

WAC 388-71-0722 What is the adult day health center's responsibility in developing the client's negotiated care plan? (1) Upon the department's or authorized case manager's referral of a COPES, RSW, RCL, or other agency approved client to an ADH center, the ADH center must respond in writing to the department or authorized case manager within two working days, acknowledging receipt of the referral and the center's ability to process and evaluate the referred client.

(2) The case manager must provide the client's department service plan to the ADH center within five working days after obtaining the client or client's authorized representative's signature on the service plan.

(3) The ADH center must schedule and conduct an intake and evaluation visit with the referred client or the client and his or her authorized representative to determine the client's desire to attend the ADH center and evaluate the ADH center's ability to meet the client's needs as defined in the client's department service plan.

(4) Within ten paid service days from the date the client started attending the ADH center, the center must complete an intake and evaluation and provide a preliminary service plan to the client or the client and his or her authorized representative and the client's case manager.

(a) The ADH center's intake and evaluation must include multidisciplinary assessments based on interviews and evaluations of the client's strengths and limitations with the client or the client and his or her authorized representative.

(b) If the department service plan indicates a nursing or rehabilitative need during the intake and evaluation period, licensed professionals must conduct evaluations and assessments of the client's clinical or rehabilitative needs.

(c) The preliminary service plan must include:

(i) Client specific problems or needs as identified in the intake and evaluation;

(ii) The needs for which the client chooses not to accept services or refuse care or services;

(iii) What the center will do to ensure health and safety of the client related to the refusal of any care or service;

(iv) Client specific and agreed upon goals;

(v) Client preferences; and

(vi) How the center will meet the client's needs and preferences.

(d) Based on the ADH center intake and evaluation, the ADH center must determine whether it can meet the client's needs, how it will meet the client's needs, and whether it will accept the client into the ADH program.

(i) The ADH center must not accept a client whose needs the center cannot meet.

(ii) If the client is accepted into the ADH program, the ADH center must document the date of acceptance in the client file.

(iii) If the client is not accepted into the ADH program, the preliminary service plan must include the reason(s) why the client was not accepted.

(e) The ADH center must provide the client, or the client's authorized representative, and the client's case manager, a copy of the evaluation and preliminary service plan within ten paid days of service.

(5) The ADH center will be reimbursed under WAC 388-71-0724 for any service days provided from the state of the intake and evaluation, if the case manager has authorized services.

(6) Upon the department's or authorized case manager's approval of the ADH center's preliminary service plan, the ADH center must obtain and provide to the case manager any required practitioner's orders for skilled nursing, rehabilitative therapy services, and medical devices that pertain to those services and interventions the ADH center is providing to the client under WAC 388-71-0712 through 388-71-0714. Orders from authorizing practitioners are not necessary for medical devices that are within the professional scope of practice of occupational or physical therapists working within the day center.

(a) The authorizing practitioner orders must:

(i) Include the frequency of authorized service;

(ii) Include use of and parameters for the authorized medical devices;

(iii) Include how often the client is to be seen by the authorizing practitioner;

(iv) Include the client's consent to follow up with the authorizing practitioner; and

(v) Be reviewed, updated, or revised when a significant change occurs, at least annually, or sooner if required by the prescriber.

(b) 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.

(c) Services must not be authorized for payment without current practitioner orders.

(d) The authorizing practitioner must only authorize services, supports, and interventions that are within the practitioner's professional scope of practice.

(7) Within thirty calendar days of acceptance into the program, the ADH center's multidisciplinary team must work with either the client or the client and his or her authorized representative to develop and complete a negotiated care plan signed by the client or the client's authorized representative and the ADH center. The negotiated care plan may be developed initially in lieu of the preliminary service plan.

(8) The negotiated care plan must be consistent with the department-authorized service plan, include all authorized ADC and ADH services, limit the frequency of services to the number of days in the department authorized service plan, and must include:

(a) A list of the care and services the ADH center will provide the client;

(b) Time specific, measurable, and individualized client goals;

(c) Who will provide the client's care and services;

(d) When and how the ADH center will provide the care and services;

(e) How the ADH center will manage the client's medications, including how the client will receive his or her medications when attending the ADH center;

(f) The client's activity preferences and how the ADH center will meet these preferences;

(g) Other preferences and choices about issues important to the client including, but not limited to:

(i) Food;

(ii) Daily routine;

(iii) Activities;

(iv) Services received and who will provide the services received;

(v) Individuals they interact with;

- (vi) Grooming; and
- (vii) How the ADH center will accommodate the preferences and choices;
- (h) Individualized discharging or transition goals;
- (i) If needed, a plan to:
 - (i) Address potential behavioral issues identified in the assessment, service plan, or through the intake and evaluation;
 - (ii) Follow in case of a foreseeable crisis due to a client's assessed needs;
 - (iii) Reduce tension, agitation, and problem behaviors;
 - (iv) Respond to the client's special needs, including, but not limited to medical devices and related safety plans, and if medical devices are used, ADH center staff must ensure the medical device will not be used as a physical restraint for discipline or staff convenience, while attending the ADH center;
 - (v) Respond to the client's refusal of care or treatment, including when the ADH center should notify the client's physician or practitioner of the client's refusal; and
 - (vi) Identify any communication barriers the client may have and how the ADH center will use the client's behaviors and nonverbal gestures to communicate with him or her.
- (9) The ADH center must:
 - (a) Ensure medical devices will never be used as a physical restraint for discipline or staff convenience;
 - (b) Review and update each service in the negotiated care plan every ninety days or more often if the client's condition changes;
 - (c) Share the negotiated care plan with the client's case manager whenever it is updated, annually, or after significant change;
 - (d) Ensure the client's case manager reviews the negotiated care plan to ensure all services are appropriate and all authorized care needs have been included;
 - (e) Obtain the case manager's approval whenever it is updated, annually, or after a significant change;
 - (f) Keep the current negotiated care plan in the client's file; and
 - (g) Offer a copy of the negotiated care plan to the client or the client and his or her authorized representative.
- (10) The client's case manager must review the negotiated care plan to ensure all services are appropriate and all authorized care needs have been included.
- (11) The ADH center must report changes in the client's condition or unanticipated absences of more than three consecutive scheduled days of service to the client's case manager within one week.
 - (a) Unanticipated absences may include, but are limited to absences due to client illness or a change in transportation access.
 - (b) The case manager may follow up with the client or the client and his or her authorized representative and determine if any updates to the assessment, client's department service plan, or service authorizations are needed.

[Statutory Authority: RCW 74.08.090. WSR 18-18-006, § 388-71-0722, filed 8/23/18, effective 9/23/18. Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0722, filed 9/19/17, effective 10/20/17; WSR 15-01-174, § 388-71-0722, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0722, filed 2/24/03, effective 7/1/03.]