8) Rates as of July 1, 2002, are as follows:

Counties	Day Health Daily
King	\$47.48
Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, & Yakima	\$43.06
All other counties	\$40.68

A one-time only initial intake evaluation provided by an adult day health center, including development of a negotiated care plan, is reimbursed at an established rate as may be adopted in rule. The rate as of July 1, 2002 is eighty-nine dollars and thirty-eight cents. Rate adjustments are determined by the state legislature. Separate reimbursement is not available for subsequent evaluations.

(9) Transportation to and from the program site is not reimbursed under the adult day care rate. Transportation arrangements are made with locally available transportation providers or informal resources.

(10) Transportation to and from the program site is not reimbursed under the adult day health rate. Transportation arrangements for eligible medicaid clients are made with local medicaid transportation brokers, informal providers, or other available resources per chapter 388-546 WAC.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0724, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0726 Adult day health transportation.

The following rules apply if medicaid transportation services are requested:

(1) The day health center must refer the client to a local medicaid transportation broker. The broker may consult with the client, the client's physician, family, case manager, or day health center as needed in making any transportation arrangements.

(2) In referring the client to a day health center, the case manager may consider: The frailty and endurance of the client, the client's skilled nursing or rehabilitative therapy needs, and a reasonable round-trip travel time that may not exceed two hours, unless there is no closer center that can meet the client's skilled care needs. Documentation of language barriers may be considered on an exception to rule basis by the case manager.

(3) All brokered transportation under this subsection is subject to the requirements of chapter 388-546 WAC or its successors. In the case of any conflicts, the provisions of chapter 388-546 WAC take precedence.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0726, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0728 Coordination of services. (1) A COPES-eligible client may receive adult day care services on some days and adult day health services on different days if the service plan documents which level of service is to be provided on which days. However, core services must be provided on all days that adult day health skilled services are provided, and reimbursement is limited to the day health rate on days that day health services are provided.

(2) Clients receiving services from the department in an adult family home, boarding home, or other licensed community residential facility may not receive COPES-funded adult day care, but may receive medicaid adult day health services when the skilled nursing or rehabilitative services are approved by the client's case manager as part of the client's service plan.

(3) A licensed boarding home providing department-approved day care under chapter 388-78A WAC is subject to any applicable provisions of that chapter and is also subject to the rules under this chapter if the facility contracts with an area agency on aging or the department to provide COPES or other medicaid-funded adult day services.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0728, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0730 Senior Citizens Services Act/Respite care. (1) Except as provided under this section, the adult day services rules under this chapter do not apply to adult day care or day health services funded under chapters 74.38 and 74.41 RCW.

(2) An area agency on aging that elects to provide adult day services using Senior Citizens Services Act funding under chapter 74.38 RCW or respite care funding under chapter 74.41 RCW must contract with an adult day center that meets all administrative and facility requirements under WAC 388-71-0736 through 388-71-0774.

(3) The adult day care or day health services funded under chapters 74.38 or 74.41 RCW must be the same as the day care services required under WAC 388-71-0704 or the day health services required under WAC 388-71-0706. The area agency on aging may require additional services by contract.

(4) The area agency on aging may, by contract, establish eligibility and assessment requirements for day care or day health services in accordance with locally identified needs. However, funding provided under chapters 74.38 or 74.41 RCW may only be used to meet the needs of individuals who are not eligible for adult day care under WAC 388-71-0708 or for adult day health under WAC 388-71-0710, or who are eligible for those services and are not receiving them because of funding limitations.

(5) Nothing in this section or chapter may be construed as requiring an area agency on aging to contract with an adult

day center, whether or not the center has a COPES or other medicaid contract. Nor may anything in this section or chapter be construed as creating an entitlement to state-funded adult day services authorized under chapters 74.38 and 74.41 RCW.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0730, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0732 Hearing rights. (1) If the department or area agency on aging denies, terminates, or reduces an individual client's adult day care or day health services, the client has the right to a fair hearing as provided under chapter 388-02 WAC.

(2) An adult day care or day health center has those hearing or dispute resolution rights that are afforded under RCW 43.20B.675 and the center's contract with the area agency on aging or the department. An adult day health center has any other applicable hearing or dispute resolution rights under chapter 388-502 WAC.

(3) Adult day health centers are subject to all applicable provisions of chapter 388-502 WAC, and the department's aging and adult services administration may exercise the department's authority under that chapter to the same extent as the medical assistance administration.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0732, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0734 Limiting expenditures. (1) In order to provide adult day services within the limits of available funding, the department may limit services when program expenditures exceed the budget appropriation or when limiting services is required to prevent expenditures from exceeding the appropriation.

