CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 2056

Chapter 10, Laws of 2012

62nd Legislature 2012 Regular Session

ASSISTED LIVING FACILITIES

EFFECTIVE DATE: 06/07/12

Passed by the House February 9, 2012 Yeas 97 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate February 27, 2012 Yeas 47 Nays 0

BRAD OWEN

President of the Senate

Approved March 7, 2012, 1:53 p.m.

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2056** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

March 7, 2012

CHRISTINE GREGOIRE

Governor of the State of Washington

Secretary of State State of Washington

SUBSTITUTE HOUSE BILL 2056

Passed Legislature - 2012 Regular Session

State of Washington 62nd Legislature 2012 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Van De Wege, Bailey, Cody, Johnson, and Warnick)

READ FIRST TIME 01/18/12.

AN ACT Relating to assisted living facilities; amending RCW 1 2 18.20.030, 18.20.050, 18.20.090, 18.20.110, 18.20.115, 18.20.130, 3 18.20.140, 18.20.150, 18.20.160, 18.20.170, 18.20.190, 18.20.220, 18.20.230, 18.20.300, 18.20.310, 4 18.20.270, 18.20.280, 18.20.290, 5 18.20.320, 18.20.330, 18.20.340, 18.20.350, 18.20.360, 18.20.370, 18.20.420, 6 18.20.380, 18.20.390, 18.20.400, 18.20.410, 18.20.430, 7 18.20.440, 18.20.900, 18.51.010, 18.52C.020, 18.79.260, 18.100.140, 35.21.766, 8 35A.70.020, 43.43.832, 46.19.020, 48.43.125, 69.41.010, 70.97.060, 70.97.090, 9 69.41.085, 69.50.308, 70.79.090, 70.87.305, 10 70.122.020, 70.127.040, 70.128.030, 70.128.210, 70.129.005, 70.129.160, 71.24.025, 74.09.120, 74.15.020, 74.39A.009, 74.39A.010, 74.39A.020, 11 74.39A.030, 74.39A.320, 74.41.040, 74.42.055, 82.04.2908, 82.04.4264, 12 82.04.4337, 84.36.381, and 84.36.383; reenacting and amending RCW 13 14 18.20.010, 18.20.020, 70.38.105, 70.38.111, and 74.34.020; and creating 15 a new section.

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

Sec. 1. RCW 18.20.010 and 2000 c 171 s 3 and 2000 c 121 s 1 are each reenacted and amended to read as follows:

19 The purpose of this chapter is to provide for the development,

establishment, and enforcement of standards for the maintenance and 1 2 operation of ((boarding homes)) assisted living facilities, which, in the light of advancing knowledge, will promote safe and adequate care 3 of the individuals therein. It is further the intent of the 4 legislature that ((boarding-homes)) assisted living facilities be 5 available to meet the needs of those for whom they care by recognizing б 7 the capabilities of individuals to direct their self-medication or to use supervised self-medication techniques when ordered and approved by 8 a physician licensed under chapter 18.57 or 18.71 RCW or a podiatric 9 10 physician and surgeon licensed under chapter 18.22 RCW.

11 The legislature finds that many residents of community-based long-12 term care facilities are vulnerable and their health and well-being are 13 dependent on their caregivers. The quality, skills, and knowledge of 14 their caregivers are often the key to good care. The legislature finds 15 that the need for well-trained caregivers is growing as the state's 16 population ages and residents' needs increase. The legislature intends 17 that current training standards be enhanced.

18 Sec. 2. RCW 18.20.020 and 2011 c 366 s 2 are each reenacted and 19 amended to read as follows:

20 ((As used in this chapter:)) The definitions in this section apply
21 throughout this chapter unless the context clearly requires otherwise.

(1) "Adult day services" means care and services provided to a nonresident individual by the ((boarding-home)) assisted_living facility on the ((boarding home)) assisted living facility premises, for a period of time not to exceed ten continuous hours, and does not involve an overnight stay.

(2) "Basic services" means housekeeping services, meals, nutritioussnacks, laundry, and activities.

(3) "((Boarding home)) Assisted living facility" means any home or 29 30 other institution, however named, which is advertised, announced, or 31 maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and 32 well-being of the residents, and may also provide domiciliary care, 33 consistent with chapter 142, Laws of 2004, to seven or more residents 34 after July 1, 2000. However, ((a boarding home)) an assisted living 35 36 facility that is licensed for three to six residents prior to or on 37 July 1, 2000, may maintain its ((boarding-home)) assisted_living

facility license as long as it is continually licensed as ((a boarding 1 2 home)) an assisted living facility. "((Boarding home)) Assisted living facility" shall not include facilities certified as group training 3 homes pursuant to RCW 71A.22.040, nor any home, institution or section 4 thereof which is otherwise licensed and regulated under the provisions 5 of state law providing specifically for the licensing and regulation of 6 7 such home, institution or section thereof. Nor shall it include any independent senior housing, independent living units in continuing care 8 retirement communities, or other similar living situations including 9 10 those subsidized by the department of housing and urban development.

11 (4) "Department" means the state department of social and health 12 services.

(5) "Domiciliary care" means: Assistance with activities of daily living provided by the ((boarding-home)) assisted_living_facility either directly or indirectly; or health support services, if provided directly or indirectly by the ((boarding-home)) assisted_living facility; or intermittent nursing services, if provided directly or indirectly by the ((boarding home)) assisted living facility.

(6) "General responsibility for the safety and well-being of the 19 resident" means the provision of the following: Prescribed general low 20 21 sodium diets; prescribed general diabetic diets; prescribed mechanical 22 soft foods; emergency assistance; monitoring of the resident; arranging health care appointments with outside health care providers and 23 24 reminding residents of such appointments as necessary; coordinating 25 health care services with outside health care providers consistent with RCW 18.20.380; assisting the resident to obtain and maintain glasses, 26 27 hearing aids, dentures, canes, crutches, walkers, wheelchairs, and assistive communication devices; observation of the resident for 28 changes in overall functioning; blood pressure checks as scheduled; 29 responding appropriately when there are observable or reported changes 30 31 in the resident's physical, mental, or emotional functioning; or 32 medication assistance as permitted under RCW 69.41.085 and as defined in RCW 69.41.010. 33

(7) "Legal representative" means a person or persons identified in
 RCW 7.70.065 who may act on behalf of the resident pursuant to the
 scope of their legal authority. The legal representative shall not be
 affiliated with the licensee, ((boarding-home)) assisted living

1 <u>facility</u>, or management company, unless the affiliated person is a 2 family member of the resident.

"Nonresident individual" means a person who resides 3 (8) in independent senior housing, independent living units in continuing care 4 5 retirement communities, or in other similar living environments or in an unlicensed room located within ((a-boarding-home)) an assisted 6 7 living facility. Nothing in this chapter prohibits nonresidents from receiving one or more of the services listed in RCW 18.20.030(5) or 8 requires licensure as ((a boarding home)) an assisted living facility 9 when one or more of the services listed in RCW 18.20.030(5) are 10 provided to nonresidents. A nonresident individual may not receive 11 12 domiciliary care, as defined in this chapter, directly or indirectly by 13 the ((boarding home)) assisted living facility and may not receive the 14 items and services listed in subsection (6) of this section, except during the time the person is receiving adult day services as defined 15 16 in this section.

17 (9) "Person" means any individual, firm, partnership, corporation, 18 company, association, or joint stock association, and the legal 19 successor thereof.

(10) "Resident" means an individual who is not related by blood or 20 21 marriage to the operator of the ((boarding-home)) assisted living 22 facility, and by reason of age or disability, chooses to reside in the ((boarding home)) assisted living facility and receives basic services 23 24 and one or more of the services listed under general responsibility for 25 the safety and well-being of the resident and may receive domiciliary care or respite care provided directly or indirectly by the ((boarding 26 27 home)) assisted living facility and shall be permitted to receive hospice care through an outside service provider when arranged by the 28 resident or the resident's legal representative under RCW 18.20.380. 29

30 (11) "Resident applicant" means an individual who is seeking 31 admission to a licensed ((boarding home)) assisted living facility and 32 who has completed and signed an application for admission, or such 33 application for admission has been completed and signed in their behalf 34 by their legal representative if any, and if not, then the designated 35 representative if any.

36 (12) "Resident's representative" means a person designated 37 voluntarily by a competent resident, in writing, to act in the 38 resident's behalf concerning the care and services provided by the

((boarding home)) assisted living facility and to receive information 1 2 from the ((boarding home)) assisted living facility, if there is no legal representative. The resident's competence shall be determined 3 RCW 11.88.010(1)(e). The resident's 4 using the criteria in representative may not be affiliated with the licensee, ((boarding 5 home)) assisted_living_facility, or management company, unless the 6 affiliated person is a family member of the resident. The resident's 7 representative shall not have authority to act on behalf of the 8 resident once the resident is no longer competent. 9

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(13) "Secretary" means the secretary of social and health services.

11 **Sec. 3.** RCW 18.20.030 and 2011 c 366 s 3 are each amended to read 12 as follows:

(1) After January 1, 1958, no person shall operate or maintain ((a
 boarding home)) an assisted living facility as defined in this chapter
 within this state without a license under this chapter.

16 (2) ((A boarding home)) An assisted living facility license is not required for the housing, or services, that are customarily provided 17 under landlord tenant agreements governed by the residential landlord-18 tenant act, chapter 59.18 RCW, or when housing nonresident individuals 19 20 who chose to participate in programs or services under subsection (5) 21 of this section, when offered by the ((boarding home)) assisted living This subsection does <u>facility</u> licensee or the licensee's contractor. 22 23 prohibit the licensee from furnishing written information not 24 concerning available community resources to the nonresident individual 25 or the individual's family members or legal representatives. The 26 licensee may not require the use of any particular service provider.

(3) Residents receiving domiciliary care, directly or indirectly by
 the ((boarding-home)) assisted living facility, are not considered
 nonresident individuals for the purposes of this section.

30 (4) ((A-boarding-home)) <u>An assisted living facility</u> license is 31 required when any person other than an outside service provider, under 32 RCW 18.20.380, or family member:

33 (a) Assumes general responsibility for the safety and well-being of 34 a resident;

35 (b) Provides assistance with activities of daily living, either 36 directly or indirectly; (c) Provides health support services, either directly or
 indirectly; or

3 (d) Provides intermittent nursing services, either directly or4 indirectly.

(5) ((A boarding home)) An assisted living facility license is not 5 required for one or more of the following services that may, upon the 6 7 request of the nonresident, be provided to a nonresident individual: (a) Emergency assistance provided on an intermittent or nonroutine 8 basis; (b) systems, including technology-based monitoring devices, 9 10 employed by independent senior housing, or independent living units in continuing care retirement communities, to respond to the potential 11 12 need for emergency services; (c) scheduled and nonscheduled blood 13 pressure checks; (d) nursing assessment services to determine whether 14 referral to an outside health care provider is recommended; (e) making and reminding the nonresident of health care appointments; (f) 15 preadmission assessment for the purposes of transitioning to a licensed 16 17 care setting; (g) medication assistance which may include reminding or coaching the nonresident, opening the nonresident's medication 18 container, using an enabler, and handing prefilled insulin syringes to 19 the nonresident; (h) falls risk assessment; (i) nutrition management 20 21 and education services; (j) dental services; (k) wellness programs; (l) 22 prefilling insulin syringes when performed by a nurse licensed under 23 chapter 18.79 RCW; or (m) services customarily provided under landlord 24 tenant agreements governed by the residential landlord-tenant act, 25 chapter 59.18 RCW.

26 **Sec. 4.** RCW 18.20.050 and 2011 1st sp.s. c 3 s 402 are each 27 amended to read as follows:

(1)(a) Upon receipt of an application for license, if the applicant 28 and the ((boarding home's)) facilities of the assisted living facility 29 meet the requirements established under this chapter, the department 30 31 may issue a license. If there is a failure to comply with the provisions of this chapter or the rules adopted under this chapter, the 32 33 department may in its discretion issue a provisional license to an 34 applicant for a license or for the renewal of a license. A provisional 35 license permits the operation of the ((boarding home)) assisted living 36 facility for a period to be determined by the department, but not to

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exceed twelve months and is not subject to renewal. The department may
 also place conditions on the license under RCW 18.20.190.

(b) At the time of the application for or renewal of a license or 3 provisional license, the licensee shall pay a license fee. 4 Beginning 5 July 1, 2011, and thereafter, the per bed license fee must be established in the omnibus appropriations act and any amendment or б 7 additions made to that act. The license fees established in the omnibus appropriations act and any amendment or additions made to that 8 9 act may not exceed the department's annual licensing and oversight 10 activity costs and must include the department's cost of paying providers for the amount of the license fee attributed to medicaid 11 12 clients.

13 (c) A license issued under this chapter may not exceed twelve 14 months in duration and expires on a date set by the department. ((A boarding home)) An assisted living facility license must be issued only 15 to the person that applied for the license. All applications for 16 17 renewal of a license shall be made not later than thirty days prior to the date of expiration of the license. Each license shall be issued 18 only for the premises and persons named in the application, and no 19 license shall be transferable or assignable. Licenses shall be posted 20 21 in a conspicuous place on the licensed premises.

22 (2) A licensee who receives notification of the department's initiation of a denial, suspension, nonrenewal, or revocation of ((a 23 24 boarding home)) an assisted living facility license may, in lieu of appealing the department's action, surrender or relinquish the license. 25 The department shall not issue a new license to or contract with the 26 27 licensee, for the purposes of providing care to vulnerable adults or children, for a period of twenty years following the surrendering or 28 relinquishment of the former license. The licensing record shall 29 indicate that the licensee relinquished or surrendered the license, 30 31 without admitting the violations, after receiving notice of the 32 department's initiation of a denial, suspension, nonrenewal, or revocation of a license. 33

(3) The department shall establish, by rule, the circumstances
requiring a change in licensee, which include, but are not limited to,
a change in ownership or control of the ((boarding-home)) assisted
<u>living facility</u> or licensee, a change in the licensee's form of legal
organization, such as from sole proprietorship to partnership or

1 corporation, and a dissolution or merger of the licensed entity with 2 another legal organization. The new licensee is subject to the 3 provisions of this chapter, the rules adopted under this chapter, and 4 other applicable law. In order to ensure that the safety of residents 5 is not compromised by a change in licensee, the new licensee is 6 responsible for correction of all violations that may exist at the time 7 of the new license.

8 (4) The department may deny, suspend, modify, revoke, or refuse to 9 renew a license when the department finds that the applicant or 10 licensee or any partner, officer, director, managerial employee, or 11 majority owner of the applicant or licensee:

(a) Operated ((a-boarding-home)) an assisted living facility
 without a license or under a revoked or suspended license; or

(b) Knowingly or with reason to know made a false statement of a material fact (i) in an application for license or any data attached to the application, or (ii) in any matter under investigation by the department; or

(c) Refused to allow representatives or agents of the department to inspect (i) the books, records, and files required to be maintained, or (ii) any portion of the premises of the ((boarding-home)) assisted living facility; or

(d) Willfully prevented, interfered with, or attempted to impede in any way (i) the work of any authorized representative of the department, or (ii) the lawful enforcement of any provision of this chapter; or

(e) Has a history of significant noncompliance with federal or state regulations in providing care or services to vulnerable adults or children. In deciding whether to deny, suspend, modify, revoke, or refuse to renew a license under this section, the factors the department considers shall include the gravity and frequency of the noncompliance.

(5) The department shall serve upon the applicant a copy of the decision granting or denying an application for a license. An applicant shall have the right to contest denial of his or her application for a license as provided in chapter 34.05 RCW by requesting a hearing in writing within twenty-eight days after receipt of the notice of denial.

1 Sec. 5. RCW 18.20.090 and 1985 c 213 s 6 are each amended to read
2 as follows:

3 The department shall adopt, amend, and promulgate such rules, regulations, and standards with respect to all ((boarding-homes)) 4 assisted living facilities and operators thereof to be licensed 5 hereunder as may be designed to further the accomplishment of the 6 7 purposes of this chapter in promoting safe and adequate care of individuals in ((boarding homes)) assisted living facilities and the 8 sanitary, hygienic and safe conditions of the ((boarding-home)) 9 10 assisted living facility in the interest of public health, safety, and 11 welfare.

12 **Sec. 6.** RCW 18.20.110 and 2004 c 144 s 3 are each amended to read 13 as follows:

The department shall make or cause to be made, at least every 14 eighteen months with an annual average of fifteen months, an inspection 15 16 and investigation of all ((boarding homes)) assisted living facilities. 17 However, the department may delay an inspection to twenty-four months if the ((boarding-home)) assisted living facility has had three 18 consecutive inspections with no written notice of violations and has 19 20 received no written notice of violations resulting from complaint 21 investigation during that same time period. The department may at anytime make an unannounced inspection of a licensed ((home)) facility 22 23 to assure that the licensee is in compliance with this chapter and the 24 rules adopted under this chapter. Every inspection shall focus 25 primarily on actual or potential resident outcomes, and may include an 26 inspection of every part of the premises and an examination of all 27 records, methods of administration, the general and special dietary, and the stores and methods of supply; however, the department shall not 28 29 have access to financial records or to other records or reports described in RCW 18.20.390. Financial records of the ((boarding home)) 30 31 assisted living facility may be examined when the department has reasonable cause to believe that a financial obligation related to 32 resident care or services will not be met, such as a complaint that 33 34 staff wages or utility costs have not been paid, or when necessary for the department to investigate alleged financial exploitation of a 35 36 resident. Following such an inspection or inspections, written notice 37 of any violation of this law or the rules adopted hereunder shall be

given to the applicant or licensee and the department. The department 1 2 may prescribe by rule that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to 3 construct new facilities shall, before commencing such alteration, 4 5 addition, or new construction, submit plans and specifications therefor to the agencies responsible for plan reviews for preliminary inspection б 7 and approval or recommendations with respect to compliance with the rules and standards herein authorized. 8

9 Sec. 7. RCW 18.20.115 and 2001 c 85 s 1 are each amended to read 10 as follows:

11 The department shall, within available funding for this purpose, 12 develop and make available to ((boarding-homes)) <u>assisted_living</u> 13 <u>facilities</u> a quality improvement consultation program using the 14 following principles:

(1) The system shall be resident-centered and promote privacy,
 independence, dignity, choice, and a home or home-like environment for
 residents consistent with chapter 70.129 RCW.

(2) The goal of the system is continuous quality improvement with 18 the focus on resident satisfaction and outcomes for residents. 19 The 20 quality improvement consultation program shall be offered to ((boarding 21 homes)) assisted_living_facilities on a voluntary basis. Based on requests for the services of the quality improvement consultation 22 23 program, the department may establish a process for prioritizing 24 service availability.

(3) ((Boarding-homes)) <u>Assisted living facilities</u> should be supported in their efforts to improve quality and address problems, as identified by the licensee, initially through training, consultation, and technical assistance. At a minimum, the department may, within available funding, at the request of the ((boarding-home)) <u>assisted</u> <u>living facility</u>, conduct on-site visits and telephone consultations.

(4) To facilitate collaboration and trust between the ((boarding homes)) assisted_living_facilities and the department's quality improvement consultation program staff, the consultation program staff shall not simultaneously serve as department licensors, complaint investigators, or participate in any enforcement-related decisions, within the region in which they perform consultation activities; except such staff may investigate on an emergency basis, complaints anywhere

in the state when the complaint indicates high risk to resident health 1 2 or safety. Any records or information gained as a result of their work under the quality improvement consultation program shall not be 3 disclosed to or shared with nonmanagerial department licensing or 4 5 complaint investigation staff, unless necessary to carry out duties described under chapter 74.34 RCW. The emphasis should be on problem 6 7 prevention. Nothing in this section shall limit or interfere with the consultant's mandated reporting duties under chapter 74.34 RCW. 8

(5) The department shall promote the development of a training 9 10 system that is practical and relevant to the needs of residents and access to training, 11 staff. То improve especially for rural communities, the training system may include, but is not limited to, 12 13 the use of satellite technology distance learning that is coordinated 14 through community colleges or other appropriate organizations.

