

**WAC 246-335-420 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 client abandonment, clients must be given at least a forty-eight hour written or verbal notice prior to discharge that will be documented in the client record;

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

(c) A home care agency discharging a client 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;

(d) Home care agencies under contract with DSHS or the AAA may follow different time frames for notice of discharge as established in the terms of the contract.

(2) Specific nonmedical services available to meet client, or family needs as identified in the plan of care;

(3) Home care services starting within seven calendar days of receiving and accepting a 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 the client, designated family member, or legal representative, or referral source;

(b) Longer time frame for the start of services is agreed upon by the client, designated family member, or legal representative, or referral source in order for agency to select and hire an appropriate caregiver to meet the needs of the client;

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

(d) Home care agencies under contract with DSHS or the AAA may follow different time frames for the start of services as established in the terms of the contract.

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

(5) Coordination of care, including:

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

(b) Coordination with other agencies when the care being provided impacts client health;

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

(7) Emergency care of the client;

(8) Providing back-up care to the client when services cannot be provided as scheduled. Back-up care which requires assistance with client ADLs must be provided by staff with minimum credentialing or workers who meet the exemption criteria in chapter 246-980 WAC. Non-credentialed staff may provide back-up care only when assisting a client with IADLs or in emergency situations;

(9) Actions to be taken upon death of a client;

(10) Actions to be taken when client has a signed advanced directive;

(11) Actions to be taken if a client has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. At minimum, include: In the event of a client medical

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

(12) If the home care agency chooses to offer assistance with taking vital signs, then relevant policies and procedures must comply with the following minimum requirements:

(a) Assistance with taking vital signs for informational purposes only, due to client being unable to complete tasks independently. Home care agency workers may only assist clients in the process of taking their own vital signs. Examples of assistance include, but are not limited to, handing client a digital thermometer, sliding blood pressure cuff over client's arm, turning on a device, recording digital readings and communicating those readings back to the client, designated family member, or legal representative. Devices used must be electronically operated with digital readouts; and

(b) Assistance with taking vital signs to determine when to take or exclude prescribed medications, or what dosage of medication to take due to client being unable to complete tasks independently. Agencies must contract with a registered nurse to determine if nurse delegation is appropriate and train agency worker(s) on taking specific vital signs and to understand how the readings relate to the medications that the client needs to take;

(13) If a home care agency chooses to offer assistance with passive range of motion exercises for maintenance purposes only, then relevant policies and procedures must comply with the following minimum requirements:

(a) Ensure the client provides the agency with a copy of their passive range of motion exercise plan established by a physical therapist licensed under chapter 18.74 RCW, an occupational therapist licensed under chapter 18.59 RCW, or qualified registered nurse licensed under chapter 18.79 RCW. The date of the plan must be within twelve months of requesting assistance with passive range of motion. The plan must clearly state that the passive range of motion is for maintenance purposes only. Passive range of motion for purposes of restoring joint function is outside the scope of a home care agency to provide;

(b) If the exercise plan is older than twelve months or does not clearly state for maintenance purposes only, the agency will direct client to get an updated or new passive range of motion plan from their health care provider;

(c) Ensure and document passive range of motion skills verification of assigned agency workers, consistent with WAC 246-335-425(9), prior to the provision of these services; and

(d) Ensure clients receiving passive range of motion submit to the agency an updated exercise plan from their health care provider at least annually;

(14) Nurse delegation according to the following:

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

(b) Home care agencies are not required to provide nurse delegation services and do not need a policy if they do not provide these services;

(c) A licensee with an approved home care service category only may provide nurse delegation in the following ways:

(i) Contract with a registered nurse for any client needing nurse delegation;

(ii) DSHS or the AAA that contracts with licensees to provide home care services to medicaid eligible clients are responsible to es-

establish contracts with registered nurse delegators for any client needing nurse delegation; and

(d) Home care agency credentialed workers must complete the core delegation training from DSHS prior to participating in the delegation process. Home care agency workers must also comply with any nurse delegation requirements specific to their department issued credential.

[Statutory Authority: RCW 70.127.120 and 43.70.250. WSR 18-06-093, § 246-335-420, filed 3/6/18, effective 4/6/18.]