(2) When adult day health program expenditures exceed available funding, the department may limit adult day health services based on the four care level system as determined through the established department assessment and described in chapter 388-105 WAC.

(a) Using the care level determined by the department assessment tool, the department will limit adult day services on a statewide basis to clients whose total scores exceed the assessed need level identified by the department as necessary to provide adult day health services to the extent of available funding.

(b) At least thirty days before implementing the limitation on services under this subsection, the department will notify the area agencies on aging, adult day health centers, and the affected adult day health clients that services are being limited and for what period of time the limitation is estimated to remain in effect.

(c) For purposes of RCW 74.08.080, the reduction in services shall be deemed an assistance adjustment for an entire class of recipients that is required by state laws prohibiting the department from expending funds in excess of appropriations.

(3) The department may adopt additional or alternative rules to control costs, such as, but not limited to, imposing a moratorium on contracting with new adult day centers, limiting services to clients based on level of care need, or reducing

the numbers of days per week that clients may receive services.

[Statutory Authority: RCW 74.04.050, 74.04.200, 74.09.520, 74.39A.030. 05-02-064, § 388-71-0734, filed 1/4/05, effective 2/4/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0734, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0736 Adult day centers—Administrative policies and procedures. (1) Adult day centers must have written policies, procedures, and documentation of the organizational structure and administration of the program.

(2) Administrative policies and procedures must include:

- (a) Mission statement;
- (b) Articles of incorporation and bylaws, as applicable;
- (c) Current business license;
- (d) Names and addresses of the center's owners, officers, and directors, as applicable;

(e) Certificates of insurance, including but not limited to property and general liability insurance; business auto if the center uses vehicles to transport clients; professional liability; workers' compensation; employers' liability if applicable; coverage for acts and omissions of employees and volunteers; and certificates of insurance for any subcontractors;

(f) Minutes of last three meetings of the board of directors, if applicable, and the advisory committee;

(g) Role and functions of an advisory committee, which must meet at least twice a year and which must be representative of the community and include family members of current or past clients and nonvoting staff representatives (When an adult day center is a subdivision of a multifunction organization, a committee or subcommittee of the governing body of the multifunction organization may serve as the advisory committee. A single purpose agency may utilize its governing board as an advisory committee.);

(h) An organizational chart illustrating the lines of authority and communication channels of the center, which must be available to all staff and clients;

(i) A calendar of programming (or sample calendar if the center is new);

(j) A monthly menu (or sample menu if the center is new);

(k) Current building, health, food service and fire safety inspection reports, and food handler permits, as applicable; and

(l) Quality improvement plans and results.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0736, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0738 Adult day centers—Operating policies and procedures. (1) All policies and procedures must be reviewed on a regular basis, at least annually by the advisory committee, and conform to the requirements outlined in WAC 388-71-0702 through 388-71-0774, as applicable.

(2) Policies and procedures must include:

- (a) Core values and mission of the organization;
- (b) Ethical standards of the center and professional standards of conduct;
- (c) Short- and long-range program goals;

(11/7/11)

(d) Definition of the target population, including number, age, and needs of participants;

(e) Geographical definition of the service area;

(f) Hours and days of operation (Centers or a combination of centers under single ownership must operate at least three days a week for four consecutive hours, with each center providing at least four hours of programming a day.);

(g) Description of basic services and any optional services;

(h) Description of service delivery;

(i) Procedures for assessments, reassessments, and the development of a negotiated care plan with clients and/or representatives, including provisions for the utilization of a multidisciplinary team for this process;

(j) If applicable, research procedures that comply with chapter 388-04 WAC;

(k) Staffing pattern;

(l) A plan for utilizing community resources;

(m) Gift policy;

(n) Marketing plan;

(o) Contracting for services; and

(p) Grievance and complaint processes for staff and participants.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0738, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0740 Adult day centers—Fiscal operations. (1) Adult day centers must demonstrate fiscal responsibility by using generally accepted accounting principles. Fiscal policies, procedures, and records must be developed to enable the administrator to meet the fiscal reporting needs of the governing body.

(2) Adult day centers must develop a plan to address the future financial needs of the center. The plan must include projected program growth, capital purchases, projected revenue, projected expenses, and plans for fund raising, if applicable.