15 Sec. 8. RCW 18.20.130 and 2000 c 47 s 6 are each amended to read 16 as follows:

17 Standards for fire protection and the enforcement thereof, with respect to all ((boarding-homes)) assisted living facilities to be 18 licensed hereunder, shall be the responsibility of the chief of the 19 20 Washington state patrol, through the director of fire protection, who 21 shall adopt such recognized standards as may be applicable to ((boarding-homes)) assisted living facilities for the protection of 22 life against the cause and spread of fire and fire hazards. 23 The 24 department, upon receipt of an application for a license, shall submit to the chief of the Washington state patrol, through the director of 25 26 fire protection, in writing, a request for an inspection, giving the 27 applicant's name and the location of the premises to be licensed. Upon receipt of such a request, the chief of the Washington state patrol, 28 through the director of fire protection, or his or her deputy, shall 29 30 make an inspection of the ((boarding home)) assisted living facility to 31 be licensed, and if it is found that the premises do not comply with the required safety standards and fire rules as adopted by the chief of 32 the Washington state patrol, through the director of fire protection, 33 he or she shall promptly make a written report to the ((boarding home)) 34 assisted living facility and the department as to the manner and time 35 36 allowed in which the premises must qualify for a license and set forth 37 the conditions to be remedied with respect to fire rules. The

department, applicant, or licensee shall notify the chief of the 1 2 Washington state patrol, through the director of fire protection, upon completion of any requirements made by him or her, and the chief of the 3 Washington state patrol, through the director of fire protection, or 4 5 his or her deputy, shall make a reinspection of such premises. Whenever the ((boarding home)) assisted living facility to be licensed 6 7 meets with the approval of the chief of the Washington state patrol, through the director of fire protection, he or she shall submit to the 8 9 department a written report approving same with respect to fire 10 protection before a full license can be issued. The chief of the 11 Washington state patrol, through the director of fire protection, shall 12 make or cause to be made inspections of such ((homes)) facilities at 13 least annually.

14 In cities which have in force a comprehensive building code, the provisions of which are determined by the chief of the Washington state 15 16 patrol, through the director of fire protection, to be equal to the 17 minimum standards of the code for ((boarding homes)) assisted living facilities adopted by the chief of the Washington state patrol, through 18 the director of fire protection, the chief of the fire department, 19 provided the latter is a paid chief of a paid fire department, shall 20 21 make the inspection with the chief of the Washington state patrol, 22 through the director of fire protection, or his or her deputy, and they 23 shall jointly approve the premises before a full license can be issued.

24 **Sec. 9.** RCW 18.20.140 and 1957 c 253 s 14 are each amended to read 25 as follows:

Any person operating or maintaining any ((boarding home)) assisted <u>living facility</u> without a license under this chapter shall be guilty of a misdemeanor and each day of a continuing violation shall be considered a separate offense.

30 **Sec. 10.** RCW 18.20.150 and 1957 c 253 s 15 are each amended to 31 read as follows:

Notwithstanding the existence or use of any other remedy, the department, may, in the manner provided by law, upon the advice of the attorney general who shall represent the department in the proceedings, maintain an action in the name of the state for an injunction or other

1 process against any person to restrain or prevent the operation or 2 maintenance of ((a boarding home)) an assisted living facility without 3 a license under this chapter.

4 **Sec. 11.** RCW 18.20.160 and 2004 c 142 s 12 are each amended to 5 read as follows:

6 No person operating ((a boarding home)) an assisted living facility 7 licensed under this chapter shall admit to or retain in the ((boarding home)) assisted living facility any aged person requiring nursing or 8 medical care of a type provided by institutions licensed under chapters 9 18.51, 70.41 or 71.12 RCW, except that when registered nurses are 10 11 available, and upon a doctor's order that a supervised medication service is needed, it may be provided. Supervised medication services, 12 as defined by the department and consistent with chapters 69.41 and 13 18.79 RCW, may include an approved program of self-medication or self-14 15 directed medication. Such medication service shall be provided only to 16 residents who otherwise meet all requirements for residency in ((a 17 boarding-home)) an_assisted_living_facility. No ((boarding-home)) assisted <u>living facility</u> shall admit or retain a person who requires 18 19 the frequent presence and frequent evaluation of a registered nurse, 20 excluding persons who are receiving hospice care or persons who have a 21 short-term illness that is expected to be resolved within fourteen 22 days.

23 **Sec. 12.** RCW 18.20.170 and 1957 c 253 s 17 are each amended to 24 read as follows:

Nothing in this chapter or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents in any ((boarding home)) assisted living facility conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination.

32 Sec. 13. RCW 18.20.190 and 2003 c 231 s 6 are each amended to read 33 as follows:

34 (1) The department of social and health services is authorized to

1 take one or more of the actions listed in subsection (2) of this 2 section in any case in which the department finds that ((a boarding 3 home)) <u>an assisted living facility</u> provider has:

4 (a) Failed or refused to comply with the requirements of this
5 chapter or the rules adopted under this chapter;

6 (b) Operated ((a-boarding-home)) an assisted living facility
7 without a license or under a revoked license;

8 (c) Knowingly, or with reason to know, made a false statement of 9 material fact on his or her application for license or any data 10 attached thereto, or in any matter under investigation by the 11 department; or

12 (d) Willfully prevented or interfered with any inspection or13 investigation by the department.

14 (2) When authorized by subsection (1) of this section, the 15 department may take one or more of the following actions:

16 (a) Refuse to issue a license;

(b) Impose reasonable conditions on a license, such as correction within a specified time, training, and limits on the type of clients the provider may admit or serve;

20 (c) Impose civil penalties of not more than one hundred dollars per 21 day per violation;

22 (d) Suspend, revoke, or refuse to renew a license;

23 (e) Suspend admissions to the ((boarding-home)) <u>assisted living</u> 24 <u>facility</u> by imposing stop placement; or

(f) Suspend admission of a specific category or categories of residents as related to the violation by imposing a limited stop placement.

(3) When the department orders stop placement or a limited stop 28 placement, the facility shall not admit any new resident until the stop 29 limited stop placement order is terminated. 30 placement or The department may approve readmission of a resident to the facility from 31 32 a hospital or nursing home during the stop placement or limited stop placement. The department shall terminate the stop placement or 33 limited stop placement when: (a) The violations necessitating the stop 34 placement or limited stop placement have been corrected; and (b) the 35 provider exhibits the capacity to maintain correction of the violations 36 37 previously found deficient. However, if upon the revisit the 38 department finds new violations that the department reasonably believes will result in a new stop placement or new limited stop placement, the previous stop placement or limited stop placement shall remain in effect until the new stop placement or new limited stop placement is imposed.

(4) After a department finding of a violation for which a stop 5 placement or limited stop placement has been imposed, the department б 7 shall make an on-site revisit of the provider within fifteen working days from the request for revisit, to ensure correction of the 8 violation. For violations that are serious or recurring or uncorrected 9 following a previous citation, and create actual or threatened harm to 10 one or more residents' well-being, including violations of residents' 11 12 rights, the department shall make an on-site revisit as soon as 13 appropriate to ensure correction of the violation. Verification of 14 correction of all other violations may be made by either a department on-site revisit or by written or photographic documentation found by 15 the department to be credible. This subsection does not prevent the 16 17 department from enforcing license suspensions or revocations. Nothing in this subsection shall interfere with or diminish the department's 18 authority and duty to ensure that the provider adequately cares for 19 20 residents, including to make departmental on-site revisits as needed to 21 ensure that the provider protects residents, and to enforce compliance 22 with this chapter.

(5) RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification. Chapter 34.05 RCW applies to department actions under this section, except that orders of the department imposing license suspension, stop placement, limited stop placement, or conditions for continuation of a license are effective immediately upon notice and shall continue pending any hearing.

29 (6) For the purposes of this section, "limited stop placement" 30 means the ability to suspend admission of a specific category or 31 categories of residents.

32 **Sec. 14.** RCW 18.20.220 and 1997 c 164 s 1 are each amended to read 33 as follows:

For the purpose of encouraging a nursing home licensed under chapter 18.51 RCW to convert a portion or all of its licensed bed capacity to provide enhanced adult residential care contracted services under chapter 74.39A RCW, the department shall:

(1) Find the nursing home to be in satisfactory compliance with RCW 1 2 18.20.110 and 18.20.130, upon application for ((boarding-home)) assisted living facility licensure and the production of copies of its 3 most recent nursing home inspection reports demonstrating compliance 4 5 with the safety standards and fire regulations, as required by RCW 18.51.140, and the state building code, as required by RCW 18.51.145, 6 7 including any waivers that may have been granted. However, ((boarding home)) assisted living facility licensure requirements pertaining to 8 resident to bathing fixture/toilet ratio, corridor call 9 system, 10 resident room door closures, and resident room windows may require modification, unless determined to be functionally equivalent, based 11 12 upon a prelicensure survey inspection.

13 (2) Allow residents receiving enhanced adult residential care 14 services to make arrangements for on-site health care services, consistent with Title 18 RCW regulating health care professions, to the 15 extent that such services can be provided while maintaining the 16 17 resident's right to privacy and safety in treatment, but this in no way means that such services may only be provided in a private room. 18 The provision of on-site health care services must otherwise be consistent 19 with RCW 18.20.160 and the rules adopted under RCW 18.20.160. 20

21 Sec. 15. RCW 18.20.230 and 1999 c 372 s 3 are each amended to read 22 as follows:

23 (1) The department of social and health services shall review, in 24 coordination with the department of health, the nursing care quality assurance commission, adult family home providers, ((boarding home)) 25 26 assisted living facility providers, in-home personal care providers, and long-term care consumers and advocates, training standards for 27 resident caregiving staff. 28 administrators and Any proposed enhancements shall be consistent with this section, shall take into 29 account and not duplicate other training requirements applicable to 30 31 ((boarding homes)) assisted living facilities and staff, and shall be developed with the input of ((boarding home)) assisted living facility 32 and resident representatives, health care professionals, and other 33 vested interest groups. Training standards and the delivery system 34 35 shall be relevant to the needs of residents served by the ((boarding 36 home)) assisted living facility and recipients of long-term in-home

personal care services and shall be sufficient to ensure that
 administrators and caregiving staff have the skills and knowledge
 necessary to provide high quality, appropriate care.

(2) The recommendations on training standards and the delivery 4 system developed under subsection (1) of this section shall be based on 5 a review and consideration of the following: Quality of care; 6 7 availability of training; affordability, including the training costs incurred by the department of social and health services and private 8 9 providers; portability of existing training requirements; competency 10 testing; practical and clinical course work; methods of delivery of training; standards for management and caregiving staff training; and 11 12 necessary enhancements for special needs populations and resident 13 rights training. Residents with special needs include, but are not 14 limited to, residents with a diagnosis of mental illness, dementia, or 15 developmental disability.

16 Sec. 16. RCW 18.20.270 and 2002 c 233 s 1 are each amended to read 17 as follows:

(1) The definitions in this subsection apply throughout thissection unless the context clearly requires otherwise.

(a) "Caregiver" includes any person who provides residents with
 hands-on personal care on behalf of ((a boarding home)) an assisted
 living facility, except volunteers who are directly supervised.

(b) "Direct supervision" means oversight by a person who has demonstrated competency in the core areas or has been fully exempted from the training requirements pursuant to this section, is on the premises, and is quickly and easily available to the caregiver.

27 (2) Training must have the following components: Orientation, basic training, specialty training as appropriate, and continuing 28 education. All ((boarding home)) assisted living facility employees or 29 30 volunteers who routinely interact with residents shall complete <u>Assisted ____living ____facility</u> 31 orientation. ((Boarding — home)) administrators, or their designees, and caregivers shall complete 32 orientation, basic training, specialty training as appropriate, and 33 34 continuing education.

35 (3) Orientation consists of introductory information on residents' 36 rights, communication skills, fire and life safety, and universal 37 precautions. Orientation must be provided at the facility by

1 appropriate ((boarding-home)) assisted living facility staff to all
2 ((boarding-home)) assisted living facility employees before the
3 employees have routine interaction with residents.

(4) Basic training consists of modules on the core knowledge and 4 skills that caregivers need to learn and understand to effectively and 5 safely provide care to residents. Basic training must be outcome-6 7 based, and the effectiveness of the basic training must be measured by demonstrated competency in the core areas through the use of a 8 competency test. Basic training must be completed by caregivers within 9 10 one hundred twenty days of the date on which they begin to provide hands-on care or within one hundred twenty days of September 1, 2002, 11 12 whichever is later. Until competency in the core areas has been 13 demonstrated, caregivers shall not provide hands-on personal care to 14 residents without direct supervision. ((Boarding-home)) Assisted living facility administrators, or their designees, must complete basic 15 16 training and demonstrate competency within one hundred twenty days of 17 employment or within one hundred twenty days of September 1, 2002, 18 whichever is later.

(5) For ((boarding homes)) assisted living facilities that serve 19 special such 20 residents with needs as dementia, developmental 21 disabilities, or mental illness, specialty training is required of 22 administrators, or designees, and caregivers. Specialty training consists of modules on the core knowledge and skills that caregivers 23 24 need to effectively and safely provide care to residents with special 25 needs. Specialty training should be integrated into basic training wherever appropriate. Specialty training must be outcome-based, and 26 27 the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency 28 Specialty training must be completed by caregivers within one 29 test. hundred twenty days of the date on which they begin to provide hands-on 30 care to a resident having special needs or within one hundred twenty 31 32 days of September 1, 2002, whichever is later. However, if specialty training is not integrated with basic training, the specialty training 33 must be completed within ninety days of completion of basic training. 34 35 Until competency in the core specialty areas has been demonstrated, 36 caregivers shall not provide hands-on personal care to residents with 37 special needs without direct supervision. ((Boarding home)) Assisted <u>living facility</u> administrators, or their designees, must complete 38

specialty training and demonstrate competency within one hundred twenty days of September 1, 2002, or one hundred twenty days from the date on which the administrator or his or her designee is hired, whichever is later, if the ((boarding home)) assisted living facility serves one or more residents with special needs.

(6) Continuing education consists of ongoing delivery 6 of 7 information to caregivers on various topics relevant to the care setting and care needs of residents. Competency testing is not 8 required for continuing education. Continuing education is not 9 required in the same calendar year in which basic or modified basic 10 training is successfully completed. Continuing education is required 11 12 in each calendar year thereafter. If specialty training is completed, 13 the specialty training applies toward any continuing education 14 requirement for up to two years following the completion of the 15 specialty training.

16 (7) Persons who successfully challenge the competency test for 17 basic training are fully exempt from the basic training requirements of 18 this section. Persons who successfully challenge the specialty 19 training competency test are fully exempt from the specialty training 20 requirements of this section.

(8) Licensed persons who perform the tasks for which they are
licensed are fully or partially exempt from the training requirements
of this section, as specified by the department in rule.

24 (9) In an effort to improve access to training and education and 25 reduce costs, especially for rural communities, the coordinated system of long-term care training and education must include the use of 26 27 innovative types of learning strategies such as internet resources, distance learning using satellite technology 28 videotapes, and coordinated through community colleges or other entities, as defined by 29 30 the department.

(10) The department shall develop criteria for the approval oforientation, basic training, and specialty training programs.

(11) ((Boarding homes)) assisted living facilities that desire to deliver facility-based training with facility designated trainers, or ((boarding homes)) assisted living facilities that desire to pool their resources to create shared training systems, must be encouraged by the department in their efforts. The department shall develop criteria for reviewing and approving trainers and training materials that are

substantially similar to or better than the materials developed by the 1 2 department. The department may approve a curriculum based upon attestation by ((a-boarding-home)) an assisted living facility 3 administrator that the ((boarding home's)) assisted living facility's 4 5 training curriculum addresses basic and specialty training competencies identified by the department, and shall review a curriculum to verify 6 that it meets these requirements. The department may conduct the 7 review as part of the next regularly scheduled yearly inspection and 8 investigation required under RCW 18.20.110. The department shall 9 10 rescind approval of any curriculum if it determines that the curriculum does not meet these requirements. 11

12 (12) The department shall adopt rules by September 1, 2002, for the13 implementation of this section.

14 (13) The orientation, basic training, specialty training, and continuing education requirements of this section commence September 1, 15 16 2002, or one hundred twenty days from the date of employment, whichever 17 is later, and shall be applied to (a) employees hired subsequent to September 1, 2002; and (b) existing employees that on September 1, 18 2002, have not successfully completed the training requirements under 19 RCW 74.39A.010 or 74.39A.020 and this section. Existing employees who 20 21 have not successfully completed the training requirements under RCW 22 74.39A.010 or 74.39A.020 shall be subject to all applicable requirements of this section. However, prior to September 1, 2002, 23 24 nothing in this section affects the current training requirements under 25 RCW 74.39A.010.

26 **Sec. 17.** RCW 18.20.280 and 2003 c 231 s 7 are each amended to read 27 as follows:

(1) The ((boarding-home)) assisted living facility must assume general responsibility for each resident and must promote each resident's health, safety, and well-being consistent with the resident negotiated care plan.

(2) The ((boarding home)) assisted living facility is not required 32 33 to supervise the activities of a person providing care or services to 34 resident when the resident, or а legal representative, has independently arranged for or contracted with the person and the person 35 36 is not directly or indirectly controlled or paid by the ((boarding 37 home)) <u>assisted_living_facility</u>. However, the ((boarding-home))

assisted living facility is required to coordinate services with such person to the extent allowed by the resident, or legal representative, and consistent with the resident's negotiated care plan. Further, the ((boarding home)) assisted living facility is required to observe the resident and respond appropriately to any changes in the resident's overall functioning consistent with chapter 70.129 RCW, this chapter, and rules adopted under this chapter.

8 **Sec. 18.** RCW 18.20.290 and 2006 c 64 s 1 are each amended to read 9 as follows:

(1) When ((a boarding home)) an assisted living facility contracts 10 with the department to provide adult residential care services, 11 enhanced adult residential care services, or assisted living services 12 under chapter 74.39A RCW, the ((boarding-home)) assisted living 13 facility must hold a medicaid eligible resident's room or unit when 14 15 short-term care is needed in a nursing home or hospital, the resident 16 is likely to return to the ((boarding home)) assisted living facility, 17 and payment is made under subsection (2) of this section.

18 (2) The medicaid resident's bed or unit shall be held for up to 19 twenty days. The per day bed or unit hold compensation amount shall be 20 seventy percent of the daily rate paid for the first seven days the bed 21 or unit is held for the resident who needs short-term nursing home care 22 or hospitalization. The rate for the eighth through the twentieth day 23 a bed is held shall be established in rule, but shall be no lower than 24 ten dollars per day the bed or unit is held.

(3) The ((boarding home)) assisted living facility may seek third-25 26 party payment to hold a bed or unit for twenty-one days or longer. The third-party payment shall not exceed the medicaid daily rate paid to 27 facility for the resident. If third-party payment is not 28 the available, the medicaid resident may return to the first available and 29 30 appropriate bed or unit, if the resident continues to meet the 31 admission criteria under this chapter.

32 **Sec. 19.** RCW 18.20.300 and 2004 c 142 s 2 are each amended to read 33 as follows:

(1) ((A boarding home)) <u>An assisted living facility</u>, licensed under
 this chapter, may provide domiciliary care services, as defined in this

chapter, and shall disclose the scope of care and services that it
 chooses to provide.

(2) The ((boarding home)) assisted living facility licensee shall 3 disclose to the residents, the residents' legal representative if any, 4 5 and if not, the residents' representative if any, and to interested consumers upon request, the scope of care and services offered, using 6 7 the form developed and provided by the department, in addition to any supplemental information that may be provided by the licensee. 8 The 9 form that the department develops shall be standardized, reasonable in length, and easy to read. The ((boarding-home's)) assisted living 10 facility's disclosure statement shall indicate the scope of domiciliary 11 12 care assistance provided and shall indicate that it permits the 13 resident or the resident's legal representative to independently 14 arrange for outside services under RCW 18.20.380.

