WAC 246-335-520 Delivery of services. The applicant or licensee must develop and operationalize delivery of services policies and procedures that describe:

(1) Admission, transfer, discharge, and referral processes:

(a) In order to minimize the possibility of patient abandonment, patients must be given at least a forty-eight hour written or verbal notice prior to discharge that will be documented in the patient record;

(b) Forty-eight hour notice is not required if home health agency worker safety, significant patient noncompliance, or patient's failure to pay for services rendered are the reason(s) for the discharge;

(c) A home health agency discharging a patient that is concerned about their ongoing care and safety may submit a self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate safety concerns;

(2) Specific home health services, including any nonmedical services, available to meet patient or family needs as identified in plans of care;

(3) Home health services starting within seven calendar days of receiving and accepting a physician or practitioner referral for services. Longer time frames are permitted when one or more of the following is documented:

(a) Longer time frame for the start of services is requested by physician or practitioner;

(b) Longer time frame for the start of services is requested by the patient, designated family member, legal representative, or referral source; or

(c) Start of services was delayed due to agency having challenges contacting patient, designated family member, or legal representative;

(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance and medication administration;

(5) Coordination of care, including:

(a) Coordination among services being provided by a licensee having an additional home care or hospice service category; and

(b) Coordination with other agencies when the care being provided impacts patient health.

(6) Actions to address patient, or family communication needs;

(7) Utilization of telehealth or telemedicine for patient consultation purposes or to acquire patient vitals and other health data in accordance with state and federal laws;

(8) Management of patient medications and treatments in accordance with appropriate practice acts;

(9) Emergency care of the patient;

(10) Actions to be taken upon death of a patient;

(11) Providing back-up care to the patient when services cannot be provided as scheduled. Back-up care which requires assistance with patient ADLs or patient health services must be provided by staff with minimum health care credentialing. Noncredentialed staff may provide back-up care only when assisting a patient with IADLs or in emergency situations;

(12) Actions to be taken when the patient has a signed advanced directive;

(13) Actions to be taken if a patient has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. Also include: In the event of a patient medical emergen-

cy and agency staff are present, provide emergency medical personnel with a patient's signed POLST form;

(14) Nurse delegation according to the following:

(a) Delegation is only permitted for stable and predictable patients requiring specific nursing tasks that do not require clinical judgment;

(b) A licensee with an approved home health service category only may use their RN on staff for patient nurse delegation needs;

(c) A licensee with approved home health and home care service categories may provide nurse delegation in the following ways:

(i) Use an RN from their home health side to contract with and delegate to their home care side; or

(ii) Transfer a home care client needing delegation to the agency's home health side;

(d) Home health aides must complete the DSHS nurse delegation class prior to participating in the delegation process. If the tasks are ones considered by the nursing quality assurance commission to be simple care tasks, such as blood pressure monitoring, personal care services, diabetic insulin device set up, and verbal verification of insulin dosage for sight-impaired individuals, the DSHS training is not required.

[Statutory Authority: RCW 70.127.120 and 43.70.250. WSR 18-06-093, § 246-335-520, filed 3/6/18, effective 4/6/18.]