(3) Adult day centers must create a total center operating budget, including all revenue sources and participant fees generated annually.

(4) A financial statement or the latest audit report of the organization by a certified public accountant must be available.

(5) A statement of charges for services, including private pay rates and/or ancillary charges for additional services outside the scope of these rules, must be available.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0740, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0742 Adult day centers—Client policies and procedures. (1) Center policies must define admission criteria, discharge criteria, Health Insurance Portability and Accountability Act (HIPAA) policies, medication policy, participant rights and responsibilities, fee schedule, confidentiality, and grievance procedures.

(2) The center must comply with all applicable nondiscrimination laws, including but not limited to age, race, color, gender, religion, national origin, creed, marital status, Viet-

nam era or disabled veteran's status, or sensory, physical, or mental handicap.

(3) A participant bill of rights describing the client's rights and responsibilities must be developed, posted, distributed to, and explained to participants, families, staff, and volunteers. Participants will be provided the bill of rights in the language understood by the individual upon request.

(4) The center must have an advance directive policy as required by the Patient Self Determination Act of 1990 (see 42 C.F.R. § 489.102 and chapter 70.122 RCW).

(5) Discharge policies must include specific criteria that establish when the participant is no longer eligible for services and under what circumstances the participant may be discharged for other factors, unless the discharge is initiated by the client's department or authorized case manager, the center must notify the client, client representative if applicable, and case manager in writing of the specific reasons for the discharge. The center must also provide the client with adequate information about appeal and hearing rights. Discharge may occur due to client choice, other criteria as defined in the center's policy such as standards of conduct or inappropriate behavior, or changes in circumstances making the client ineligible for services under WAC 388-71-0708 or 388-71-0710.

(6) Incident report policies must include investigation and reporting of any neglect, abuse, exploitation, accident, or incident jeopardizing or affecting a participant's health or safety. The policy must include how the center will determine the circumstances of the event, restrictions on staff or clients during the investigation, how similar future situations will be prevented or decreased, and the location of incident reports. The center must keep a log of all reported incidents, participant grievances, complaints, and outcomes.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0742, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0744 Adult day center—Client records. (1) The adult day center must have policies and procedures to ensure that the client's record/chart is appropriately organized and that confidentiality of information is maintained.

(2) Client information forms must be standardized, with each page showing the client's name or identification number.

(3) Individual client files must include:

(a) Personal/biographical data, including addresses, phone numbers, emergency contacts, and client representatives, reviewed and updated as needed;

(b) Application, enrollment, and consent to services forms;

(c) Department-authorized service plan and service authorization;

(d) All client information, including but not limited to the intake evaluation, negotiated care plan, attendance and service records, progress notes, and correspondence;

(e) Signed authorizations concerning the release of client information, photographs, and receipt of emergency medical care, as appropriate;

(f) Client photograph, with client or client representative permission, updated as needed;

(g) Transportation plans;

(h) Fee determination forms;

(i) Appropriate medical information, with client consent, including but not limited to significant illnesses, accidents, treatments, medical conditions, immunizations, allergies, medications, tobacco use, and alcohol or substance use;

(j) Advance directives (if any) and a statement signed by the client that he or she has received the center's policies concerning advance directives; and, as applicable,

(k) Physician orders for skilled nursing and/or rehabilitative therapy containing department-required information and in accordance with applicable licensing and practice act regulations.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0744, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0746 Adult day center—Documentation. (1) Entries in the client's record must be typewritten or legibly written in ink, dated, and signed by the recording person with his/her title. Identification of the author may be a signature, initials, or other unique identifier within the requirements of applicable licensing standards and center policy.

(2) Progress notes must be chronological, timely, and recorded at least weekly by adult day health centers and at least monthly by adult day care center. Client dates of attendance are to be kept daily.

(3) Consultation and/or care plan reviews must be dated and initialed by the physician or other authorizing practitioner who reviewed them. If the reports are presented electronically, there must be representation of review by the ordering practitioner.

(4) Documentation of medication use must include the name of the medication, dosage, route of administration, site of injection if applicable, and signature or initials of the person administering the medication, title, and date.

(5) The record must be legible to someone other than the writer.

(6) Department-contracted adult day health centers must comply with all other applicable documentation requirements under WAC 388-502-0020.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0746, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0748 Adult day centers—Record retention. (1) The adult day center must maintain a secure client record system to ensure confidentiality for all records, whether paper or electronic, in accordance with state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

(2) The adult day center must maintain a permanent registry of all clients with dates of admission and discharge.