(3)(a) If the ((boarding home)) assisted living facility licensee decreases the scope of services that it provides due to circumstances beyond the licensee's control, the licensee shall provide a minimum of thirty days' written notice to the residents, the residents' legal representative if any, and if not, the residents' representative if any, before the effective date of the decrease in the scope of care or services provided.

(b) If the licensee voluntarily decreases the scope of services, and any such decrease in the scope of services provided will result in the discharge of one or more residents, then ninety days' written notice shall be provided prior to the effective date of the decrease. Notice shall be provided to the affected residents, the residents' legal representative if any, and if not, the residents' representative if any.

(c) If the ((boarding-home)) assisted living facility licensee increases the scope of services that it chooses to provide, the licensee shall promptly provide written notice to the residents, the residents' legal representative if any, and if not, the residents' representative if any, and shall indicate the date on which the increase in the scope of care or services is effective.

35 (4) When the care needs of a resident exceed the disclosed scope of 36 care or services that ((a boarding home)) an assisted living facility 37 licensee provides, the licensee may exceed the care or services 38 disclosed consistent with RCW 70.129.030(3) and 70.129.110(3)(a).

Providing care or services to a resident that exceed the care and
 services disclosed may or may not mean that the provider is capable of
 or required to provide the same care or services to other residents.

(5) Even though the ((boarding-home)) assisted_living_facility 4 5 licensee may disclose that it can provide certain care or services to resident applicants or to their legal representative if any, and if 6 7 not, to the resident applicants' representative if any, the licensee 8 may deny admission to a resident applicant when the licensee determines 9 that the needs of the resident applicant cannot be met, as long as the 10 provider operates in compliance with state and federal law, including RCW 70.129.030(3). 11

12 (6) The disclosure form is intended to assist consumers in 13 selecting ((boarding-home)) assisted_living_facility services and, 14 therefore, shall not be construed as an implied or express contract 15 between the ((boarding home)) assisted living facility licensee and the 16 resident.

17 **Sec. 20.** RCW 18.20.310 and 2004 c 142 s 3 are each amended to read 18 as follows:

(1) ((Boarding homes)) <u>Assisted living facilities</u> are not required
 to provide assistance with one or more activities of daily living.

(2) If ((a-boarding-home)) an assisted living facility licensee chooses to provide assistance with activities of daily living, the licensee shall provide at least the minimal level of assistance for all activities of daily living consistent with subsection (3) of this section and consistent with the reasonable accommodation requirements in state or federal laws. Activities of daily living are limited to and include the following:

- 28 (a) Bathing;
- 29 (b) Dressing;
- 30 (c) Eating;
- 31 (d) Personal hygiene;
- 32 (e) Transferring;
- 33 (f) Toileting; and
- 34 (g) Ambulation and mobility.

(3) The department shall, in rule, define the minimum level ofassistance that will be provided for all activities of daily living,

however, such rules shall not require more than occasional stand-by
 assistance or more than occasional physical assistance.

3 (4) The licensee shall clarify, through the disclosure form, the 4 assistance with activities of daily living that may be provided, and 5 any limitations or conditions that may apply. The licensee shall also 6 clarify through the disclosure form any additional services that may be 7 provided.

8 (5) In providing assistance with activities of daily living, the 9 ((boarding home)) assisted living facility shall observe the resident 10 for changes in overall functioning and respond appropriately when there 11 are observable or reported changes in the resident's physical, mental, 12 or emotional functioning.

13 Sec. 21. RCW 18.20.320 and 2004 c 142 s 4 are each amended to read 14 as follows:

15 (1) The ((boarding-home)) <u>assisted living facility</u> licensee may 16 choose to provide any of the following health support services, 17 however, the facility may or may not need to provide additional health 18 support services to comply with the reasonable accommodation 19 requirements in federal or state law:

20 (a) Blood glucose testing;

21 (b) Puree diets;

- 22 (c) Calorie controlled diabetic diets;
- 23 (d) Dementia care;
- 24 (e) Mental health care; and
- 25 (f) Developmental disabilities care.

(2) The licensee shall clarify on the disclosure form anylimitations, additional services, or conditions that may apply.

(3) In providing health support services, the ((boarding-home))
 assisted living facility shall observe the resident for changes in
 overall functioning and respond appropriately when there are observable
 or reported changes in the resident's physical, mental, or emotional
 functioning.

33 Sec. 22. RCW 18.20.330 and 2004 c 142 s 5 are each amended to read 34 as follows:

35 (1) ((Boarding homes)) <u>Assisted living facilities</u> are not required 36 to provide intermittent nursing services. The ((boarding-home)) 1 <u>assisted living facility</u> licensee may choose to provide any of the 2 following intermittent nursing services through appropriately licensed 3 and credentialed staff, however, the facility may or may not need to 4 provide additional intermittent nursing services to comply with the 5 reasonable accommodation requirements in federal or state law:

б

(a) Medication administration;

- 7 (b) Administration of health care treatments;
- 8 (c) Diabetic management;

9 (d) Nonroutine ostomy care;

- 10 (e) Tube feeding; and
- 11 (f) Nurse delegation consistent with chapter 18.79 RCW.

12 (2) The licensee shall clarify on the disclosure form any 13 limitations, additional services, or conditions that may apply under 14 this section.

15 (3) In providing intermittent nursing services, the ((boarding home)) assisted living facility shall observe the resident for changes in overall functioning and respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

20 (4) The ((boarding-home)) <u>assisted living facility</u> may provide 21 intermittent nursing services to the extent permitted by RCW 18.20.160.

22 **Sec. 23.** RCW 18.20.340 and 2004 c 142 s 6 are each amended to read 23 as follows:

24 (1) ((A boarding home)) An assisted living facility licensee may permit a resident's family member to administer medications or 25 26 treatments or to provide medication or treatment assistance to the resident. The licensee shall disclose to the department, residents, 27 the residents' legal representative if any, and if not, the residents' 28 29 representative if any, and to interested consumers upon request, 30 information describing whether the licensee permits such family 31 administration or assistance and, if so, the extent of limitations or conditions thereof. 32

33 (2) If ((a-boarding-home)) an assisted living facility licensee 34 permits a resident's family member to administer medications or 35 treatments or to provide medication or treatment assistance, the 36 licensee shall request that the family member submit to the licensee a

written medication or treatment plan. At a minimum, the written
 medication or treatment plan shall identify:

3 (a) By name, the family member who will administer the medication
4 or treatment or provide assistance therewith;

5 (b) The medication or treatment administration or assistance that 6 the family member will provide consistent with subsection (1) of this 7 section. This will be referred to as the primary plan;

8 (c) An alternate plan that will meet the resident's medication or 9 treatment needs if the family member is unable to fulfill his or her 10 duties as specified in the primary plan; and

(d) An emergency contact person and telephone number if the ((boarding home)) assisted living facility licensee observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan.

15 (3) The ((boarding-home)) assisted living facility licensee may 16 require that the primary or alternate medication or treatment plan 17 include other information in addition to that specified in subsection 18 (2) of this section.

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(4) The medication or treatment plan shall be signed and dated by:

20 (a) The resident, if able;

(b) The resident's legal representative, if any, and, if not, the resident's representative, if any;

23

24 (d) The ((boarding home)) assisted living facility licensee.

(c) The resident's family member; and

(5) The ((boarding-home)) <u>assisted living facility</u> may through policy or procedure require the resident's family member to immediately notify the ((boarding home)) <u>assisted living facility</u> licensee of any change in the primary or alternate medication or treatment plan.

(6) When ((a boarding home)) an assisted living facility licensee 29 permits residents' family members to assist with or administer 30 medications or treatments, the licensee's duty of care, and any 31 32 negligence that may be attributed thereto, shall be limited to: Observation of the resident for changes in overall functioning 33 consistent with RCW 18.20.280; notification to the person or persons 34 identified in RCW 70.129.030 when there are observed changes in the 35 36 resident's overall functioning or condition, or when the ((boarding 37 home)) assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to
 obtain needed assistance when there are observable or reported changes
 in the resident's physical or mental functioning.

4 **Sec. 24.** RCW 18.20.350 and 2008 c 146 s 3 are each amended to read 5 as follows:

6 (1) The ((boarding home)) assisted living facility licensee shall
7 conduct a preadmission assessment for each resident applicant. The
8 preadmission assessment shall include the following information, unless
9 unavailable despite the best efforts of the licensee:

10 (a) Medical history;

11 (b) Necessary and contraindicated medications;

12 (c) A licensed medical or health professional's diagnosis, unless13 the individual objects for religious reasons;

14 (d) Significant known behaviors or symptoms that may cause concern 15 or require special care;

16 (e) Mental illness diagnosis, except where protected by 17 confidentiality laws;

18

(f) Level of personal care needs;

19 (g) Activities and service preferences; and

(h) Preferences regarding other issues important to the residentapplicant, such as food and daily routine.

22 (2) The ((boarding home)) assisted living facility licensee shall 23 complete the preadmission assessment before admission unless there is 24 an emergency. If there is an emergency admission, the preadmission assessment shall be completed within five days of the date of 25 26 admission. For purposes of this section, "emergency" includes, but is not limited to: Evening, weekend, or Friday afternoon admissions if 27 the resident applicant would otherwise need to remain in an unsafe 28 29 setting or be without adequate and safe housing.

30 (3) The ((boarding home)) assisted living facility licensee shall 31 complete an initial resident service plan upon move-in to identify the 32 resident's immediate needs and to provide direction to staff and 33 caregivers relating to the resident's immediate needs. The initial 34 resident service plan shall include as much information as can be 35 obtained, under subsection (1) of this section.

36

(4) When a facility provides respite care, before or at the time of

1 admission, the facility must obtain sufficient information to meet the 2 individual's anticipated needs. At a minimum, such information must 3 include:

4 (a) The name, address, and telephone number of the individual's
5 attending physician, and alternate physician if any;

6 (b) Medical and social history, which may be obtained from a 7 respite care assessment and service plan performed by a case manager 8 designated by an area agency on aging under contract with the 9 department, and mental and physical assessment data;

10 (c) Physician's orders for diet, medication, and routine care 11 consistent with the individual's status on admission;

12 (d) Ensure the individuals have assessments performed, where 13 needed, and where the assessment of the individual reveals symptoms of 14 tuberculosis, follow required tuberculosis testing requirements; and

15 (e) With the participation of the individual and, where 16 appropriate, their representative, develop a plan of care to maintain 17 or improve their health and functional status during their stay in the 18 facility.

19 Sec. 25. RCW 18.20.360 and 2004 c 142 s 8 are each amended to read 20 as follows:

(1) The ((boarding home)) assisted living facility licensee shall within fourteen days of the resident's date of move-in, unless extended by the department for good cause, and thereafter at least annually, complete a full reassessment addressing the following:

(a) The individual's recent medical history, including, but not
limited to: A health professional's diagnosis, unless the resident
objects for religious reasons; chronic, current, and potential skin
conditions; known allergies to foods or medications; or other
considerations for providing care or services;

30 (b) Current necessary and contraindicated medications and 31 treatments for the individual, including:

32 (i) Any prescribed medications and over-the-counter medications 33 that are commonly taken by the individual, and that the individual is 34 able to independently self-administer or safely and accurately direct 35 others to administer to him or her;

36 (ii) Any prescribed medications and over-the-counter medications

1 that are commonly taken by the individual and that the individual is 2 able to self-administer when he or she has the assistance of a 3 resident-care staff person; and

4 (iii) Any prescribed medications and over-the-counter medications
5 that are commonly taken by the individual and that the individual is
6 not able to self-administer;

7 (c) The individual's nursing needs when the individual requires the 8 services of a nurse on the ((boarding home)) assisted living facility 9 premises;

10 (d) The individual's sensory abilities, including vision and 11 hearing;

(e) The individual's communication abilities, including modes of expression, ability to make himself or herself understood, and ability to understand others;

(f) Significant known behaviors or symptoms of the individual 15 causing concern or requiring special care, including: History of 16 17 substance abuse; history of harming self, others, or property, or other conditions that may require behavioral intervention strategies; the 18 individual's ability to leave the ((boarding-home)) assisted living 19 facility unsupervised; and other safety considerations that may pose a 20 21 danger to the individual or others, such as use of medical devices or 22 the individual's ability to smoke unsupervised, if smoking is permitted in the ((boarding home)) assisted living facility; 23

(g) The individual's special needs, by evaluating available information, or selecting and using an appropriate tool to determine the presence of symptoms consistent with, and implications for care and services of: Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws; developmental disability; dementia; or other conditions affecting cognition, such as traumatic brain injury;

(h) The individual's level of personal care needs, including: Ability to perform activities of daily living; medication management ability, including the individual's ability to obtain and appropriately use over-the-counter medications; and how the individual will obtain prescribed medications for use in the ((boarding home)) assisted living facility;

37 (i) The individual's activities, typical daily routines, habits,38 and service preferences;

(j) The individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort; and

6 (k) Who has decision-making authority for the individual, 7 including: The presence of any advance directive, or other legal 8 document that will establish a substitute decision maker in the future; 9 the presence of any legal document that establishes a current 10 substitute decision maker; and the scope of decision-making authority 11 of any substitute decision maker.

12 (2) <u>The assisted living facility shall complete</u> a limited 13 assessment of a resident's change of condition when the resident's 14 negotiated service agreement no longer addresses the resident's current 15 needs.

16 **Sec. 26.** RCW 18.20.370 and 2004 c 142 s 9 are each amended to read 17 as follows:

(1) The ((boarding home)) assisted living facility licensee shall 18 19 complete a negotiated service agreement using the preadmission 20 assessment, initial resident service plan, and full reassessment 21 information obtained under RCW 18.20.350 and 18.20.360. The licensee shall include the resident and the resident's legal representative if 22 any, or the resident's representative if any, in the development of the 23 24 negotiated service agreement. If the resident is a medicaid client, the department's case manager shall also be involved. 25

26 27

(2) The negotiated service agreement shall be completed or updated:

(a) Within thirty days of the date of move-in;

28 (b) As necessary following the annual full assessment of the 29 resident; and

30 (c) Whenever the resident's negotiated service agreement no longer 31 adequately addresses the resident's current needs and preferences.

32 **Sec. 27.** RCW 18.20.380 and 2004 c 142 s 10 are each amended to 33 read as follows:

(1) The ((boarding home)) assisted living facility licensee shall
 permit the resident, or the resident's legal representative if any, to
 independently arrange for or contract with a practitioner licensed

under Title 18 RCW regulating health care professions, or a home health, hospice, or home care agency licensed under chapter 70.127 RCW, to provide on-site care and services to the resident, consistent with RCW 18.20.160 and chapter 70.129 RCW. The ((boarding home)) licensee may permit the resident, or the resident's legal representative if any, to independently arrange for other persons to provide on-site care and services to the resident.

8 (2) The ((boarding-home)) <u>assisted living facility</u> licensee may 9 establish policies and procedures that describe limitations, 10 conditions, or requirements that must be met prior to an outside 11 service provider being allowed on-site.

12 (3) When the resident or the resident's legal representative 13 independently arranges for outside services under subsection (1) of 14 this section, the licensee's duty of care, and any negligence that may be attributed thereto, shall be limited to: The responsibilities 15 described under subsection (4) of this section, excluding supervising 16 17 the activities of the outside service provider; observation of the resident for changes in overall functioning, consistent with RCW 18 19 18.20.280; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall 20 21 functioning or condition; and appropriately responding to obtain needed 22 assistance when there are observable or reported changes in the 23 resident's physical or mental functioning.

24 (4) Consistent with RCW 18.20.280, the ((boarding home)) assisted 25 living facility licensee shall not be responsible for supervising the activities of the outside service provider. When information sharing 26 27 is authorized by the resident or the resident's legal representative, the licensee shall request such information and integrate relevant 28 information from the outside service provider into the resident's 29 30 negotiated service agreement, only to the extent that such information 31 is actually shared with the licensee.

32 **Sec. 28.** RCW 18.20.390 and 2006 c 209 s 3 are each amended to read 33 as follows:

(1) To ensure the proper delivery of services and the maintenance and improvement in quality of care through self-review, any ((boarding home)) <u>assisted_living_facility</u> licensed under this chapter may maintain a quality assurance committee that, at a minimum, includes:

1 2 (a) A licensed registered nurse under chapter 18.79 RCW;

(b) The administrator; and

3 (c) Three other members from the staff of the ((boarding home))
4 assisted living facility.

5 (2) When established, the quality assurance committee shall meet at 6 least quarterly to identify issues that may adversely affect quality of 7 care and services to residents and to develop and implement plans of 8 action to correct identified quality concerns or deficiencies in the 9 quality of care provided to residents.

10 (3) To promote quality of care through self-review without the fear 11 of reprisal, and to enhance the objectivity of the review process, the 12 department shall not require, and the long-term care ombudsman program 13 shall not request, disclosure of any quality assurance committee 14 records or reports, unless the disclosure is related to the committee's 15 compliance with this section, if:

(a) The records or reports are not maintained pursuant to statutoryor regulatory mandate; and

18 (b) The records or reports are created for and collected and 19 maintained by the committee.

(4) If the ((boarding home)) assisted living facility refuses to 20 21 release records or reports that would otherwise be protected under this 22 section, the department may then request only that information that is necessary to determine whether the ((boarding home)) assisted living 23 24 facility has a quality assurance committee and to determine that it is 25 operating in compliance with this section. However, if the ((boarding home)) <u>assisted living facility</u> offers the department documents 26 27 generated by, or for, the quality assurance committee as evidence of with ((boarding — home)) <u>assisted ___living ___facility</u> 28 compliance requirements, the documents are protected as quality assurance 29 committee documents under subsections (6) and (8) of this section when 30 31 in the possession of the department. The department is not liable for 32 an inadvertent disclosure, a disclosure related to a required federal or state audit, or disclosure of documents incorrectly marked as 33 quality assurance committee documents by the facility. 34

(5) Good faith attempts by the committee to identify and correct
 quality deficiencies shall not be used as a basis for sanctions.

37 (6) Information and documents, including the analysis of complaints38 and incident reports, created specifically for, and collected and

maintained by, a quality assurance committee are not subject to 1 discovery or introduction into evidence in any civil action, and no 2 person who was in attendance at a meeting of such committee or who 3 participated in the creation, collection, or maintenance of information 4 5 or documents specifically for the committee shall be permitted or required to testify as to the content of such proceedings or the б 7 documents and information prepared specifically for the committee. This subsection does not preclude: 8

9 (a) In any civil action, the discovery of the identity of persons 10 involved in the care that is the basis of the civil action whose 11 involvement was independent of any quality improvement committee 12 activity;

(b) In any civil action, the testimony of any person concerning the facts which form the basis for the institution of such proceedings of which the person had personal knowledge acquired independently of their participation in the quality assurance committee activities.

17 (7) A quality assurance committee under subsection (1) of this section, RCW 70.41.200, 74.42.640, 4.24.250, or 43.70.510 may share 18 information and documents, including the analysis of complaints and 19 20 incident reports, created specifically for, and collected and 21 maintained by, the committee, with one or more other quality assurance 22 committees created under subsection (1) of this section, RCW 70.41.200, 74.42.640, 4.24.250, or 43.70.510 for the improvement of the quality of 23 24 care and services rendered to ((boarding-home)) assisted living 25 facility residents. Information and documents disclosed by one quality 26 assurance committee to another quality assurance committee and any 27 information and documents created or maintained as a result of the sharing of information and documents shall not be subject to the 28 discovery process and confidentiality shall be respected as required by 29 subsections (6) and (8) of this section, RCW 30 43.70.510(4), 70.41.200(3), 4.24.250(1), and 74.42.640 (7) and (9). 31 The privacy 32 protections of chapter 70.02 RCW and the federal health insurance portability and accountability act of 1996 and its implementing 33 regulations apply to the sharing of individually identifiable patient 34 information held by a coordinated quality improvement program. Any 35 36 rules necessary to implement this section shall meet the requirements 37 of applicable federal and state privacy laws.