(3) The adult day center must have written policies concerning:

(a) Confidentiality and the protection of records that define procedures governing the use and removal, and conditions for release of information contained in the records;

(b) The release of client information and circumstances under which a signed authorization from the client or client representative is required; and

(c) The retention and storage of records for at least six years from the last date of service to the client, including contingency plans in the event the center discontinues operation.

(4) Client records maintained on the center's premises must be in a secure storage area that includes locking cabinets or storage. Computerized records must be backed up weekly and stored offsite.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0748, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0750 Adult day centers—Personnel policies and procedures. (1) Personnel policies and procedures must be in place to ensure that staff are trained and knowledgeable to provide quality services in a safe environment. Policies must include at least the following:

(a) The center must have policies concerning the recruitment, orientation, training, evaluation, and professional development of staff and volunteers.

(b) The center must have job descriptions for each paid staff and volunteer position that are in accordance with ADA requirements and that specify qualifications for the job, delineation of tasks, and lines of supervision and authority.

(c) Each employee must receive, review, and sign a copy of the job description at the time of employment and whenever job descriptions are modified. Volunteers who function as staff must receive written descriptions of responsibilities.

(d) Probationary evaluations and annual performance evaluations, in accordance with job descriptions, must be conducted and must conform to the policy of the funding or parent organization. Both the employee and supervisor will sign the written evaluation. Copies will be kept in locked personnel files.

(e) Each staff person is to have a tuberculin test within thirty days of employment. If a test has been performed within twelve months of employment, the results of that test may be accepted. Tuberculin tests will be repeated according to local public health requirements.

(f) The center must have policies to restrict a staff person or participant's contact with clients when the staff person or participant has a known communicable disease in the infectious stage that is likely to spread in the center.

(g) Policies must also be established concerning hand washing, universal precautions, infection control, infectious waste disposal, bloodborne pathogens, and laundry and handling of soiled and clean items.

(2) The center must have policies and procedures concerning suspected abuse, neglect, or exploitation reporting that include provisions preventing access to any participant until the center investigates and takes action to assure the participant's safety.

(3) The center must not interfere with the lawful investigation of a complaint, coerce a participant, or conceal evidence of alleged improprieties occurring within the center.

(4) The center must have policies that meet the requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and to local law enforcement for other participants.

(5) Each employee must receive or have access to a copy of the program's personnel policies at the time of employment.

(6) Whenever volunteers function in the capacity of staff, all applicable personnel policies must pertain.

(7) The center must conform to federal and state labor laws and be in compliance with equal opportunity guidelines.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0750, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0752 Adult day center—Staffing requirements. (1) Staff selection is dependent on participant needs, program design, and contracting requirements. The center must have the proper balance of professionals and paraprofessionals or nonprofessionals to adequately meet the needs of participants. Services must be delivered by those with adequate professional training. A staff person can have multiple functions, such as an administrator who is also responsible for providing nursing services or social services.

(2) To ensure continuity of direction and supervision, there must be a clear division of responsibility between the governing body and the adult day center administrator.

(3) The administrator must be given full authority and responsibility to plan, staff, direct, and implement the program. The administrator must also have the responsibility for establishing collaborative relations with other community organizations to ensure necessary support services to participants and their families/caregivers.

(4) The administrator must be on site to manage the center's day-to-day operations during hours of operation. If the administrator is responsible for more than one site, or has duties not related to adult day center administration or provision of services, a program director must be designated for each additional site and must report to the administrator.

(5) The administrator must be responsible for the development of a written plan of operation with approval of the governing body and the development, coordination, supervision, fiscal control, and evaluation of services provided through the adult day center.

(6) A nurse or personnel trained in first aid and CPR must be on hand whenever participants are present.

(7) Background checks pursuant to RCW 43.43.830 and 43.43.832 must be performed for all applicants hired, existing employees, and volunteers. Unsupervised access to participants is prohibited until a background check has been completed and the employee's suitability for employment has been determined.

(8) Required credentials must be verified to ensure that they are current and in good standing for licensed and certified staff.

(9) Adult day centers may utilize a range of staff under contract or consulting from a larger parent organization or from a private entity to provide services.

(10) Staff commonly utilized by both adult day care and adult day health centers must meet the following requirements:

(a) An activity coordinator must have a bachelor's degree in recreational therapy or a related field and one year of experience (full-time equivalent) in social or health services; or an associate degree in recreational therapy or a related field plus

two years of appropriate experience; or three years of paid experience in an activity program and expertise with the population served at the center.

(b) The nurse must be a registered nurse (RN) with valid state credentials and have at least one-year applicable experience (full-time equivalent). In addition to a registered nurse, an adult day center can utilize a licensed practical nurse (LPN), but the LPN must be supervised in compliance with all applicable nurse practice acts and standards. The LPN must have valid state credentials and at least one-year applicable experience (full-time equivalent).

(c) The social services professional must have a master's degree in social work, gerontology, or other human services field, or counseling and at least one year of professional work experience (full-time equivalent), or a bachelor's degree in social work, counseling, or a related field and two years of experience in a human services field.

(d) Program assistant/aides or personal care aides must have one or more years of experience (full-time equivalent) in working with adults in a health care or social service setting.

(e) Consultants from a larger parent organization without formal contracts may be utilized whenever the center is part of a larger organization that has the ability to provide professional services within the larger framework.

(f) Consultants, with appropriate, valid state credentials may be utilized as needed to meet the requirements outlined in this chapter.

(g) Secretary/bookkeepers must have at least a high school diploma or equivalent and skills and training to carry out the duties of the position.

(h) If the adult day center provides transportation drivers must have a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR. The driver must meet all state requirements for licensure or certification.

(i) Volunteers may be individuals or groups who desire to work with adult day center clients and must take part in program orientation and training. Volunteers and staff must mutually determine the duties of volunteers. Duties to be performed under the supervision of a staff member must either supplement staff in established activities or provide additional services for which the volunteer has special talents. Volunteers will be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.

(j) Dietitians must be certified with valid state credentials and have a minimum of one year applicable experience (full-time equivalent).

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0752, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0754 Staffing ratios. (1) Staffing levels in adult day centers will vary based upon the number of participants and the care provided.

(2) The staffing level must be sufficient to serve the number and functioning levels of adult day center participants, meet program objectives, and provide access to other community resources.

(3) There must be sufficient maintenance and house-keeping personnel to assure that the facility is clean, sanitary, and safe at all times.

(4) To ensure adequate care and safety of participants, there must be provision for qualified substitute staff.

(5) As the number of participants with functional impairments, skilled nursing or skilled rehabilitative therapy needs increases, the required staff-participant ratio must be adjusted accordingly.

(6) All centers must have written policies regarding staff-participant ratios. The ratio must be a minimum of one staff to six participants. The provider must ensure that appropriate professionals provide needed services to the participants based upon the participants' service and care plans. The center is also required to employ sufficient staff to meet the needs of the participants.

(7) Staff counted in the staff-participant ratio are those who provide direct service to participants. When there is more than one participant present, there must be at least two staff members on the premises, one of whom is directly supervising the participants.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0754, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0756 Adult day care—Staffing requirements. (1) Minimum staffing requirements for adult day care centers include an administrator/program director, activity coordinator, a consulting registered nurse, and a consulting social worker.

(2) The administrator/program director must have a master's degree and one year of supervisory experience in health or social services (full-time equivalent); or a bachelor's degree in health, social services or a related field, with two years of supervisory experience (full-time equivalent) in a social or health service setting; or a high school diploma or equivalent and four years of experience in a health or social services field, of which two years must be in a supervisory position, and have expertise with the populations served at the center.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0756, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0758 Adult day health—Staffing requirements. (1) Minimum staffing requirements for adult day health centers include an administrator, program director, registered nurse, activity coordinator, a PT/OT or speech therapist, and a social worker. The administrator and program director may be the same person.

(2) The program administrator must have a master's degree and one year of supervisory experience in health or social services (full-time equivalent), or a bachelor's degree and two years of supervisory experience in a social or health service setting. The degree may be in nursing.

(3) The program director must have a bachelor's degree in health, social services or a related field with one year of supervisory experience (full-time equivalent) in a social or health service setting. Upon approval by the department, a day health center may request an exception for an individual with an associate's or vocational degree in health, social ser-

vices, or a related field with four years of experience in a health or social service setting, of which two years must be in a supervisory position.

(4) Therapists, regardless of specific expertise, such as physical therapists, occupational therapists, speech therapists, recreation therapists, mental health therapists, or any other therapists used, must have valid state credentials and one year of experience in a social or health setting.

(5) Rehabilitative therapeutic assistants must be certified with valid state credentials, have at least one year of applicable experience (full-time equivalent), and meet the requirements of chapter 246-915, 246-847, or 246-828 WAC.