(8) Information and documents, including the analysis of complaints
 and incident reports, created specifically for, and collected and
 maintained by, a quality assurance committee are exempt from disclosure
 under chapter 42.56 RCW.

5 (9) Notwithstanding any records created for the quality assurance 6 committee, the facility shall fully set forth in the resident's 7 records, available to the resident, the department, and others as 8 permitted by law, the facts concerning any incident of injury or loss 9 to the resident, the steps taken by the facility to address the 10 resident's needs, and the resident outcome.

11 **Sec. 29.** RCW 18.20.400 and 2004 c 144 s 4 are each amended to read 12 as follows:

13 If during an inspection, reinspection, or complaint investigation 14 by the department, ((a-boarding-home)) an assisted living facility 15 corrects a violation or deficiency that the department discovers, the 16 department shall record and consider such violation or deficiency for 17 purposes of the facility's compliance history, however the licensor or 18 complaint investigator shall not include in the facility report the 19 violation or deficiency if the violation or deficiency:

20 (1) Is corrected to the satisfaction of the department prior to the 21 exit conference;

22 (2) Is not recurring; and

23 (3) Did not pose a significant risk of harm or actual harm to a 24 resident.

For the purposes of this section, "recurring" means that the violation or deficiency was found under the same regulation or statute in one of the two most recent preceding inspections, reinspections, or complaint investigations.

29 Sec. 30. RCW 18.20.410 and 2005 c 505 s 1 are each amended to read 30 as follows:

The department of health, the department, and the building code council shall develop standards for small ((boarding homes)) assisted <u>living facilities</u> between seven and sixteen beds that address at least the following issues:

- 35 (1) Domestic food refrigeration and freezer storage;
- 36 (2) Sinks and sink placement;

- 1
- (3) Dishwashers;

2 (4) Use of heat supplements for water temperature in clothes
3 washers;

- 4 (5) Yard shrubbery;
- 5 (6) Number of janitorial rooms in a facility;
- 6 (7) Number and cross-purpose of dirty rooms;
- 7 (8) Instant hot water faucets;
- 8 (9) Medication refrigeration; and
- 9 (10) Walled and gated facilities.

Based on the standards developed under this section, the department 10 of health and the building code council shall study the risks and 11 benefits of modifying and simplifying construction and equipment 12 13 standards for ((boarding-homes)) assisted living facilities with a capacity of seven to sixteen persons. The study shall include 14 coordination with the department. The department of health shall 15 16 report its findings and recommendations to appropriate committees of 17 the legislature no later than December 1, 2005.

18 Sec. 31. RCW 18.20.420 and 2007 c 162 s 1 are each amended to read 19 as follows:

20 (1) If the department determines that the health, safety, or welfare of residents is immediately jeopardized by ((a-boarding 21 home's)) an assisted living facility's failure or refusal to comply 22 23 with the requirements of this chapter or the rules adopted under this 24 chapter, and the department summarily suspends the ((boarding home)) assisted living facility license, the department may appoint a 25 26 temporary manager of the ((boarding home)) assisted living facility, or 27 the licensee may, subject to the department's approval, voluntarily 28 participate in the temporary management program.

29

The purposes of the temporary management program are as follows:

30 (a) To mitigate dislocation and transfer trauma of residents while 31 the department and licensee may pursue dispute resolution or appeal of 32 a summary suspension of license;

(b) To facilitate the continuity of safe and appropriate residentcare and services;

35 (c) To protect the health, safety, and welfare of residents, by 36 providing time for an orderly closure of the ((boarding home)) <u>assisted</u> <u>living facility</u>, or for the deficiencies that necessitated temporary
 management to be corrected; and

3 (d) To preserve a residential option that meets a specialized 4 service need or is in a geographical area that has a lack of available 5 providers.

(2) The department may recruit, approve, and appoint qualified 6 7 individuals, partnerships, corporations, and other entities interested in serving as a temporary manager of ((a boarding home)) an assisted 8 These individuals and entities shall satisfy the 9 living facility. criteria established under this chapter or by the department for 10 approving licensees. The department shall not approve or appoint any 11 person, including partnerships and other entities, if that person is 12 13 affiliated with the ((boarding home)) assisted living facility subject 14 to the temporary management, or has owned or operated ((a-boarding))15 home)) an assisted living facility ordered into temporary management or 16 receivership in any state. When approving or appointing a temporary 17 manager, the department shall consider the temporary manager's past experience in long-term care, the quality of care provided, the 18 temporary manager's availability, and the person's familiarity with 19 applicable state and federal laws. Subject to the provisions of this 20 21 section and RCW 18.20.430, the department's authority to approve or 22 appoint a temporary manager is discretionary and not subject to the administrative procedure act, chapter 34.05 RCW. 23

24 When the department appoints a temporary manager, (3) the 25 department shall enter into a contract with the temporary manager and 26 shall order the licensee to cease operating the ((boarding-home)) 27 assisted living facility and immediately turn over to the temporary manager possession and control of the ((boarding home)) assisted living 28 facility, including but not limited to all resident care records, 29 financial records, and other records necessary for operation of the 30 31 facility while temporary management is in effect. If the department 32 has not appointed a temporary manager and the licensee elects to participate in the temporary management program, the licensee shall 33 select the temporary manager, subject to the department's approval, and 34 35 enter into a contract with the temporary manager, consistent with this 36 The department has the discretion to approve or revoke any section. 37 temporary management arrangements made by the licensee.

(4) When the department appoints a temporary manager, the costs 1 2 associated with the temporary management may be paid for through the ((boarding home)) assisted living facility temporary management account 3 established by RCW 18.20.430, or from other departmental funds, or a 4 combination thereof. All funds must be administered according to 5 department procedures. The department may enter into an agreement with б 7 the licensee allowing the licensee to pay for some of the costs 8 associated with a temporary manager appointed by the department. Ιf the department has not appointed a temporary manager and the licensee 9 10 elects to participate in the temporary management program, the licensee is responsible for all costs related to administering the temporary 11 12 management program at the ((boarding home)) assisted living facility 13 and contracting with the temporary manager.

14 (5) The temporary manager shall assume full responsibility for the daily operations of the ((boarding home)) assisted living facility and 15 is responsible for correcting cited deficiencies and ensuring that all 16 17 minimum licensing requirements are met. The temporary manager must comply with all state and federal laws and regulations applicable to 18 ((boarding homes)) assisted living facilities. The temporary manager 19 shall protect the health, safety, and welfare of the residents for the 20 21 duration of the temporary management and shall perform all acts 22 reasonably necessary to ensure residents' needs are met. The temporary 23 management contract shall address the responsibility of the temporary 24 manager to pay past due debts. The temporary manager's specific 25 responsibilities may include, but are not limited to:

(a) Receiving and expending in a prudent and business-like manner
all current revenues of the ((boarding home)) assisted living facility,
provided that priority is given to debts and expenditures directly
related to providing care and meeting residents' needs;

30 (b) Hiring and managing all consultants and employees and firing 31 them for good cause;

32 (c) Making necessary purchases, repairs, and replacements, provided 33 that such expenditures in excess of five thousand dollars by a 34 temporary manager appointed by the department must be approved by the 35 department;

36 (d) Entering into contracts necessary for the operation of the 37 ((boarding home)) assisted living facility;

38

(e) Preserving resident trust funds and resident records; and

(f) Preparing all department-required reports, including a detailed
 monthly accounting of all expenditures and liabilities, which shall be
 sent to the department and the licensee.

(6) The licensee and department shall provide written notification 4 immediately to all residents, resident representatives, interested 5 family members, and the state long-term care ombudsman program of the 6 7 temporary management and the reasons for it. This notification shall include notice that residents may move from the ((boarding-home)) 8 assisted living facility without notifying the licensee or temporary 9 10 manager in advance, and without incurring any charges, fees, or costs otherwise available for insufficient advance notice, during the 11 12 temporary management period. The notification shall also inform 13 residents and their families or representatives that the temporary 14 management team will provide residents help with relocation and appropriate discharge planning and coordination if desired. 15 The department shall provide assistance with relocation to residents who 16 17 are department clients and may provide such assistance to other The temporary manager shall meet regularly with staff, 18 residents. residents, residents' representatives, and families to inform them of 19 20 the plans for and progress achieved in the correction of deficiencies, 21 and of the plans for facility closure or continued operation.

22

(7) The department shall terminate temporary management:

(a) After sixty days unless good cause is shown to continue the temporary management. Good cause for continuing the temporary management exists when returning the ((boarding home)) assisted living <u>facility</u> to its former licensee would subject residents to a threat to health, safety, or welfare;

(b) When all residents are transferred and the ((boarding home))
 assisted living facility is closed;

(c) When deficiencies threatening residents' health, safety, 30 or 31 welfare are eliminated and the former licensee agrees to 32 department-specified conditions regarding the continued facility operation; or 33

34 (d) When a new licensee assumes control of the ((boarding home)) 35 assisted living facility.

Nothing in this section precludes the department from revoking its approval of the temporary management or exercising its licensing enforcement authority under this chapter. The department's decision
 whether to approve or to revoke a temporary management arrangement is
 not subject to the administrative procedure act, chapter 34.05 RCW.

(8) The department shall indemnify, defend, and hold harmless any
temporary manager appointed or approved under this section against
claims made against the temporary manager for any actions by the
temporary manager or its agents that do not amount to intentional torts
or criminal behavior.

9 (9) The department may adopt rules implementing this section. In 10 the development of rules or policies implementing this section, the 11 department shall consult with residents and their representatives, 12 resident advocates, financial professionals, ((boarding home)) assisted 13 living facility providers, and organizations representing ((boarding 14 homes)) assisted living facilities.

15 Sec. 32. RCW 18.20.430 and 2007 c 162 s 2 are each amended to read 16 as follows:

17 The ((boarding home)) assisted living facility temporary management account is created in the custody of the state treasurer. All receipts 18 from civil penalties imposed under this chapter must be deposited into 19 20 Only the director or the director's designee may the account. 21 authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is 22 23 not required for expenditures. Expenditures from the account may be 24 used only for the protection of the health, safety, welfare, or property of residents of ((boarding homes)) assisted living facilities 25 26 found to be deficient. Uses of the account include, but are not 27 limited to:

28 (1) Payment for the costs of relocation of residents to other 29 facilities;

(2) Payment to maintain operation of ((a-boarding-home)) an
 assisted living facility pending correction of deficiencies or closure,
 including payment of costs associated with temporary management
 authorized under this chapter; and

34 (3) Reimbursement of residents for personal funds or property lost
 35 or stolen when the resident's personal funds or property cannot be
 36 recovered from the ((boarding home)) assisted living facility or third 37 party insurer.

1 Sec. 33. RCW 18.20.440 and 2008 c 251 s 1 are each amended to read 2 as follows:

(1) If ((a boarding home)) an assisted living facility voluntarily 3 withdraws from participation in a state medicaid program 4 for 5 residential care and services under chapter 74.39A RCW, but continues to provide services of the type provided by ((boarding homes)) assisted б 7 <u>living __facilities,</u> the facility's voluntary withdrawal from participation is not an acceptable basis for the transfer or discharge 8 of residents of the facility (a) who were receiving medicaid on the day 9 before the effective date of the withdrawal; or (b) who have been 10 paying the facility privately for at least two years and who become 11 12 eligible for medicaid within one hundred eighty days of the date of 13 withdrawal.

(2) ((A-boarding-home)) <u>An assisted living facility</u> that has withdrawn from the state medicaid program for residential care and services under chapter 74.39A RCW must provide the following oral and written notices to prospective residents. The written notice must be prominent and must be written on a page that is separate from the other admission documents. The notice shall provide that:

(a) The facility will not participate in the medicaid program withrespect to that resident; and

(b) The facility may transfer or discharge the resident from the facility for nonpayment, even if the resident becomes eligible for medicaid.

(3) Notwithstanding any other provision of this section, the medicaid contract under chapter 74.39A RCW that exists on the day the facility withdraws from medicaid participation is deemed to continue in effect as to the persons described in subsection (1) of this section for the purposes of:

30 (a) Department payments for the residential care and services31 provided to such persons;

32 (b) Maintaining compliance with all requirements of the medicaid33 contract between the department and the facility; and

34 (c) Ongoing inspection, contracting, and enforcement authority35 under the medicaid contract, regulations, and law.

36 (4) Except as provided in subsection (1) of this section, this37 section shall not apply to a person who begins residence in a facility

1 on or after the effective date of the facility's withdrawal from 2 participation in the medicaid program for residential care and 3 services.

4 (5) ((A-boarding-home)) <u>An assisted living facility</u> that is 5 providing residential care and services under chapter 74.39A RCW shall 6 give the department and its residents sixty days' advance notice of the 7 facility's intent to withdraw from participation in the medicaid 8 program.

9 (6) Prior to admission to the facility, ((a-boarding-home)) an 10 assisted living facility participating in the state medicaid program 11 for residential care and services under chapter 74.39A RCW must provide 12 the following oral and written notices to prospective residents. The 13 written notice must be prominent and must be written on a page that is 14 separate from the other admission documents, and must provide that:

(a) In the future, the facility may choose to withdraw fromparticipating in the medicaid program;

(b) If the facility withdraws from the medicaid program, it will continue to provide services to residents (i) who were receiving medicaid on the day before the effective date of the withdrawal; or (ii) who have been paying the facility privately for at least two years and who will become eligible for medicaid within one hundred eighty days of the date of withdrawal;

(c) After a facility withdraws from the medicaid program, it may transfer or discharge residents who do not meet the criteria described in this section for nonpayment, even if the resident becomes eligible for medicaid.

27 **Sec. 34.** RCW 18.20.900 and 1957 c 253 s 20 are each amended to 28 read as follows:

29 If any part, or parts, of this chapter shall be held unconstitutional, the remaining provisions shall be given full force 30 31 and effect, as completely as if the part held unconstitutional had not been included herein, if any such remaining part can then be 32 administered for the purpose of establishing and maintaining standards 33 for ((boarding homes)) assisted living facilities. 34

35 Sec. 35. RCW 18.51.010 and 1983 c 236 s 1 are each amended to read 36 as follows:

(1) "Nursing home" means any home, place or institution which 1 2 operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours 3 for three or more patients not related by blood or marriage to the 4 5 operator, who by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include but not 6 7 be limited to any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special 8 diets, giving of bedside nursing care, application of dressings and 9 10 bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. It may also include care of mentally 11 It may also include community-based care. 12 incompetent persons. 13 Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the 14 acutely ill and maintain and operate facilities for major surgery or 15 obstetrics, or both. Nothing in this definition shall be construed to 16 17 include any ((boarding-home)) assisted living facility, guest home, hotel or related institution which is held forth to the public as 18 providing, and which is operated to give only board, room and laundry 19 to persons not in need of medical or nursing treatment or supervision 20 21 except in the case of temporary acute illness. The mere designation by 22 the operator of any place or institution as a hospital, sanitarium, or any other similar name, which does not provide care for the acutely ill 23 24 and maintain and operate facilities for major surgery or obstetrics, or 25 both, shall not exclude such place or institution from the provisions of this chapter: PROVIDED, That any nursing home providing psychiatric 26 27 treatment shall, with respect to patients receiving such treatment, comply with the provisions of RCW 71.12.560 and 71.12.570. 28

(2) "Person" means any individual, firm, partnership, corporation,
 company, association, or joint stock association, and the legal
 successor thereof.

32 (3) "Secretary" means the secretary of the department of social and33 health services.

34 (4) "Department" means the state department of social and health 35 services.

36 (5) "Community-based care" means but is not limited to the 37 following:

38 (a) Home delivered nursing services;

1 (b) Personal care;

2 (c) Day care;

3 (d) Nutritional services, both in-home and in a communal dining 4 setting;

5 (e) Habilitation care; and

6 (f) Respite care.

7 **Sec. 36.** RCW 18.52C.020 and 2001 c 319 s 3 are each amended to 8 read as follows:

9 Unless the context clearly requires otherwise, the definitions in 10 this section apply throughout this chapter.

11

(1) "Secretary" means the secretary of the department of health.

12 (2) "Health care facility" means a nursing home, hospital, hospice 13 care facility, home health care agency, hospice agency, ((boarding 14 home)) assisted living facility, group home, or other entity for the 15 delivery of health care or long-term care services, including chore 16 services provided under chapter 74.39A RCW.

17 (3) "Nursing home" means any nursing home facility licensed18 pursuant to chapter 18.52 RCW.

19 (4) "Nursing pool" means any person engaged in the business of 20 providing, procuring, or referring health care or long-term care 21 personnel for temporary employment in health care facilities, such as 22 licensed nurses or practical nurses, nursing assistants, and chore 23 service providers. "Nursing pool" does not include an individual who 24 only engages in providing his or her own services.

25 (5) "Person" includes an individual, firm, corporation, 26 partnership, or association.

(6) "Adult family home" means a residential home licensed pursuantto chapter 70.128 RCW.

29 Sec. 37. RCW 18.79.260 and 2009 c 203 s 1 are each amended to read 30 as follows:

31 (1) A registered nurse under his or her license may perform for 32 compensation nursing care, as that term is usually understood, to 33 individuals with illnesses, injuries, or disabilities.

(2) A registered nurse may, at or under the general direction of a
 licensed physician and surgeon, dentist, osteopathic physician and
 surgeon, naturopathic physician, optometrist, podiatric physician and

surgeon, physician assistant, osteopathic physician assistant, 1 or 2 advanced registered nurse practitioner acting within the scope of his license, administer medications, treatments, tests, and 3 or her inoculations, whether or not the severing or penetrating of tissues is 4 5 involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the 6 scope of registered nursing practice. 7

8 (3) A registered nurse may delegate tasks of nursing care to other 9 individuals where the registered nurse determines that it is in the 10 best interest of the patient.

11 (a) The delegating nurse shall:

12 (i) Determine the competency of the individual to perform the 13 tasks;

14 (ii) Evaluate the appropriateness of the delegation;

15 (iii) Supervise the actions of the person performing the delegated 16 task; and

17 (iv) Delegate only those tasks that are within the registered 18 nurse's scope of practice.

(b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.

(c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.

(d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(e) For delegation in community-based care settings or in-home care
 settings, a registered nurse may delegate nursing care tasks only to
 registered or certified nursing assistants. Simple care tasks such as

blood pressure monitoring, personal care service, diabetic insulin device set up, verbal verification of insulin dosage for sight-impaired individuals, or other tasks as defined by the nursing care quality assurance commission are exempted from this requirement.

5 (i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, 6 7 certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and 8 ((boarding homes)) assisted living facilities licensed under chapter 9 10 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities. 11

(ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.

16 (iii) Delegation of nursing care tasks in community-based care 17 settings and in-home care settings is only allowed for individuals who 18 have a stable and predictable condition. "Stable and predictable 19 condition" means a situation in which the individual's clinical and 20 behavioral status is known and does not require the frequent presence 21 and evaluation of a registered nurse.

(iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.

28 (v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding 29 proper injection procedures and the use of insulin, demonstrate proper 30 31 injection procedures, and must supervise and evaluate the individual 32 performing the delegated task weekly during the first four weeks of delegation of insulin injections. If the registered nurse delegator 33 determines that the individual is competent to perform the injection 34 35 properly and safely, supervision and evaluation shall occur at least 36 every ninety days thereafter.

37

(vi) The registered nurse shall verify that the nursing assistant

has completed the required core nurse delegation training required in
 chapter 18.88A RCW prior to authorizing delegation.

3 (vii) The nurse is accountable for his or her own individual 4 actions in the delegation process. Nurses acting within the protocols 5 of their delegation authority are immune from liability for any action 6 performed in the course of their delegation duties.

7 (viii) Nursing task delegation protocols are not intended to 8 regulate the settings in which delegation may occur, but are intended 9 to ensure that nursing care services have a consistent standard of 10 practice upon which the public and the profession may rely, and to 11 safeguard the authority of the nurse to make independent professional 12 decisions regarding the delegation of a task.