(6) A certified or registered nursing assistant must meet the requirements of RCW 18.88A.020.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0758, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0760 Adult day centers—Employee records. (1) Each employee must have an individual file containing the employee's application, verification of references, TB status, signed job description, and all performance evaluations. Copies of current license or certificate and verification of current good standing, and certification of CPR and first aid training, if applicable, must also be in the file.

(2) Centers must maintain employee records for the duration of staff employment and at least seven years after termination of employment.

(3) Employee records must contain all records of training, such as staff orientation and training pertinent to duties or regulatory compliance, including CPR, first aid, and universal precautions training.

(4) Employee records must contain criminal history disclosure and background checks.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0760, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0762 Adult day centers—Education and training. (1) Provision must be made for orientation of new employees, contractors, and volunteers.

(2) All staff, contractors, and volunteers must receive, at a minimum, quarterly in-service training and staff development that meets their individual training needs to support program services. This must be documented and readily accessible in the personnel file and in a general file.

(3) Staff, contractors, and volunteers must receive training about documentation, reporting requirements, and universal precautions.

(4) At a minimum, one staff person per shift must be trained and certified in CPR.

(5) Staff and volunteers must receive training on all applicable policies and procedures.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0762, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0764 Adult day centers—Medication. (1) The center must develop written medication policies that are explained and accessible to all staff, contractors, volun-

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teers, and participants that have responsibility in this area. At a minimum, policies must meet the following requirements:

(a) Medications must be kept in locked storage. If medications need to be refrigerated, they should be in a locked box, if not in a separate refrigerator dedicated to medication refrigeration.

(b) Medication policies must describe:

(i) Under what conditions licensed program staff will administer medications;

(ii) How medications brought to the program by a client must be labeled;

(iii) How nonprescription medications such as aspirin or laxatives are to be used;

(iv) How the administration of medications will be entered in participant case records as described in WAC 388-71-0744(4); and

(v) Medication policies must be consistent with laws governing medication administration under RCW 69.41.010 and chapter 246-888 WAC.

(2) Participants who need to take medications while at the center, and who are able to self medicate, must be encouraged and expected to bring and take their own medications as prescribed. Some participants may need assistance with their medications, and a few may need to have their medications administered by qualified program staff.

(3) In order for center staff to administer any prescribed medication, there must be a written authorization from the participant's authorizing practitioner stating that the medication is to be administered at the program site.

(4) Staff must be trained to observe medication usage and effects, and to document and report any concerns or difficulties with medications.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0764, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0766 Adult day centers—Facility. (1) Selection of a location for a center must be based on information about potential participants in the service area and be made in consultation with other agencies, organizations, and institutions serving older individuals and those with functional impairments, as well as considering the availability of a suitable location.

(2) Centers must have available a current floor plan of the facility indicating usage of space with interior measurements, building inspection report, fire department inspection report, and the local health department inspection report if operating a kitchen.

(3) The facility must comply with applicable state, county, and local building regulations, zoning, fire, and health codes or ordinances.

(4) When possible, the facility should be located at street level. If the facility is not located at street level, it is essential to have a ramp and/or elevators. An evacuation plan for relocation of participants must also be in place in the event of an emergency.

(5) Each adult day center co-located in a facility housing other services must have its own separate identifiable space for main activity areas during operational hours. Certain space can be shared, such as the kitchen and therapy rooms.

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(6) Each center must provide appropriate hardware on doors of storage rooms, closets, bathrooms, and other rooms to prevent participants from being accidentally locked in.

(7) When possible, the location should be within a transit authority's core service area.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0766, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0768 Adult day centers—Physical environment requirements. (1) The facility must have sufficient space to accommodate the full range of program activities and services. The facility must be adaptable to accommodate variations of activities (group and/or individual) and services. The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. There must be sufficient private space to permit staff to work effectively and without interruption. There must be sufficient space available for private discussions.

(2) The facility must provide at least sixty square feet of program space for multipurpose use for each day center participant. In determining adequate square footage, only those activity areas commonly used by participants are to be included. Dining and kitchen areas are to be included only if these areas are used by clients for activities other than meals. Reception areas, storage areas, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

(3) Storage space.

(a) There must be adequate storage space for program and operating supplies.

(b) Toxic substances, whether for activities or cleaning, must be stored in an area not accessible to participants. Substances must be clearly marked, the contents identified, and stored in original containers.

(4) Restrooms.