13 (f) The nursing care quality assurance commission may adopt rules 14 to implement this section.

15 (4) Only a person licensed as a registered nurse may instruct 16 nurses in technical subjects pertaining to nursing.

(5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nurse.

20 **Sec. 38.** RCW 18.100.140 and 2011 c 336 s 503 are each amended to 21 read as follows:

22 Nothing in this chapter shall authorize a director, officer, 23 shareholder, agent, or employee of a corporation organized under this 24 chapter, or a corporation itself organized under this chapter, to do or perform any act which would be illegal, unethical, or unauthorized 25 26 conduct under the provisions of the following acts: (1) Physicians and surgeons, chapter 18.71 RCW; (2) anti-rebating act, chapter 19.68 RCW; 27 (3) state bar act, chapter 2.48 RCW; (4) professional accounting act, 28 chapter 18.04 RCW; (5) professional architects act, chapter 18.08 RCW; 29 30 (6) professional auctioneers act, chapter 18.11 RCW; (7) 31 cosmetologists, barbers, and manicurists, chapter 18.16 RCW; (8) ((boarding homes)) assisted living facilities act, chapter 18.20 RCW; 32 33 podiatric medicine and surgery, chapter 18.22 RCW; (9) (10)chiropractic act, chapter 18.25 RCW; (11) registration of contractors, 34 chapter 18.27 RCW; (12) debt adjusting act, chapter 18.28 RCW; (13) 35 36 dental hygienist act, chapter 18.29 RCW; (14) dentistry, chapter 18.32 37 RCW; (15) dispensing opticians, chapter 18.34 RCW; (16) naturopathic

physicians, chapter 18.36A RCW; (17) embalmers and funeral directors, 1 2 chapter 18.39 RCW; (18) engineers and land surveyors, chapter 18.43 RCW; (19) escrow agents registration act, chapter 18.44 RCW; (20) 3 birthing centers, chapter 18.46 RCW; (21) midwifery, chapter 18.50 RCW; 4 (22) nursing homes, chapter 18.51 RCW; (23) optometry, chapter 18.53 5 RCW; (24) osteopathic physicians and surgeons, chapter 18.57 RCW; (25) б 7 pharmacists, chapter 18.64 RCW; (26) physical therapy, chapter 18.74 RCW; (27) registered nurses, advanced registered nurse practitioners, 8 and practical nurses, chapter 18.79 RCW; (28) psychologists, chapter 9 10 18.83 RCW; (29) real estate brokers and salespersons, chapter 18.85 RCW; (30) veterinarians, chapter 18.92 RCW. 11

12 **Sec. 39.** RCW 35.21.766 and 2011 c 139 s 1 are each amended to read 13 as follows:

14 (1) Whenever a regional fire protection service authority 15 determines that the fire protection jurisdictions that are members of 16 the authority are not adequately served by existing private ambulance 17 service, the governing board of the authority may by resolution provide 18 for the establishment of a system of ambulance service to be operated 19 by the authority as a public utility or operated by contract after a 20 call for bids.

21 (2) The legislative authority of any city or town may establish an ambulance service to be operated as a public utility. However, the 22 23 legislative authority of the city or town shall not provide for the 24 establishment of an ambulance service utility that would compete with any existing private ambulance service, unless the legislative 25 26 authority of the city or town determines that the city or town, or a substantial portion of the city or town, is not adequately served by an 27 existing private ambulance service. In determining the adequacy of an 28 existing private ambulance service, the legislative authority of the 29 city or town shall take into consideration objective generally accepted 30 31 medical standards and reasonable levels of service which shall be published by the city or town legislative authority. The decision of 32 the city council or legislative body shall be a discretionary, 33 34 legislative act. When it is preliminarily concluded that the private 35 ambulance service is inadequate, before issuing a call for bids or 36 before the city or town establishes an ambulance service utility, the 37 legislative authority of the city or town shall allow a minimum of

sixty days for the private ambulance service to meet the generally 1 2 accepted medical standards and reasonable levels of service. In the event of a second preliminary conclusion of inadequacy within a twenty-3 four month period, the legislative authority of the city or town may 4 5 immediately issue a call for bids or establish an ambulance service utility and is not required to afford the private ambulance service б 7 another sixty-day period to meet the generally accepted medical standards and reasonable levels of service. Nothing in chapter 482, 8 9 Laws of 2005 is intended to supersede requirements and standards adopted by the department of health. A private ambulance service which 10 is not licensed by the department of health or whose license is denied, 11 suspended, or revoked shall not be entitled to a sixty-day period 12 13 within which to demonstrate adequacy and the legislative authority may 14 immediately issue a call for bids or establish an ambulance service 15 utility.

16 (3) The city or town legislative authority is authorized to set and 17 collect rates and charges in an amount sufficient to regulate, operate, and maintain an ambulance utility. Prior to setting such rates and 18 charges, the legislative authority must determine, through a cost-of-19 20 service study, the total cost necessary to regulate, operate, and 21 maintain the ambulance utility. Total costs shall not include capital 22 cost for the construction, major renovation, or major repair of the physical plant. Once the legislative authority determines the total 23 24 costs, the legislative authority shall then identify that portion of 25 the total costs that are attributable to the availability of the ambulance service and that portion of the total costs that are 26 27 attributable to the demand placed on the ambulance utility.

(a) Availability costs are those costs attributable to the basic
infrastructure needed to respond to a single call for service within
the utility's response criteria. Availability costs may include costs
for dispatch, labor, training of personnel, equipment, patient care
supplies, and maintenance of equipment.

33 (b) Demand costs are those costs that are attributable to the 34 burden placed on the ambulance service by individual calls for 35 ambulance service. Demand costs shall include costs related to 36 frequency of calls, distances from hospitals, and other factors 37 identified in the cost-of-service study conducted to assess burdens 38 imposed on the ambulance utility.

(4) A city or town legislative authority is authorized to set and
 collect rates and charges as follows:

3 (a) The rate attributable to costs for availability described under
4 subsection (3)(a) of this section shall be uniformly applied across
5 user classifications within the utility;

6 (b) The rate attributable to costs for demand described under 7 subsection (3)(b) of this section shall be established and billed to 8 each utility user classification based on each user classification's 9 burden on the utility;

10 (c) The fee charged by the utility shall reflect a combination of 11 the availability cost and the demand cost;

(d)(i) Except as provided in (d)(ii) of this subsection, the 12 13 combined rates charged shall reflect an exemption for persons who are 14 medicaid eligible and who reside in a nursing facility, ((boarding home)) assisted living facility, adult family home, or receive in-home 15 The combined rates charged may reflect an exemption or 16 services. 17 reduction for designated classes consistent with Article VIII, section 7 of the state Constitution. The amounts of exemption or reduction 18 shall be a general expense of the utility, and designated as an 19 availability cost, to be spread uniformly across the utility user 20 21 classifications.

(ii) For cities with a population less than two thousand five hundred that established an ambulance utility before May 6, 2004, the combined rates charged may reflect an exemption or reduction for persons who are medicaid eligible, and for designated classes consistent with Article VIII, section 7 of the state Constitution;

27 (e)(i) Except as provided in (e)(ii) of this subsection (4), the legislative authority must continue to allocate at least seventy 28 percent of the total amount of general fund revenues expended, as of 29 May 5, 2004, toward the total costs necessary to regulate, operate, and 30 31 maintain the ambulance service utility. However, cities or towns that 32 operated an ambulance service before May 6, 2004, and commingled general fund dollars and ambulance service dollars, may reasonably 33 estimate that portion of general fund dollars that were, as of May 5, 34 2004, applied toward the operation of the ambulance service, and at 35 least seventy percent of such estimated amount must then continue to be 36 37 applied toward the total cost necessary to regulate, operate, and 38 maintain the ambulance utility. Cities and towns which first

established an ambulance service utility after May 6, 2004, must allocate, from the general fund or emergency medical service levy funds, or a combination of both, at least an amount equal to seventy percent of the total costs necessary to regulate, operate, and maintain the ambulance service utility as of May 5, 2004, or the date that the utility is established.

7 (ii) After January 1, 2012, the legislative authority may allocate general fund revenues toward the total costs necessary to regulate, 8 operate, and maintain the ambulance service utility in an amount less 9 10 than required by (e)(i) of this subsection (4). However, before making any reduction to the general fund allocation, the legislative authority 11 12 must hold a public hearing, preceded by at least thirty days' notice 13 provided in each ratepayer's utility bill, at which the legislative 14 authority must allow for public comment and present:

15

(A) The utility's most recent cost of service study;

16

(B) A summary of the utility's current revenue sources;

17 (C) A proposed budget reflecting the reduced allocation of general18 fund revenues;

19

(D) Any proposed change to utility rates; and

20 (E) Any anticipated impact to the utility's level of service;

(f) The legislative authority must allocate available emergency medical service levy funds, in an amount proportionate to the percentage of the ambulance service costs to the total combined operating costs for emergency medical services and ambulance services, towards the total costs necessary to regulate, operate, and maintain the ambulance utility;

(g) The legislative authority must allocate all revenues received through direct billing to the individual user of the ambulance service to the demand-related costs under subsection (3)(b) of this section;

30 (h) The total revenue generated by the rates and charges shall not 31 exceed the total costs necessary to regulate, operate, and maintain an 32 ambulance utility; and

(i) Revenues generated by the rates and charges must be deposited in a separate fund or funds and be used only for the purpose of paying for the cost of regulating, maintaining, and operating the ambulance utility.

37

(5) Ambulance service rates charged pursuant to this section do not

constitute taxes or charges under RCW 82.02.050 through 82.02.090, or
 35.21.768, or charges otherwise prohibited by law.

3 Sec. 40. RCW 35A.70.020 and 1967 ex.s. c 119 s 35A.70.020 are each 4 amended to read as follows:

A code city may exercise the powers relating to enforcement of regulations for ((boarding-homes-as-authorized-by-RCW-18.20.100,-in accordance with the procedures therein prescribed and subject to any limitations therein provided)) assisted living facilities.

9 **Sec. 41.** RCW 43.43.832 and 2011 c 253 s 6 are each amended to read 10 as follows:

(1) 11 The legislature finds that businesses and organizations providing services to children, developmentally disabled persons, and 12 vulnerable adults need adequate information to determine which 13 employees or licensees to hire or engage. The legislature further 14 15 finds that many developmentally disabled individuals and vulnerable 16 adults desire to hire their own employees directly and also need adequate information to determine which employees or licensees to hire 17 18 or engage. Therefore, the Washington state patrol identification and criminal history section shall disclose, upon the request of a business 19 20 or organization as defined in RCW 43.43.830, a developmentally disabled 21 person, or a vulnerable adult as defined in RCW 43.43.830 or his or her 22 guardian, an applicant's conviction record as defined in chapter 10.97 23 RCW.

(2) The legislature also finds that the Washington professional
 educator standards board may request of the Washington state patrol
 criminal identification system information regarding a certificate
 applicant's conviction record under subsection (1) of this section.

(3) The legislature also finds that law enforcement agencies, the office of the attorney general, prosecuting authorities, and the department of social and health services may request this same information to aid in the investigation and prosecution of child, developmentally disabled person, and vulnerable adult abuse cases and to protect children and adults from further incidents of abuse.

(4) The legislature further finds that the secretary of the
 department of social and health services must establish rules and set
 standards to require specific action when considering the information

1 listed in subsection (1) of this section, and when considering 2 additional information including but not limited to civil adjudication 3 proceedings as defined in RCW 43.43.830 and any out-of-state 4 equivalent, in the following circumstances:

5 (a) When considering persons for state employment in positions 6 directly responsible for the supervision, care, or treatment of 7 children, vulnerable adults, or individuals with mental illness or 8 developmental disabilities;

9 (b) When considering persons for state positions involving 10 unsupervised access to vulnerable adults to conduct comprehensive 11 assessments, financial eligibility determinations, licensing and 12 certification activities, investigations, surveys, or case management; 13 or for state positions otherwise required by federal law to meet 14 employment standards;

(c) When licensing agencies or facilities with individuals in positions directly responsible for the care, supervision, or treatment of children, developmentally disabled persons, or vulnerable adults, including but not limited to agencies or facilities licensed under chapter 74.15 or 18.51 RCW;

businesses 20 (d) When contracting with individuals or or 21 organizations for the care, supervision, case management, or treatment, including peer counseling, of children, developmentally disabled 22 persons, or vulnerable adults, including but not limited to services 23 24 contracted for under chapter 18.20, 70.127, 70.128, 72.36, or 74.39A 25 RCW or Title 71A RCW;

(e) When individual providers are paid by the state or providers are paid by home care agencies to provide in-home services involving unsupervised access to persons with physical, mental, or developmental disabilities or mental illness, or to vulnerable adults as defined in chapter 74.34 RCW, including but not limited to services provided under chapter 74.39 or 74.39A RCW.

32 (5) The director of the department of early learning shall 33 investigate the conviction records, pending charges, and other 34 information including civil adjudication proceeding records of current 35 employees and of any person actively being considered for any position 36 with the department who will or may have unsupervised access to 37 children, or for state positions otherwise required by federal law to 38 meet employment standards. "Considered for any position" includes decisions about (a) initial hiring, layoffs, reallocations, transfers, promotions, or demotions, or (b) other decisions that result in an individual being in a position that will or may have unsupervised access to children as an employee, an intern, or a volunteer.

5 (6) The director of the department of early learning shall adopt 6 rules and investigate conviction records, pending charges, and other 7 information including civil adjudication proceeding records, in the 8 following circumstances:

9 (a) When licensing or certifying agencies with individuals in 10 positions that will or may have unsupervised access to children who are 11 in child day care, in early learning programs, or receiving early 12 childhood education services, including but not limited to licensees, 13 agency staff, interns, volunteers, contracted providers, and persons 14 living on the premises who are sixteen years of age or older;

(b) When authorizing individuals who will or may have unsupervised access to children who are in child day care, in early learning programs, or receiving early childhood learning education services in licensed or certified agencies, including but not limited to licensees, agency staff, interns, volunteers, contracted providers, and persons living on the premises who are sixteen years of age or older;

(c) When contracting with any business or organization for activities that will or may have unsupervised access to children who are in child day care, in early learning programs, or receiving early childhood learning education services;

(d) When establishing the eligibility criteria for individual providers to receive state paid subsidies to provide child day care or early learning services that will or may involve unsupervised access to children.

(7) Whenever a state conviction record check is required by state 29 law, persons may be employed or engaged as volunteers or independent 30 contractors on a conditional basis pending completion of the state 31 background investigation. Whenever a national criminal record check 32 through the federal bureau of investigation is required by state law, 33 a person may be employed or engaged as a volunteer or independent 34 contractor on a conditional basis pending completion of the national 35 check. The Washington personnel resources board shall adopt rules to 36 37 accomplish the purposes of this subsection as it applies to state 38 employees.

1 (8)(a) For purposes of facilitating timely access to criminal 2 background information and to reasonably minimize the number of 3 requests made under this section, recognizing that certain health care 4 providers change employment frequently, health care facilities may, 5 upon request from another health care facility, share copies of 6 completed criminal background inquiry information.

(b) Completed criminal background inquiry information may be shared 7 by a willing health care facility only if the following conditions are 8 The licensed health care facility sharing the criminal 9 satisfied: 10 background inquiry information is reasonably known to be the person's most recent employer, no more than twelve months has elapsed from the 11 12 date the person was last employed at a licensed health care facility to 13 the date of their current employment application, and the criminal 14 background information is no more than two years old.

(c) If criminal background inquiry information is shared, the health care facility employing the subject of the inquiry must require the applicant to sign a disclosure statement indicating that there has been no conviction or finding as described in RCW 43.43.842 since the completion date of the most recent criminal background inquiry.

(d) Any health care facility that knows or has reason to believe that an applicant has or may have a disqualifying conviction or finding as described in RCW 43.43.842, subsequent to the completion date of their most recent criminal background inquiry, shall be prohibited from relying on the applicant's previous employer's criminal background inquiry information. A new criminal background inquiry shall be requested pursuant to RCW 43.43.830 through 43.43.842.

(e) Health care facilities that share criminal background inquiry
 information shall be immune from any claim of defamation, invasion of
 privacy, negligence, or any other claim in connection with any
 dissemination of this information in accordance with this subsection.

31 (f) Health care facilities shall transmit and receive the criminal 32 background inquiry information in a manner that reasonably protects the 33 subject's rights to privacy and confidentiality.

(g) For the purposes of this subsection, "health care facility" means a nursing home licensed under chapter 18.51 RCW, ((a boarding home)) an assisted living facility licensed under chapter 18.20 RCW, or an adult family home licensed under chapter 70.128 RCW.

- 1 **Sec. 42.** RCW 46.19.020 and 2010 c 161 s 702 are each amended to 2 read as follows:
- 3 (1) The following organizations may apply for special parking 4 privileges:
- 5

(a) Public transportation authorities;

6 (b) Nursing homes licensed under chapter 18.51 RCW;

7 (c) ((Boarding homes)) Assisted living facilities licensed under 8 chapter 18.20 RCW;

9 (d) Senior citizen centers;

10 (e) Private nonprofit corporations, as defined in RCW 24.03.005; 11 and

(f) Cabulance companies that regularly transport persons with disabilities who have been determined eligible for special parking privileges under this section and who are registered with the department under chapter 46.72 RCW.

(2) An organization that qualifies for special parking privileges
 may receive, upon application, parking license plates or placards, or
 both, for persons with disabilities as defined by the department.

19 (3) Public transportation authorities, nursing homes, ((boarding 20 homes)) assisted living facilities, senior citizen centers, private 21 nonprofit corporations, and cabulance services are responsible for 22 ensuring that the special placards and license plates are not used 23 improperly and are responsible for all fines and penalties for improper 24 use.

25 (4) The department shall adopt rules to determine organization 26 eligibility.

27 **Sec. 43.** RCW 48.43.125 and 1999 c 312 s 2 are each amended to read 28 as follows:

(1) A carrier that provides coverage for a person at a long-term care facility following the person's hospitalization shall, upon the request of the person or his or her legal representative as authorized in RCW 7.70.065, provide such coverage at the facility in which the person resided immediately prior to the hospitalization if:

34 (a) The person's primary care physician determines that the medical35 care needs of the person can be met at the requested facility;

36 (b) The requested facility has all applicable licenses and

1 certifications, and is not under a stop placement order that prevents
2 the person's readmission;

3 (c) The requested facility agrees to accept payment from the 4 carrier for covered services at the rate paid to similar facilities 5 that otherwise contract with the carrier to provide such services; and

6 (d) The requested facility, with regard to the following, agrees to 7 abide by the standards, terms, and conditions required by the carrier 8 of similar facilities with which the carrier otherwise contracts: (i) 9 Utilization review, quality assurance, and peer review; and (ii) 10 management and administrative procedures, including data and financial 11 reporting that may be required by the carrier.

12 (2) For purposes of this section, "long-term care facility" or 13 "facility" means a nursing facility licensed under chapter 18.51 RCW, 14 continuing care retirement community defined under RCW 70.38.025, 15 ((boarding home)) or assisted living facility licensed under chapter 16 18.20 RCW((, or assisted living facility)).

17 **Sec. 44.** RCW 69.41.010 and 2009 c 549 s 1024 are each amended to 18 read as follows:

As used in this chapter, the following terms have the meanings indicated unless the context clearly requires otherwise:

(1) "Administer" means the direct application of a legend drug whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

24 (a) A practitioner; or

(b) The patient or research subject at the direction of the practitioner.

27 (2) "Community-based care settings" include: Community residential programs for the developmentally disabled, certified by the department 28 of social and health services under chapter 71A.12 RCW; adult family 29 30 homes licensed under chapter 70.128 RCW; and ((boarding-homes)) 31 <u>assisted living facilities</u> licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled 32 nursing facilities. 33

(3) "Deliver" or "delivery" means the actual, constructive, or
 attempted transfer from one person to another of a legend drug, whether
 or not there is an agency relationship.

37

(4) "Department" means the department of health.

1 (5) "Dispense" means the interpretation of a prescription or order 2 for a legend drug and, pursuant to that prescription or order, the 3 proper selection, measuring, compounding, labeling, or packaging 4 necessary to prepare that prescription or order for delivery.

(6) "Dispenser" means a practitioner who dispenses.

6 (7) "Distribute" means to deliver other than by administering or7 dispensing a legend drug.

8

5

(8) "Distributor" means a person who distributes.

9 (9) "Drug" means:

(a) Substances recognized as drugs in the official United States
 pharmacopoeia, official homeopathic pharmacopoeia of the United States,
 or official national formulary, or any supplement to any of them;

(b) Substances intended for use in the diagnosis, cure, mitigation,
 treatment, or prevention of disease in human beings or animals;

15 (c) Substances (other than food, minerals or vitamins) intended to 16 affect the structure or any function of the body of human beings or 17 animals; and

(d) Substances intended for use as a component of any article
specified in (a), (b), or (c) of this subsection. It does not include
devices or their components, parts, or accessories.

(10) "Electronic communication of prescription information" means the communication of prescription information by computer, or the transmission of an exact visual image of a prescription by facsimile, or other electronic means for original prescription information or prescription refill information for a legend drug between an authorized practitioner and a pharmacy or the transfer of prescription information for a legend drug from one pharmacy to another pharmacy.

(11) "In-home care settings" include an individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings.

32 (12) "Legend drugs" means any drugs which are required by state law 33 or regulation of the state board of pharmacy to be dispensed on 34 prescription only or are restricted to use by practitioners only.

35 (13) "Legible prescription" means a prescription or medication 36 order issued by a practitioner that is capable of being read and 37 understood by the pharmacist filling the prescription or the nurse or other practitioner implementing the medication order. A prescription
 must be hand printed, typewritten, or electronically generated.

"Medication assistance" means assistance rendered by a 3 (14)nonpractitioner to an individual residing in a community-based care 4 setting or in-home care setting to facilitate the individual's self-5 administration of a legend drug or controlled substance. It includes 6 7 reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using 8 an enabler, or placing the medication in the individual's hand, and 9 10 such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of 11 12 legend drugs or controlled substances for self-administration where a 13 practitioner has determined and communicated orally or by written 14 direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with 15 intravenous medications or injectable medications, except prefilled 16 17 insulin syringes.

(15) "Person" means individual, corporation, government or
 governmental subdivision or agency, business trust, estate, trust,
 partnership or association, or any other legal entity.

21

(16) "Practitioner" means:

22 (a) A physician under chapter 18.71 RCW, an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW, a 23 24 dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a 25 registered nurse, advanced registered nurse practitioner, or licensed 26 27 practical nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, 28 an osteopathic physician assistant under chapter 18.57A RCW, a 29 physician assistant under chapter 18.71A RCW, a naturopath licensed 30 31 under chapter 18.36A RCW, a pharmacist under chapter 18.64 RCW, or, 32 when acting under the required supervision of a dentist licensed under chapter 18.32 RCW, a dental hygienist licensed under chapter 18.29 RCW; 33 34 A pharmacy, hospital, or other institution licensed, (b) registered, or otherwise permitted to distribute, dispense, conduct 35 36 research with respect to, or to administer a legend drug in the course 37 of professional practice or research in this state; and

1 (c) A physician licensed to practice medicine and surgery or a 2 physician licensed to practice osteopathic medicine and surgery in any 3 state, or province of Canada, which shares a common border with the 4 state of Washington.

5 (17) "Secretary" means the secretary of health or the secretary's6 designee.

7 **Sec. 45.** RCW 69.41.085 and 2003 c 140 s 12 are each amended to 8 read as follows:

9 Individuals residing in community-based care settings, such as 10 adult family homes, ((boarding homes)) assisted living facilities, and 11 residential care settings for ((the-developmentally-disabled)) 12 individuals with developmental disabilities, including an individual's 13 home, may receive medication assistance. Nothing in this chapter 14 affects the right of an individual to refuse medication or requirements 15 relating to informed consent.

16 **Sec. 46.** RCW 69.50.308 and 2001 c 248 s 1 are each amended to read 17 as follows:

18 (a) A controlled substance may be dispensed only as provided in19 this section.

(b) Except when dispensed directly by a practitioner authorized to prescribe or administer a controlled substance, other than a pharmacy, to an ultimate user, a substance included in Schedule II may not be dispensed without the written prescription of a practitioner.

(1) Schedule II narcotic substances may be dispensed by a pharmacy
 pursuant to a facsimile prescription under the following circumstances:

(i) The facsimile prescription is transmitted by a practitioner tothe pharmacy; and

(ii) The facsimile prescription is for a patient in a long-term care facility. "Long-term care facility" means nursing homes licensed under chapter 18.51 RCW, ((boarding homes)) assisted living facilities licensed under chapter 18.20 RCW, and adult family homes licensed under chapter 70.128 RCW; or

33 (iii) The facsimile prescription is for a patient of a hospice 34 program certified or paid for by medicare under Title XVIII; or

35 (iv) The facsimile prescription is for a patient of a hospice 36 program licensed by the state; and

1 (v) The practitioner or the practitioner's agent notes on the 2 facsimile prescription that the patient is a long-term care or hospice 3 patient.

4 (2) Injectable Schedule II narcotic substances that are to be 5 compounded for patient use may be dispensed by a pharmacy pursuant to 6 a facsimile prescription if the facsimile prescription is transmitted 7 by a practitioner to the pharmacy.

8 (3) Under (1) and (2) of this subsection the facsimile prescription 9 shall serve as the original prescription and shall be maintained as 10 other Schedule II narcotic substances prescriptions.

(c) In emergency situations, as defined by rule of the state board of pharmacy, a substance included in Schedule II may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of RCW 69.50.306. A prescription for a substance included in Schedule II may not be refilled.

17 (d) Except when dispensed directly by a practitioner authorized to prescribe or administer a controlled substance, other than a pharmacy, 18 to an ultimate user, a substance included in Schedule III or IV, which 19 is a prescription drug as determined under RCW 69.04.560, may not be 20 21 dispensed without a written or oral prescription of a practitioner. 22 Any oral prescription must be promptly reduced to writing. The prescription shall not be filled or refilled more than six months after 23 24 the date thereof or be refilled more than five times, unless renewed by 25 the practitioner.

(e) A valid prescription or lawful order of a practitioner, in 26 27 order to be effective in legalizing the possession of controlled substances, must be issued in good faith for a legitimate medical 28 purpose by one authorized to prescribe the use of such controlled 29 substance. An order purporting to be a prescription not in the course 30 31 of professional treatment is not a valid prescription or lawful order 32 of a practitioner within the meaning and intent of this chapter; and the person who knows or should know that the person is filling such an 33 order, as well as the person issuing it, can be charged with a 34 violation of this chapter. 35

36 (f) A substance included in Schedule V must be distributed or 37 dispensed only for a medical purpose.

1 (g) A practitioner may dispense or deliver a controlled substance 2 to or for an individual or animal only for medical treatment or 3 authorized research in the ordinary course of that practitioner's 4 profession. Medical treatment includes dispensing or administering a 5 narcotic drug for pain, including intractable pain.

6 (h) No administrative sanction, or civil or criminal liability, 7 authorized or created by this chapter may be imposed on a pharmacist 8 for action taken in reliance on a reasonable belief that an order 9 purporting to be a prescription was issued by a practitioner in the 10 usual course of professional treatment or in authorized research.

(i) An individual practitioner may not dispense a substance included in Schedule II, III, or IV for that individual practitioner's personal use.

14 Sec. 47. RCW 70.38.105 and 2009 c 315 s 1 and 2009 c 242 s 3 are 15 each reenacted and amended to read as follows:

16 (1) The department is authorized and directed to implement the 17 certificate of need program in this state pursuant to the provisions of 18 this chapter.

(2) There shall be a state certificate of need program which is
 administered consistent with the requirements of federal law as
 necessary to the receipt of federal funds by the state.

(3) No person shall engage in any undertaking which is subject to certificate of need review under subsection (4) of this section without first having received from the department either a certificate of need or an exception granted in accordance with this chapter.

26 (4) The following shall be subject to certificate of need review 27 under this chapter:

(a) The construction, development, or other establishment of a new
health care facility including, but not limited to, a hospital
constructed, developed, or established by a health maintenance
organization or by a combination of health maintenance organizations
except as provided in subsection (7)(a) of this section;

(b) The sale, purchase, or lease of part or all of any existing hospital as defined in RCW 70.38.025 including, but not limited to, a hospital sold, purchased, or leased by a health maintenance organization or by a combination of health maintenance organizations except as provided in subsection (7)(b) of this section;

1 (c) Any capital expenditure for the construction, renovation, or 2 alteration of a nursing home which substantially changes the services 3 of the facility after January 1, 1981, provided that the substantial 4 changes in services are specified by the department in rule;

5 (d) Any capital expenditure for the construction, renovation, or 6 alteration of a nursing home which exceeds the expenditure minimum as 7 defined by RCW 70.38.025. However, a capital expenditure which is not 8 subject to certificate of need review under (a), (b), (c), or (e) of 9 this subsection and which is solely for any one or more of the 10 following is not subject to certificate of need review:

11

(i) Communications and parking facilities;

12 (ii) Mechanical, electrical, ventilation, heating, and air 13 conditioning systems;

14

(iii) Energy conservation systems;

(iv) Repairs to, or the correction of, deficiencies in existing physical plant facilities which are necessary to maintain state licensure, however, other additional repairs, remodeling, or replacement projects that are not related to one or more deficiency citations and are not necessary to maintain state licensure are not exempt from certificate of need review except as otherwise permitted by (d)(vi) of this subsection or RCW 70.38.115(13);

(v) Acquisition of equipment, including data processing equipment, which is not or will not be used in the direct provision of health services;

(vi) Construction or renovation at an existing nursing home which involves physical plant facilities, including administrative, dining areas, kitchen, laundry, therapy areas, and support facilities, by an existing licensee who has operated the beds for at least one year;

29 (vii) Acquisition of land; and

30

(viii) Refinancing of existing debt;

31 (e) A change in bed capacity of a health care facility which 32 increases the total number of licensed beds or redistributes beds among acute care, nursing home care, and ((boarding home)) assisted living 33 facility care if the bed redistribution is to be effective for a period 34 in excess of six months, or a change in bed capacity of a rural health 35 care facility licensed under RCW 70.175.100 that increases the total 36 37 number of nursing home beds or redistributes beds from acute care or ((boarding home)) assisted living facility care to nursing home care if 38

the bed redistribution is to be effective for a period in excess of six 1 2 months. A health care facility certified as a critical access hospital under 42 U.S.C. 1395i-4 may increase its total number of licensed beds 3 to the total number of beds permitted under 42 U.S.C. 1395i-4 for acute 4 5 care and may redistribute beds permitted under 42 U.S.C. 1395i-4 among acute care and nursing home care without being subject to certificate 6 7 of need review. If there is a nursing home licensed under chapter 18.51 RCW within twenty-seven miles of the critical access hospital, 8 9 the critical access hospital is subject to certificate of need review 10 except for:

(i) Critical access hospitals which had designated beds to provide nursing home care, in excess of five swing beds, prior to December 31, 2003;

14 (ii) Up to five swing beds; or

(iii) Up to twenty-five swing beds for critical access hospitals which do not have a nursing home licensed under chapter 18.51 RCW within the same city or town limits. Up to one-half of the additional beds designated for swing bed services under this subsection (4)(e)(iii) may be so designated before July 1, 2010, with the balance designated on or after July 1, 2010.

21 Critical access hospital beds not subject to certificate of need 22 review under this subsection (4)(e) will not be counted as either acute 23 care or nursing home care for certificate of need review purposes. If 24 a health care facility ceases to be certified as a critical access 25 hospital under 42 U.S.C. 1395i-4, the hospital may revert back to the 26 type and number of licensed hospital beds as it had when it requested 27 critical access hospital designation;

(f) Any new tertiary health services which are offered in or through a health care facility or rural health care facility licensed under RCW 70.175.100, and which were not offered on a regular basis by, in, or through such health care facility or rural health care facility within the twelve-month period prior to the time such services would be offered;

(g) Any expenditure for the construction, renovation, or alteration
 of a nursing home or change in nursing home services in excess of the
 expenditure minimum made in preparation for any undertaking under <u>this</u>
 subsection (4) of this section and any arrangement or commitment made
 for financing such undertaking. Expenditures of preparation shall

1 include expenditures for architectural designs, plans, working 2 drawings, and specifications. The department may issue certificates of 3 need permitting predevelopment expenditures, only, without authorizing 4 any subsequent undertaking with respect to which such predevelopment 5 expenditures are made; and

6 (h) Any increase in the number of dialysis stations in a kidney 7 disease center.

8 (5) The department is authorized to charge fees for the review of 9 certificate of need applications and requests for exemptions from 10 certificate of need review. The fees shall be sufficient to cover the 11 full cost of review and exemption, which may include the development of 12 standards, criteria, and policies.

13 (6) No person may divide a project in order to avoid review14 requirements under any of the thresholds specified in this section.

15 (7)(a) The requirement that a health maintenance organization 16 obtain a certificate of need under subsection (4)(a) of this section 17 for the construction, development, or other establishment of a hospital 18 does not apply to a health maintenance organization operating a group 19 practice that has been continuously licensed as a health maintenance 20 organization since January 1, 2009;

(b) The requirement that a health maintenance organization obtain a certificate of need under subsection (4)(b) of this section to sell, purchase, or lease a hospital does not apply to a health maintenance organization operating a group practice that has been continuously licensed as a health maintenance organization since January 1, 2009.

26 **Sec. 48.** RCW 70.38.111 and 2009 c 315 s 2 and 2009 c 89 s 1 are 27 each reenacted and amended to read as follows:

(1) The department shall not require a certificate of need for theoffering of an inpatient tertiary health service by:

30 (a) A health maintenance organization or a combination of health 31 maintenance organizations if (i) the organization or combination of organizations has, in the service area of the organization or the 32 service areas of the organizations in the combination, an enrollment of 33 at least fifty thousand individuals, (ii) the facility in which the 34 service will be provided is or will be geographically located so that 35 36 the service will be reasonably accessible to such enrolled individuals, 37 and (iii) at least seventy-five percent of the patients who can

1 reasonably be expected to receive the tertiary health service will be 2 individuals enrolled with such organization or organizations in the 3 combination;

(b) A health care facility if (i) the facility primarily provides 4 or will provide inpatient health services, (ii) the facility is or will 5 be controlled, directly or indirectly, by a health maintenance 6 organization or a combination of health maintenance organizations which 7 has, in the service area of the organization or service areas of the 8 organizations in the combination, an enrollment of at least fifty 9 thousand individuals, (iii) the facility is or will be geographically 10 located so that the service will be reasonably accessible to such 11 12 enrolled individuals, and (iv) at least seventy-five percent of the 13 patients who can reasonably be expected to receive the tertiary health 14 service will be individuals enrolled with such organization or organizations in the combination; or 15

(c) A health care facility (or portion thereof) if (i) the facility 16 17 is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the 18 service area of the organization or the service areas of 19 the organizations in the combination, an enrollment of at least fifty 20 21 thousand individuals and, on the date the application is submitted 22 under subsection (2) of this section, at least fifteen years remain in the term of the lease, (ii) the facility is or will be geographically 23 24 located so that the service will be reasonably accessible to such enrolled individuals, and (iii) at least seventy-five percent of the 25 patients who can reasonably be expected to receive the tertiary health 26 27 service will be individuals enrolled with such organization;

if, with respect to such offering or obligation by a nursing home, the department has, upon application under subsection (2) of this section, granted an exemption from such requirement to the organization, combination of organizations, or facility.

32 (2) A health maintenance organization, combination of health 33 maintenance organizations, or health care facility shall not be exempt 34 under subsection (1) of this section from obtaining a certificate of 35 need before offering a tertiary health service unless:

36 (a) It has submitted at least thirty days prior to the offering of
 37 services reviewable under RCW 70.38.105(4)(d) an application for such
 38 exemption; and

1 (b) The application contains such information respecting the 2 organization, combination, or facility and the proposed offering or 3 obligation by a nursing home as the department may require to determine 4 if the organization or combination meets the requirements of subsection 5 (1) of this section or the facility meets or will meet such 6 requirements; and

7 (c) The department approves such application. The department shall approve or disapprove an application for exemption within thirty days 8 of receipt of a completed application. In the case of a proposed 9 10 health care facility (or portion thereof) which has not begun to provide tertiary health services on the date an application is 11 12 submitted under this subsection with respect to such facility (or 13 portion), the facility (or portion) shall meet the applicable requirements of subsection (1) of this section when the facility first 14 provides such services. The department shall approve an application 15 submitted under this subsection if it determines that the applicable 16 requirements of subsection (1) of this section are met. 17

(3) A health care facility (or any part thereof) with respect to which an exemption was granted under subsection (1) of this section may not be sold or leased and a controlling interest in such facility or in a lease of such facility may not be acquired and a health care facility described in (1)(c) which was granted an exemption under subsection (1) of this section may not be used by any person other than the lessee described in (1)(c) unless:

(a) The department issues a certificate of need approving the sale,
lease, acquisition, or use; or

27 (b) The department determines, upon application, that (i) the entity to which the facility is proposed to be sold or leased, which 28 intends to acquire the controlling interest, or which intends to use 29 the facility is a health maintenance organization or a combination of 30 31 health maintenance organizations which meets the requirements of 32 (1)(a)(i), and (ii) with respect to such facility, meets the requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i) 33 34 and (ii).

35 (4) In the case of a health maintenance organization, an ambulatory 36 care facility, or a health care facility, which ambulatory or health 37 care facility is controlled, directly or indirectly, by a health 38 maintenance organization or a combination of health maintenance organizations, the department may under the program apply its certificate of need requirements to the offering of inpatient tertiary health services to the extent that such offering is not exempt under the provisions of this section or RCW 70.38.105(7).

5 (5)(a) The department shall not require a certificate of need for 6 the construction, development, or other establishment of a nursing 7 home, or the addition of beds to an existing nursing home, that is 8 owned and operated by a continuing care retirement community that:

9

(i) Offers services only to contractual members;

10 (ii) Provides its members a contractually guaranteed range of 11 services from independent living through skilled nursing, including 12 some assistance with daily living activities;

(iii) Contractually assumes responsibility for the cost of services exceeding the member's financial responsibility under the contract, so that no third party, with the exception of insurance purchased by the retirement community or its members, but including the medicaid program, is liable for costs of care even if the member depletes his or her personal resources;

(iv) Has offered continuing care contracts and operated a nursing home continuously since January 1, 1988, or has obtained a certificate of need to establish a nursing home;

(v) Maintains a binding agreement with the state assuring that financial liability for services to members, including nursing home services, will not fall upon the state;

(vi) Does not operate, and has not undertaken a project that would result in a number of nursing home beds in excess of one for every four living units operated by the continuing care retirement community, exclusive of nursing home beds; and

(vii) Has obtained a professional review of pricing and long-term solvency within the prior five years which was fully disclosed to members.

32 (b) A continuing care retirement community shall not be exempt33 under this subsection from obtaining a certificate of need unless:

(i) It has submitted an application for exemption at least thirty
days prior to commencing construction of, is submitting an application
for the licensure of, or is commencing operation of a nursing home,
whichever comes first; and

1 (ii) The application documents to the department that the 2 continuing care retirement community qualifies for exemption.

3 (c) The sale, lease, acquisition, or use of part or all of a 4 continuing care retirement community nursing home that qualifies for 5 exemption under this subsection shall require prior certificate of need 6 approval to qualify for licensure as a nursing home unless the 7 department determines such sale, lease, acquisition, or use is by a 8 continuing care retirement community that meets the conditions of (a) 9 of this subsection.