(a) The facility's restrooms must be located as near the activity area as possible, preferably no more than forty feet away. The facility must include at least one toilet for every ten participants.

(b) Programs that have a large number of participants who require more scheduled toileting or assistance with toileting must have at least one toilet for every eight participants.

(c) The toilets shall be equipped for use by mobility-limited persons and easily accessible from all program areas. One toilet area should be designed to allow assistance from one or two staff. More accessible units may be required based upon the needs of the participants.

(d) Each restroom must contain an adequate supply of soap, toilet tissues, and paper towels.

(e) Showers are to be accessible to those who require bathing as a core service.

(5) Rest area.

(a) In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy and to isolate participants who become ill or disruptive, or who may require rest.

(b) The rest area must be located away from activity areas and near a restroom and the nurse's office. There must be at least one bed, couch, or recliner for every ten participants that can be used for resting or the isolation of a participant who is ill or suspected of coming down with a communicable disease.

(c) If beds are used, the mattresses must be protected and linens changed after each use by different participants.

(6) Loading zones/parking/entrances/exits.

(a) A loading zone with sufficient space for getting in and out of a vehicle must be available for the safe arrival and departure of participants and the use of emergency personnel.

(b) There must be sufficient parking available to accommodate family caregivers, visitors, and staff.

(c) When necessary, arrangements must be made with local authorities to provide safety zones for those arriving by motor vehicle and adequate traffic signals for people entering and exiting the facility.

(d) Adequate lighting must be provided in all loading and parking zones, entrances, and exits.

(e) An adult day center must be visible and recognizable as a part of the community. The entrance to the facility must be clearly identified. The center must also be appealing and protective to participants and others.

(f) At least two well-identified exits must be accessible from the building.

(7) Atmosphere and design.

(a) The center's design must facilitate the participants movement throughout the facility and encourage involvement in activities and services.

(b) The environment must reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to get his/her orientation to time and space.

(c) A facility must be architecturally designed in conformance with the requirements of section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act to accommodate individuals with a disability and meet any state and local barrier-free requirements.

(d) Illumination levels in all areas must be adequate, and careful attention must be given to avoiding glare. Attention must be paid to lighting in transitional areas, such as outside to inside and between different areas of the facility.

(e) Sound transmission must be controlled. Excessive noise, such as fan noise, must be avoided.

(f) Comfortable conditions must be maintained within a comfortable temperature range. Excessive drafts must be avoided uniformly throughout the facility.

(g) Sufficient furniture must be available for the entire population present. Furnishings must accommodate the needs of participants and be attractive, comfortable, sturdy, and safe. Straight-backed chairs with arms must be used during activities and meals.

(h) A telephone must be available for participant use. Local calls are to be available at no cost to the participant.

(8) Safety and sanitation.

(a) The facility and grounds must be safe, clean, and accessible to all participants, and must be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.

(b) Nonslip surfaces or bacteria-resistant carpets must be provided on stairs, ramps, and interior floors.

(c) Alarm/warning systems are necessary to ensure the safety of the participants in the facility in order to alert staff to potentially dangerous situations. It is recommended that call bells be installed or placed in the rest areas, restroom stalls, and showers.

(d) An evacuation plan/disaster plan must be strategically posted in each facility.

(e) The facility must be free of hazards, such as high steps, steep grades, and exposed electrical cords. Steps and curbs must be painted and the edges of stairs marked appropriately to highlight them. All stairs, ramps, and bathrooms accessible to those with disabilities must be equipped with securely anchored handrails.

(f) Emergency first-aid kits must be visible and accessible to staff. Contents of the kits must be replenished after use and reviewed as needed.

(g) Maintenance and housekeeping must be carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.

(h) If smoking is permitted, an adequately ventilated area away from the main program area must be provided and supervised.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0768, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0770 Adult day center—Food and nutrition services. Centers must provide meal service to all participants as outlined in WAC 388-71-0704 and 388-71-0706

(1) All meals provided are to meet one-third of the minimum required daily allowance or dietary reference intake as determined by the Food and Nutrition Board of the Institute of Medicine.

(2) The center must ensure that food served meets nutritional needs, takes into consideration individual and ethnic preferences to the extent reasonably possible, caloric need, special dietary requirements, and any physical condition making food intake difficult.

(3) The center must provide a variety of foods and not repeat menus for a minimum of three weeks.

(4) Participant input must be gathered when planning meals.

(5) Menus must be posted at least one week in advance; indicate the date, day of the week, month and year; and include all food and snacks served that contribute to nutritional requirements.

(6) Nutrient concentrates, supplements, and dysphagia-modified diets related to a choking or aspiration risk, are to be served only with the written approval of the participant's physician.

(7) Safe and sanitary handling, storage, preparation, and serving of food must be assured. If meals are prepared on the premises, kitchen appliances, food preparation area, and equipment must meet state and local requirements.

(8) All staff and volunteers handling or serving meals must have the appropriate food handler's permits, if applicable.

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(9) In the event meals are prepared at a separate kitchen facility, the adult day center must ensure that persons preparing food have a food handler's permit and that the food is transported in airtight containers to prevent contamination.

(10) The center must ensure that the food is transported and served at the appropriate and safe temperature.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0770, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0772 Adult day centers—Emergency procedures. (1) A written emergency/disaster/earthquake plan must be posted at each program site and in all program owned vehicles. Staff must be trained to ensure smooth implementation of the emergency plan.

(2) All staff and volunteers must be trained in evacuation/fire safety procedures.

(3) A written illness/injury/medical emergency/death procedure must be followed in the event a participant becomes ill, is injured, or dies. The procedures must be posted in at least one visible location at all program sites and must be explained to staff, volunteers, and participants. The procedures must describe arrangements for hospital inpatient and emergency room service and include directions on how to secure ambulance transportation and complete incident reports.

(4) Procedures for fire safety as approved by the local fire authority must be adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire drill evaluation. Smoke detectors must also be used.

(5) Each center must provide adequate emergency lighting or flashlights in all areas.

(6) Each center must provide and maintain first aid kits in adequate numbers to meet the needs of the participant and staff.

(7) Each center must ensure, in accordance with local emergency procedures, that supplies, food, water and equipment are available in the event power, heat and/or electricity are not available during an emergency.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0772, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0774 Adult day centers—Quality assurance and improvement. (1) Every adult day center must develop a quality improvement plan, with specific measurable objectives, designed to meet requirements of any licensing, funding sources, professional standards, or regulatory compliance.

(2) Policies and procedures for monitoring program quality and determining further action must be developed by the administrator with the advice of the multidisciplinary staff team and the advisory committee, and with the approval of the governing body and center clients and/or representatives.

(3) Quality assurance and improvement plans may include but are not limited to annual evaluations, utilization

reviews, participant satisfaction surveys, and participant improvement and/or care plan audits.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0774, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0776 Effective date. WAC 388-71-0702 through 388-71-0776 are effective July 1, 2003.

[Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. 03-06-024, § 388-71-0776, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0801 What is specialized diabetes nurse delegation training? Specialized diabetes nurse delegation training is the required training for nursing assistants, certified or registered, who will be delegated the task of insulin injections. DSHS approves the instructors for the specialized diabetes nurse delegation training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0801, filed 1/14/09, effective 2/14/09.]

WAC 388-71-0806 What knowledge and skills must specialized diabetes nurse delegation training include? Specialized diabetes nurse delegation training consists of three modules on diabetes, insulin, and injections. Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants: Special Focus on Diabetes," may be used for the specialized diabetes nurse delegation training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0806, filed 1/14/09, effective 2/14/09.]

WAC 388-71-0811 Is competency testing required for the specialized diabetes nurse delegation training? Passing the DSHS competency test is required for successful completion of specialized diabetes nurse delegation training, as provided under WAC 388-71-05835 through 388-71-05865.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0811, filed 1/14/09, effective 2/14/09.]

WAC 388-71-0816 Is there a challenge test for specialized diabetes nurse delegation training? There is no challenge test for specialized diabetes nurse delegation training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0816, filed 1/14/09, effective 2/14/09.]

WAC 388-71-0821 What documentation is required for successful completion of specialized diabetes nurse delegation training? (1) Specialized diabetes nurse delegation training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (a) The name of the trainee;
 - (b) The name of the training;
 - (c) The name of the training entity giving the training;
 - (d) The instructor's name and signature; and
 - (e) The date(s) of training.
- (2) The trainee must be given an original certificate.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0821, filed 1/14/09, effective 2/14/09.]

WAC 388-71-0826 Who is required to complete the specialized diabetes nurse delegation training, and when? Specialized diabetes nurse delegation training is required before a nursing assistant, certified or registered, who meets the qualifications in WAC 388-71-05830, may be delegated the task of insulin injections.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. 09-03-066, § 388-71-0826, filed 1/14/09, effective 2/14/09.]