10 (6) A rural hospital, as defined by the department, reducing the 11 number of licensed beds to become a rural primary care hospital under 12 the provisions of Part A Title XVIII of the Social Security Act Section 13 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction 14 of beds licensed under chapter 70.41 RCW, increase the number of 15 licensed beds to no more than the previously licensed number without 16 being subject to the provisions of this chapter.

(7) A rural health care facility licensed under RCW 70.175.100 17 formerly licensed as a hospital under chapter 70.41 RCW may, within 18 three years of the effective date of the rural health care facility 19 license, apply to the department for a hospital license and not be 20 21 subject to the requirements of RCW 70.38.105(4)(a) as the construction, 22 development, or other establishment of a new hospital, provided there is no increase in the number of beds previously licensed under chapter 23 24 70.41 RCW and there is no redistribution in the number of beds used for 25 acute care or long-term care, the rural health care facility has been 26 in continuous operation, and the rural health care facility has not 27 been purchased or leased.

(8)(a) A nursing home that voluntarily reduces the number of its 28 licensed beds to provide assisted living, licensed ((boarding home)) 29 assisted living facility care, adult day care, adult day health, 30 31 respite care, hospice, outpatient therapy services, congregate meals, 32 home health, or senior wellness clinic, or to reduce to one or two the number of beds per room or to otherwise enhance the quality of life for 33 residents in the nursing home, may convert the original facility or 34 portion of the facility back, and thereby increase the number of 35 nursing home beds to no more than the previously licensed number of 36 37 nursing home beds without obtaining a certificate of need under this 38 chapter, provided the facility has been in continuous operation and has

not been purchased or leased. Any conversion to the original licensed bed capacity, or to any portion thereof, shall comply with the same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds; unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers.

8 (b) To convert beds back to nursing home beds under this 9 subsection, the nursing home must:

10 (i) Give notice of its intent to preserve conversion options to the 11 department of health no later than thirty days after the effective date 12 of the license reduction; and

13 (ii) Give notice to the department of health and to the department of social and health services of the intent to convert beds back. 14 Ιf construction is required for the conversion of beds back, the notice of 15 16 intent to convert beds back must be given, at a minimum, one year prior 17 to the effective date of license modification reflecting the restored beds; otherwise, the notice must be given a minimum of ninety days 18 prior to the effective date of license modification reflecting the 19 restored beds. Prior to any license modification to convert beds back 20 to nursing home beds under this section, the licensee must demonstrate 21 22 that the nursing home meets the certificate of need exemption 23 requirements of this section.

The term "construction," as used in (b)(ii) of this subsection, is limited to those projects that are expected to equal or exceed the expenditure minimum amount, as determined under this chapter.

(c) Conversion of beds back under this subsection must be completed no later than four years after the effective date of the license reduction. However, for good cause shown, the four-year period for conversion may be extended by the department of health for one additional four-year period.

32 (d) Nursing home beds that have been voluntarily reduced under this 33 section shall be counted as available nursing home beds for the purpose 34 of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the 35 facility retains the ability to convert them back to nursing home use 36 under the terms of this section.

(e) When a building owner has secured an interest in the nursinghome beds, which are intended to be voluntarily reduced by the licensee

1 under (a) of this subsection, the applicant shall provide the 2 department with a written statement indicating the building owner's 3 approval of the bed reduction.

4 (9)(a) The department shall not require a certificate of need for5 a hospice agency if:

6 (i) The hospice agency is designed to serve the unique religious or 7 cultural needs of a religious group or an ethnic minority and commits 8 to furnishing hospice services in a manner specifically aimed at 9 meeting the unique religious or cultural needs of the religious group 10 or ethnic minority;

11

(ii) The hospice agency is operated by an organization that:

(A) Operates a facility, or group of facilities, that offers a comprehensive continuum of long-term care services, including, at a minimum, a licensed, medicare-certified nursing home, assisted living, independent living, day health, and various community-based support services, designed to meet the unique social, cultural, and religious needs of a specific cultural and ethnic minority group;

(B) Has operated the facility or group of facilities for at leastten continuous years prior to the establishment of the hospice agency;

20 (iii) The hospice agency commits to coordinating with existing 21 hospice programs in its community when appropriate;

22 (iv) The hospice agency has a census of no more than forty 23 patients;

24 (v) The hospice agency commits to obtaining and maintaining 25 medicare certification;

(vi) The hospice agency only serves patients located in the same county as the majority of the long-term care services offered by the organization that operates the agency; and

29 (vii) The hospice agency is not sold or transferred to another 30 agency.

(b) The department shall include the patient census for an agency exempted under this subsection (9) in its calculations for future certificate of need applications.

34 **Sec. 49.** RCW 70.79.090 and 2009 c 90 s 4 are each amended to read 35 as follows:

The following boilers and unfired pressure vessels shall be exempt from the requirements of RCW 70.79.220 and 70.79.240 through 70.79.330: (1) Boilers or unfired pressure vessels located on farms and used
 solely for agricultural purposes;

3 (2) Unfired pressure vessels that are part of fertilizer applicator
4 rigs designed and used exclusively for fertilization in the conduct of
5 agricultural operations;

(3) Steam boilers used exclusively for heating purposes carrying a
pressure of not more than fifteen pounds per square inch gauge and
which are located in private residences or in apartment houses of less
than six families;

10 (4) Hot water heating boilers carrying a pressure of not more than 11 thirty pounds per square inch and which are located in private 12 residences or in apartment houses of less than six families;

(5) Approved pressure vessels (hot water heaters, hot water storage 13 tanks, hot water supply boilers, and hot water heating boilers listed 14 by a nationally recognized testing agency), with approved safety 15 devices including a pressure relief valve, with a nominal water 16 17 containing capacity of one hundred twenty gallons or less having a heat input of two hundred thousand b.t.u.'s per hour or less, at pressure of 18 one hundred sixty pounds per square inch or less, and at temperatures 19 20 of two hundred ten degrees Fahrenheit or less: PROVIDED, HOWEVER, That such pressure vessels are not installed in schools, child care centers, 21 22 public and private hospitals, nursing ((and boarding)) homes, assisted living facilities, churches, public buildings owned or leased and 23 24 maintained by the state or any political subdivision thereof, and 25 assembly halls;

(6) Unfired pressure vessels containing only water under pressure for domestic supply purposes, including those containing air, the compression of which serves only as a cushion or airlift pumping systems, when located in private residences or in apartment houses of less than six families, or in public water systems as defined in RCW 70.119.020;

32

(7) Unfired pressure vessels containing liquified petroleum gases.

33 **Sec. 50.** RCW 70.87.305 and 2004 c 66 s 3 are each amended to read 34 as follows:

(1) The department shall, by rule, establish licensing requirements
 for conveyance work performed on private residence conveyances. These
 rules shall include an exemption from licensing for maintenance work on

private residence conveyances performed by an owner or at the direction 1 2 of the owner, provided the owner resides in the residence at which the conveyance is located and the conveyance is not accessible to the 3 general public. However, maintenance work performed on private 4 5 residence conveyances located in or at adult family homes licensed under chapter 70.128 RCW, ((boarding homes)) assisted living facilities 6 7 licensed under chapter 18.20 RCW, or similarly licensed caregiving facilities must comply with the licensing requirements of this chapter. 8 9 (2) The rules adopted under this section take effect July 1, 2004.

10 **Sec. 51.** RCW 70.97.060 and 2005 c 504 s 408 are each amended to 11 read as follows:

12 (1)(a) The department shall not license an enhanced services 13 facility that serves any residents under sixty-five years of age for a 14 capacity to exceed sixteen residents.

(b) The department may contract for services for the operation of enhanced services facilities only to the extent that funds are specifically provided for that purpose.

(2) The facility shall provide an appropriate level of security forthe characteristics, behaviors, and legal status of the residents.

20 (3) An enhanced services facility may hold only one license but, to 21 the extent permitted under state and federal law and medicaid 22 requirements, a facility may be located in the same building as another 23 licensed facility, provided that:

(a) The enhanced services facility is in a location that is totallyseparate and discrete from the other licensed facility; and

(b) The two facilities maintain separate staffing, unless an
 exception to this is permitted by the department in rule.

(4) Nursing homes under chapter 18.51 RCW, ((boarding-homes)) assisted_living_facilities under chapter 18.20 RCW, or adult family homes under chapter 70.128 RCW, that become licensed as facilities under this chapter shall be deemed to meet the applicable state and local rules, regulations, permits, and code requirements. All other facilities are required to meet all applicable state and local rules, regulations, permits, and code requirements.

35 **Sec. 52.** RCW 70.97.090 and 2005 c 504 s 411 are each amended to 36 read as follows: 1 This chapter does not apply to the following residential 2 facilities:

3 (1) Nursing homes licensed under chapter 18.51 RCW;

4 (2) ((Boarding homes)) Assisted living facilities licensed under
5 chapter 18.20 RCW;

6 (3) Adult family homes licensed under chapter 70.128 RCW;

(4) Facilities approved and certified under chapter 71A.22 RCW;

8 (5) Residential treatment facilities licensed under chapter 71.129 RCW; and

10

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(6) Hospitals licensed under chapter 70.41 RCW.

11 **Sec. 53.** RCW 70.122.020 and 1992 c 98 s 2 are each amended to read 12 as follows:

13 Unless the context clearly requires otherwise, the definitions 14 contained in this section shall apply throughout this chapter.

(1) "Adult person" means a person who has attained the age of majority as defined in RCW 26.28.010 and 26.28.015, and who has the capacity to make health care decisions.

18 (2) "Attending physician" means the physician selected by, or 19 assigned to, the patient who has primary responsibility for the 20 treatment and care of the patient.

(3) "Directive" means a written document voluntarily executed by the declarer generally consistent with the guidelines of RCW 70.122.030.

(4) "Health facility" means a hospital as defined in RCW
70.41.020(((2))) <u>(4)</u> or a nursing home as defined in RCW 18.51.010, a
home health agency or hospice agency as defined in RCW 70.126.010, or
((a-boarding-home)) an assisted living facility as defined in RCW
18.20.020.

(5) "Life-sustaining treatment" means any medical or surgical 29 30 intervention that uses mechanical or other artificial means, including 31 artificially provided nutrition and hydration, to sustain, restore, or replace a vital function, which, when applied to a qualified patient, 32 would serve only to prolong the process of dying. "Life-sustaining 33 34 treatment" shall not include the administration of medication or the 35 performance of any medical or surgical intervention deemed necessary 36 solely to alleviate pain.

1 (6) "Permanent unconscious condition" means an incurable and 2 irreversible condition in which the patient is medically assessed 3 within reasonable medical judgment as having no reasonable probability 4 of recovery from an irreversible coma or a persistent vegetative state. 5 (7) "Physician" means a person licensed under chapters 18.71 or 18.57 RCW.

7 (8) "Qualified patient" means an adult person who is a patient 8 diagnosed in writing to have a terminal condition by the patient's 9 attending physician, who has personally examined the patient, or a 10 patient who is diagnosed in writing to be in a permanent unconscious 11 condition in accordance with accepted medical standards by two 12 physicians, one of whom is the patient's attending physician, and both 13 of whom have personally examined the patient.

14 (9) "Terminal condition" means an incurable and irreversible 15 condition caused by injury, disease, or illness, that, within 16 reasonable medical judgment, will cause death within a reasonable 17 period of time in accordance with accepted medical standards, and where 18 the application of life-sustaining treatment serves only to prolong the 19 process of dying.

20 **Sec. 54.** RCW 70.127.040 and 2011 c 366 s 6 are each amended to 21 read as follows:

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

24 (1) A family member providing home health, hospice, or home care 25 services;

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

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

31 (4) A person furnishing or delivering home medical supplies or 32 equipment that does not involve the provision of services beyond those 33 necessary to deliver, set up, and monitor the proper functioning of the 34 equipment and educate the user on its proper use;

35 (5) A person who provides services through a contract with a 36 licensed agency;

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

(7) Facilities and institutions, including but not limited to 3 nursing homes under chapter 18.51 RCW, hospitals under chapter 70.41 4 RCW, adult family homes under chapter 70.128 RCW, ((boarding homes)) 5 assisted living facilities under chapter 18.20 RCW, developmental 6 7 disability residential programs under chapter 71A.12 RCW, other entities licensed under chapter 71.12 RCW, or other licensed facilities 8 and institutions, only when providing services to persons residing 9 10 within the facility or institution;

11 (8) Local and combined city-county health departments providing 12 services under chapters 70.05 and 70.08 RCW;

13 (9) An individual providing care to ill individuals, individuals 14 with disabilities, or vulnerable individuals through a contract with 15 the department of social and health services;

16 (10) Nursing homes, hospitals, or other institutions, agencies, 17 organizations, or persons that contract with licensed home health, 18 hospice, or home care agencies for the delivery of services;

(11) In-home assessments of an ill individual, an individual with a disability, or a vulnerable individual that does not result in regular ongoing care at home;

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

(13) A medicare-approved dialysis center operating a medicare-approved home dialysis program;

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

34 (15) Pharmacies licensed under RCW 18.64.043 that deliver 35 prescription drugs and durable medical equipment that does not involve 36 the use of professional services beyond those authorized to be 37 performed by licensed pharmacists pursuant to chapter 18.64 RCW and

1 those necessary to set up and monitor the proper functioning of the 2 equipment and educate the person on its proper use;

3 (16) A volunteer hospice complying with the requirements of RCW 4 70.127.050;

5 (17) A person who provides home care services without compensation;6 and

7 (18) Nursing homes that provide telephone or web-based transitional8 care management services.

9 Sec. 55. RCW 70.128.030 and 1989 c 427 s 17 are each amended to 10 read as follows:

11 The following residential facilities shall be exempt from the 12 operation of this chapter:

13 (1) Nursing homes licensed under chapter 18.51 RCW;

14 (2) ((Boarding homes)) Assisted living facilities licensed under 15 chapter 18.20 RCW;

16

(3) Facilities approved and certified under chapter 71A.22 RCW;

17 (4) Residential treatment centers for ((the - mentally - ill)) 18 <u>individuals with mental illness</u> licensed under chapter 71.24 RCW;

19 (5) Hospitals licensed under chapter 70.41 RCW;

20 (6) Homes for ((the-developmentally-disabled)) individuals with
 21 developmental disabilities licensed under chapter 74.15 RCW.

22 **Sec. 56.** RCW 70.128.210 and 1998 c 272 s 3 are each amended to 23 read as follows:

(1) The department of social and health services shall review, in 24 25 coordination with the department of health, the nursing care quality assurance commission, adult family home providers, ((boarding home)) 26 assisted living facility providers, in-home personal care providers, 27 and long-term care consumers and advocates, training standards for 28 29 providers, resident managers, and resident caregiving staff. The 30 departments and the commission shall submit to the appropriate committees of the house of representatives and the senate by December 31 1, 1998, specific recommendations on training standards and the 32 delivery system, including necessary statutory changes and funding 33 34 requirements. Any proposed enhancements shall be consistent with this 35 section, shall take into account and not duplicate other training 36 requirements applicable to adult family homes and staff, and shall be

developed with the input of adult family home and resident 1 2 representatives, health care professionals, and other vested interest Training standards and the delivery system shall be relevant 3 groups. to the needs of residents served by the adult family home and 4 5 recipients of long-term in-home personal care services and shall be sufficient to ensure that providers, resident managers, and caregiving 6 7 staff have the skills and knowledge necessary to provide high quality, 8 appropriate care.

(2) The recommendations on training standards and the delivery 9 10 system developed under subsection (1) of this section shall be based on a review and consideration of the following: Quality of care; 11 12 availability of training; affordability, including the training costs 13 incurred by the department of social and health services and private 14 providers; portability of existing training requirements; competency testing; practical and clinical course work; methods of delivery of 15 training; standards for management; uniform caregiving staff training; 16 17 necessary enhancements for special needs populations; and resident rights training. Residents with special needs include, but are not 18 limited to, residents with a diagnosis of mental illness, dementia, or 19 developmental disability. Development of training recommendations for 20 21 developmental disabilities services shall be coordinated with the study 22 requirements in section 6, chapter 272, Laws of 1998.

(3) The department of social and health services shall report to the appropriate committees of the house of representatives and the senate by December 1, 1998, on the cost of implementing the proposed training standards for state-funded residents, and on the extent to which that cost is covered by existing state payment rates.

28 **Sec. 57.** RCW 70.129.005 and 1994 c 214 s 1 are each amended to 29 read as follows:

The legislature recognizes that long-term care facilities are a critical part of the state's long-term care services system. It is the intent of the legislature that individuals who reside in long-term care facilities receive appropriate services, be treated with courtesy, and continue to enjoy their basic civil and legal rights.

35 It is also the intent of the legislature that long-term care 36 facility residents have the opportunity to exercise reasonable control 37 over life decisions. The legislature finds that choice, participation, 1 privacy, and the opportunity to engage in religious, political, civic, 2 recreational, and other social activities foster a sense of self-worth 3 and enhance the quality of life for long-term care residents.

The legislature finds that the public interest would be best served by providing the same basic resident rights in all long-term care settings. Residents in nursing facilities are guaranteed certain rights by federal law and regulation, 42 U.S.C. 1396r and 42 C.F.R. part 483. It is the intent of the legislature to extend those basic rights to residents in veterans' homes, ((boarding-homes)) assisted living facilities, and adult family homes.

11 The legislature intends that a facility should care for its 12 residents in a manner and in an environment that promotes maintenance 13 or enhancement of each resident's quality of life. A resident should 14 have a safe, clean, comfortable, and homelike environment, allowing the 15 resident to use his or her personal belongings to the extent possible.

16 Sec. 58. RCW 70.129.160 and 1998 c 245 s 113 are each amended to 17 read as follows:

The long-term care ombudsman shall monitor implementation of this 18 19 chapter and determine the degree to which veterans' homes, nursing facilities, adult family homes, and ((boarding homes)) assisted living 20 21 <u>facilities</u> ensure that residents are able to exercise their rights. 22 The long-term care ombudsman shall consult with the departments of 23 health and social and health services, long-term care facility 24 organizations, resident groups, ((and)) senior ((and disabled)) citizen organizations, __ and __ organizations __ concerning __ individuals __ with 25 26 disabilities.

27 **Sec. 59.** RCW 71.24.025 and 2008 c 261 s 2 are each amended to read 28 as follows:

29 Unless the context clearly requires otherwise, the definitions in 30 this section apply throughout this chapter.

31 (1) "Acutely mentally ill" means a condition which is limited to a 32 short-term severe crisis episode of:

(a) A mental disorder as defined in RCW 71.05.020 or, in the case
of a child, as defined in RCW 71.34.020;

35 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the

1 case of a child, a gravely disabled minor as defined in RCW 71.34.020;
2 or

3 (c) Presenting a likelihood of serious harm as defined in RCW
4 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

5 (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except 6 7 those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the 8 legislature during any biennium for the purpose of providing 9 residential services, resource management services, community support 10 11 services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the 12 state psychiatric hospitals. 13

14

(3) "Child" means a person under the age of eighteen years.

15 (4) "Chronically mentally ill adult" or "adult who is chronically 16 mentally ill" means an adult who has a mental disorder and meets at 17 least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for amental disorder within the preceding two years; or

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.

(5) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.

(6) "Community mental health program" means all mental health
 services, activities, or programs using available resources.

33 (7) "Community mental health service delivery system" means public 34 or private agencies that provide services specifically to persons with 35 mental disorders as defined under RCW 71.05.020 and receive funding 36 from public sources.

37 (8) "Community support services" means services authorized,38 planned, and coordinated through resource management services

including, at a minimum, assessment, diagnosis, emergency crisis 1 2 intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being 3 considered for placement in nursing homes as required by federal law, 4 5 screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally б 7 ill or severely emotionally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, 8 and treatment program, investigation, legal, and other nonresidential 9 10 services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, 11 assuring transfer of relevant patient information between service 12 13 providers, recovery services, and other services determined by regional 14 support networks.

(9) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

(10) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

25 (11) "Department" means the department of social and health 26 services.

(12) "Designated mental health professional" means a mental health
professional designated by the county or other authority authorized in
rule to perform the duties specified in this chapter.

30 (13) "Emerging best practice" or "promising practice" means a 31 practice that presents, based on preliminary information, potential for 32 becoming a research-based or consensus-based practice.

33 (14) "Evidence-based" means a program or practice that has had 34 multiple site random controlled trials across heterogeneous populations 35 demonstrating that the program or practice is effective for the 36 population.

(15) "Licensed service provider" means an entity licensed according
 to this chapter or chapter 71.05 RCW or an entity deemed to meet state

1 minimum standards as a result of accreditation by a recognized 2 behavioral health accrediting body recognized and having a current 3 agreement with the department, that meets state minimum standards or 4 persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it 5 applies to registered nurses and advanced registered nurse 6 practitioners.

7 (16) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment 8 9 for, periods of ninety days or greater under chapter 71.05 RCW. "Longterm inpatient care as used in this chapter does not include: (a) 10 Services for individuals committed under chapter 71.05 RCW who are 11 receiving services pursuant to a conditional release or a court-ordered 12 less restrictive alternative to detention; or (b) services for 13 14 individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital. 15

16 (17) "Mental health services" means all services provided by 17 regional support networks and other services provided by the state for 18 persons who are mentally ill.

(18) "Mentally ill persons," "persons who are mentally ill," and the mentally ill" mean persons and conditions defined in subsections (1), (4), (27), and (28) of this section.

(19) "Recovery" means the process in which people are able to live,work, learn, and participate fully in their communities.

(20) "Regional support network" means a county authority or group
 of county authorities or other entity recognized by the secretary in
 contract in a defined region.

(21) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

32 (22) "Research-based" means a program or practice that has some 33 research demonstrating effectiveness, but that does not yet meet the 34 standard of evidence-based practices.

35 (23) "Residential services" means a complete range of residences 36 and supports authorized by resource management services and which may 37 involve a facility, a distinct part thereof, or services which support 38 community living, for persons who are acutely mentally ill, adults who

are chronically mentally ill, children who are severely emotionally 1 2 disturbed, or adults who are seriously disturbed and determined by the regional support network to be at risk of becoming acutely or 3 chronically mentally ill. The services shall include at least 4 evaluation and treatment services as defined in chapter 71.05 RCW, 5 acute crisis respite care, long-term adaptive and rehabilitative care, 6 7 and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally 8 9 ill in nursing homes, ((boarding homes)) assisted living facilities, 10 and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. 11 Residential services for children in out-of-home placements related to 12 13 their mental disorder shall not include the costs of food and shelter, 14 except for children's long-term residential facilities existing prior 15 to January 1, 1991.

16 (24) "Resilience" means the personal and community qualities that 17 enable individuals to rebound from adversity, trauma, tragedy, threats, 18 or other stresses, and to live productive lives.

19 (25) "Resource management services" the mean planning, coordination, and authorization of residential services and community 20 21 support services administered pursuant to an individual service plan 22 for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely 23 24 emotionally disturbed; or (d) adults who are seriously disturbed and 25 determined solely by a regional support network to be at risk of becoming acutely or chronically mentally ill. Such planning, 26 27 coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic 28 screening, diagnosis, and treatment program. Resource management 29 services include seven day a week, twenty-four hour a day availability 30 31 of information regarding enrollment of adults and children who are 32 mentally ill in services and their individual service plan to designated mental health professionals, evaluation and treatment 33 34 facilities, and others as determined by the regional support network.

35 (26) "Secretary" means the secretary of social and health services.

36 (27) "Seriously disturbed person" means a person who:

37 (a) Is gravely disabled or presents a likelihood of serious harm to

1 himself or herself or others, or to the property of others, as a result 2 of a mental disorder as defined in chapter 71.05 RCW;

3 (b) Has been on conditional release status, or under a less 4 restrictive alternative order, at some time during the preceding two 5 years from an evaluation and treatment facility or a state mental 6 health hospital;

7 (c) Has a mental disorder which causes major impairment in several8 areas of daily living;

9

(d) Exhibits suicidal preoccupation or attempts; or

10 (e) Is a child diagnosed by a mental health professional, as 11 defined in chapter 71.34 RCW, as experiencing a mental disorder which 12 is clearly interfering with the child's functioning in family or school 13 or with peers or is clearly interfering with the child's personality 14 development and learning.

15 (28) "Severely emotionally disturbed child" or "child who is 16 severely emotionally disturbed" means a child who has been determined 17 by the regional support network to be experiencing a mental disorder as 18 defined in chapter 71.34 RCW, including those mental disorders that 19 result in a behavioral or conduct disorder, that is clearly interfering 20 with the child's functioning in family or school or with peers and who 21 meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of thehome related to a mental disorder within the last two years;

(b) Has undergone involuntary treatment under chapter 71.34 RCWwithin the last two years;

(c) Is currently served by at least one of the following childserving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

29

(d) Is at risk of escalating maladjustment due to:

30 (i) Chronic family dysfunction involving a caretaker who is 31 mentally ill or inadequate;

32

(ii) Changes in custodial adult;

33 (iii) Going to, residing in, or returning from any placement 34 outside of the home, for example, psychiatric hospital, short-term 35 inpatient, residential treatment, group or foster home, or a 36 correctional facility;

37 (iv) Subject to repeated physical abuse or neglect;

38 (v) Drug or alcohol abuse; or

1 (vi) Homelessness.

2 (29) "State minimum standards" means minimum requirements 3 established by rules adopted by the secretary and necessary to 4 implement this chapter for: (a) Delivery of mental health services; 5 (b) licensed service providers for the provision of mental health 6 services; (c) residential services; and (d) community support services 7 and resource management services.

(30) "Treatment records" include registration and all other records 8 9 concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by 10 regional support networks and their staffs, and 11 by treatment 12 facilities. Treatment records do not include notes or records 13 maintained for personal use by a person providing treatment services 14 for the department, regional support networks, or a treatment facility if the notes or records are not available to others. 15

16 (31) "Tribal authority," for the purposes of this section and RCW 17 71.24.300 only, means: The federally recognized Indian tribes and the 18 major Indian organizations recognized by the secretary insofar as these 19 organizations do not have a financial relationship with any regional 20 support network that would present a conflict of interest.

21 **Sec. 60.** RCW 74.09.120 and 2011 1st sp.s. c 15 s 9 are each 22 amended to read as follows:

23 (1) The department shall purchase nursing home care by contract and 24 payment for the care shall be in accordance with the provisions of chapter 74.46 RCW and rules adopted by the department. No payment 25 26 shall be made to a nursing home which does not permit inspection by the 27 authority and the department of every part of its premises and an examination of all records, including financial records, methods of 28 administration, general and special dietary programs, the disbursement 29 30 of drugs and methods of supply, and any other records the authority or 31 the department deems relevant to the regulation of nursing home operations, enforcement of standards for resident care, and payment for 32 33 nursing home services.

34 (2) The department may purchase nursing home care by contract in
 35 veterans' homes operated by the state department of veterans affairs
 36 and payment for the care shall be in accordance with the provisions of

chapter 74.46 RCW and rules adopted by the department under the
 authority of RCW 74.46.800.

(3) The department may purchase care in institutions for persons 3 with intellectual disabilities, also known as intermediate care 4 5 facilities for persons with intellectual disabilities. The department shall establish rules for reasonable accounting and reimbursement б 7 systems for such care. Institutions for persons with intellectual disabilities include licensed nursing homes, public institutions, 8 licensed ((boarding-homes)) assisted_living_facilities with fifteen 9 beds or less, and hospital facilities certified as intermediate care 10 facilities for persons with intellectual disabilities under the federal 11 12 medicaid program to provide health, habilitative, or rehabilitative 13 services and twenty-four hour supervision for persons with intellectual 14 disabilities or related conditions and includes in the program "active treatment" as federally defined. 15

16 (4) The department may purchase care in institutions for mental 17 diseases by contract. The department shall establish rules for 18 reasonable accounting and reimbursement systems for such care. 19 Institutions for mental diseases are certified under the federal 20 medicaid program and primarily engaged in providing diagnosis, 21 treatment, or care to persons with mental diseases, including medical 22 attention, nursing care, and related services.

(5) Both the department and the authority may each purchase all other services provided under this chapter by contract or at rates established by the department or the authority respectively.

26 **Sec. 61.** RCW 74.15.020 and 2009 c 520 s 13 are each amended to 27 read as follows:

((For-the-purpose-of)) The definitions in this section apply throughout this chapter and RCW 74.13.031((, and)) unless the context clearly requires otherwise ((clearly indicated by the context thereof, the following terms shall mean:)).

(1) "Agency" means any person, firm, partnership, association, corporation, or facility which receives children, expectant mothers, or persons with developmental disabilities for control, care, or maintenance outside their own homes, or which places, arranges the placement of, or assists in the placement of children, expectant mothers, or persons with developmental disabilities for foster care or

1 placement of children for adoption, and shall include the following 2 irrespective of whether there is compensation to the agency or to the 3 children, expectant mothers or persons with developmental disabilities 4 for services rendered:

5 (a) "Child-placing agency" means an agency which places a child or
6 children for temporary care, continued care, or for adoption;

7 (b) "Community facility" means a group care facility operated for 8 the care of juveniles committed to the department under RCW 13.40.185. 9 A county detention facility that houses juveniles committed to the 10 department under RCW 13.40.185 pursuant to a contract with the 11 department is not a community facility;

12 (c) "Crisis residential center" means an agency which is a 13 temporary protective residential facility operated to perform the 14 duties specified in chapter 13.32A RCW, in the manner provided in RCW 15 74.13.032 through 74.13.036;

16 (d) "Emergency respite center" is an agency that may be commonly 17 known as a crisis nursery, that provides emergency and crisis care for up to seventy-two hours to children who have been admitted by their 18 19 parents or guardians to prevent abuse or neglect. Emergency respite centers may operate for up to twenty-four hours a day, and for up to 20 21 seven days a week. Emergency respite centers may provide care for 22 children ages birth through seventeen, and for persons eighteen through twenty with developmental disabilities who are admitted with a sibling 23 24 or siblings through age seventeen. Emergency respite centers may not 25 substitute for crisis residential centers or HOPE centers, or any other services defined under this section, and may not substitute for 26 27 services which are required under chapter 13.32A or 13.34 RCW;

(e) "Foster-family home" means an agency which regularly provides care on a twenty-four hour basis to one or more children, expectant mothers, or persons with developmental disabilities in the family abode of the person or persons under whose direct care and supervision the child, expectant mother, or person with a developmental disability is placed;

(f) "Group-care facility" means an agency, other than a fosterfamily home, which is maintained and operated for the care of a group of children on a twenty-four hour basis;

37 (g) "HOPE center" means an agency licensed by the secretary to 38 provide temporary residential placement and other services to street

youth. A street youth may remain in a HOPE center for thirty days 1 2 while services are arranged and permanent placement is coordinated. No street youth may stay longer than thirty days unless approved by the 3 department and any additional days approved by the department must be 4 5 based on the unavailability of a long-term placement option. A street youth whose parent wants him or her returned to home may remain in a 6 7 HOPE center until his or her parent arranges return of the youth, not longer. All other street youth must have court approval under chapter 8 9 13.34 or 13.32A RCW to remain in a HOPE center up to thirty days;

10 (h) "Maternity service" means an agency which provides or arranges 11 for care or services to expectant mothers, before or during 12 confinement, or which provides care as needed to mothers and their 13 infants after confinement;

14 (i) "Responsible living skills program" means an agency licensed by the secretary that provides residential and transitional living 15 services to persons ages sixteen to eighteen who are dependent under 16 17 chapter 13.34 RCW and who have been unable to live in his or her legally authorized residence and, as a result, the minor lived outdoors 18 or in another unsafe location not intended for occupancy by the minor. 19 Dependent minors ages fourteen and fifteen may be eligible if no other 20 21 placement alternative is available and the department approves the 22 placement;

23 (j) "Service provider" means the entity that operates a community 24 facility.

25

(2) "Agency" shall not include the following:

(a) Persons related to the child, expectant mother, or person withdevelopmental disability in the following ways:

(i) Any blood relative, including those of half-blood, and including first cousins, second cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;

32

(ii) Stepfather, stepmother, stepbrother, and stepsister;

(iii) A person who legally adopts a child or the child's parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;

37 (iv) Spouses of any persons named in (i), (ii), or (iii) of this
38 subsection (2)(a), even after the marriage is terminated;

(v) Relatives, as named in (i), (ii), (iii), or (iv) of this
 subsection (2)(a), of any half sibling of the child; or

(vi) Extended family members, as defined by the law or custom of 3 the Indian child's tribe or, in the absence of such law or custom, a 4 5 person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law 6 7 sister-in-law, niece or nephew, first or second cousin, or or stepparent who provides care in the family abode on a twenty-four-hour 8 basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4); 9

(b) Persons who are legal guardians of the child, expectant mother,or persons with developmental disabilities;

12 (c) Persons who care for a neighbor's or friend's child or 13 children, with or without compensation, where the parent and person 14 providing care on a twenty-four-hour basis have agreed to the placement 15 in writing and the state is not providing any payment for the care;

16 (d) A person, partnership, corporation, or other entity that 17 provides placement or similar services to exchange students or 18 international student exchange visitors or persons who have the care of 19 an exchange student in their home;

(e) A person, partnership, corporation, or other entity that provides placement or similar services to international children who have entered the country by obtaining visas that meet the criteria for medical care as established by the United States citizenship and immigration services, or persons who have the care of such an international child in their home;

26 (f) Schools, including boarding schools, which are engaged 27 primarily in education, operate on a definite school year schedule, 28 follow a stated academic curriculum, accept only school-age children 29 and do not accept custody of children;

30 (g) Hospitals licensed pursuant to chapter 70.41 RCW when 31 performing functions defined in chapter 70.41 RCW, nursing homes 32 licensed under chapter 18.51 RCW and ((boarding homes)) assisted living 33 <u>facilities</u> licensed under chapter 18.20 RCW;

- 34
- (h) Licensed physicians or lawyers;

35 (i) Facilities approved and certified under chapter 71A.22 RCW;

36 (j) Any agency having been in operation in this state ten years 37 prior to June 8, 1967, and not seeking or accepting moneys or assistance from any state or federal agency, and is supported in part
 by an endowment or trust fund;

3 (k) Persons who have a child in their home for purposes of 4 adoption, if the child was placed in such home by a licensed child-5 placing agency, an authorized public or tribal agency or court or if a 6 replacement report has been filed under chapter 26.33 RCW and the 7 placement has been approved by the court;

8 (1) An agency operated by any unit of local, state, or federal 9 government or an agency licensed by an Indian tribe pursuant to RCW 10 74.15.190;

(m) A maximum or medium security program for juvenile offenders operated by or under contract with the department;

(n) An agency located on a federal military reservation, except where the military authorities request that such agency be subject to the licensing requirements of this chapter.

16 (3) "Department" means the state department of social and health 17 services.

(4) "Juvenile" means a person under the age of twenty-one who has
been sentenced to a term of confinement under the supervision of the
department under RCW 13.40.185.

(5) "Performance-based contracts" or "contracting" means the structuring of all aspects of the procurement of services around the purpose of the work to be performed and the desired results with the contract requirements set forth in clear, specific, and objective terms with measurable outcomes. Contracts may also include provisions that link the performance of the contractor to the level and timing of the reimbursement.

(6) "Probationary license" means a license issued as a disciplinary
 measure to an agency that has previously been issued a full license but
 is out of compliance with licensing standards.

31 (7) "Requirement" means any rule, regulation, or standard of care32 to be maintained by an agency.

33

(8) "Secretary" means the secretary of social and health services.

(9) "Street youth" means a person under the age of eighteen who
lives outdoors or in another unsafe location not intended for occupancy
by the minor and who is not residing with his or her parent or at his
or her legally authorized residence.

1 (10) "Supervising agency" means an agency licensed by the state 2 under RCW 74.15.090 or an Indian tribe under RCW 74.15.190 that has 3 entered into a performance-based contract with the department to 4 provide child welfare services.

5 (11) "Transitional living services" means at a minimum, to the 6 extent funds are available, the following:

7 (a) Educational services, including basic literacy and 8 computational skills training, either in local alternative or public 9 high schools or in a high school equivalency program that leads to 10 obtaining a high school equivalency degree;

(b) Assistance and counseling related to obtaining vocational training or higher education, job readiness, job search assistance, and placement programs;

(c) Counseling and instruction in life skills such as money
 management, home management, consumer skills, parenting, health care,
 access to community resources, and transportation and housing options;

17

(d) Individual and group counseling; and

(e) Establishing networks with federal agencies and state and local organizations such as the United States department of labor, employment and training administration programs including the workforce investment act which administers private industry councils and the job corps; vocational rehabilitation; and volunteer programs.

23 Sec. 62. RCW 74.34.020 and 2011 c 170 s 1 and 2011 c 89 s 18 are 24 each reenacted and amended to read as follows:

25 ((Unless the context clearly requires otherwise,)) The definitions 26 in this section apply throughout this chapter <u>unless the context</u> 27 <u>clearly requires otherwise</u>.

(1) "Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

32 (2) "Abuse" means the willful action or inaction that inflicts 33 injury, unreasonable confinement, intimidation, or punishment on a 34 vulnerable adult. In instances of abuse of a vulnerable adult who is 35 unable to express or demonstrate physical harm, pain, or mental 36 anguish, the abuse is presumed to cause physical harm, pain, or mental 1 anguish. Abuse includes sexual abuse, mental abuse, physical abuse, 2 and exploitation of a vulnerable adult, which have the following 3 meanings:

(a) "Sexual abuse" means any form of nonconsensual sexual contact, 4 5 including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual 6 7 harassment. Sexual abuse includes any sexual contact between a staff person, who is not also a resident or client, of a facility or a staff 8 person of a program authorized under chapter 71A.12 RCW, and a 9 vulnerable adult living in that facility or receiving service from a 10 11 program authorized under chapter 71A.12 RCW, whether or not it is 12 consensual.

(b) "Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.

(c) "Mental abuse" means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.

(d) "Exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

30 (3) "Consent" means express written consent granted after the 31 vulnerable adult or his or her legal representative has been fully 32 informed of the nature of the services to be offered and that the 33 receipt of services is voluntary.

34 (4) "Department" means the department of social and health 35 services.

36 (5) "Facility" means a residence licensed or required to be 37 licensed under chapter 18.20 RCW, ((boarding homes)) assisted living 38 <u>facilities</u>; chapter 18.51 RCW, nursing homes; chapter 70.128 RCW, adult

1 family homes; chapter 72.36 RCW, soldiers' homes; or chapter 71A.20 2 RCW, residential habilitation centers; or any other facility licensed 3 or certified by the department.

(6) "Financial exploitation" means the illegal or improper use,
control over, or withholding of the property, income, resources, or
trust funds of the vulnerable adult by any person or entity for any
person's or entity's profit or advantage other than for the vulnerable
adult's profit or advantage. "Financial exploitation" includes, but is
not limited to:

10 (a) The use of deception, intimidation, or undue influence by a 11 person or entity in a position of trust and confidence with a 12 vulnerable adult to obtain or use the property, income, resources, or 13 trust funds of the vulnerable adult for the benefit of a person or 14 entity other than the vulnerable adult;

(b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

(c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

(7) "Financial institution" has the same meaning as in RCW
30.22.040 and 30.22.041. For purposes of this chapter only, "financial
institution" also means a "broker-dealer" or "investment adviser" as
defined in RCW 21.20.005.

30 (8) "Incapacitated person" means a person who is at a significant 31 risk of personal or financial harm under RCW 11.88.010(1) (a), (b), 32 (c), or (d).

33 (9) "Individual provider" means a person under contract with the 34 department to provide services in the home under chapter 74.09 or 35 74.39A RCW.

36 (10) "Interested person" means a person who demonstrates to the 37 court's satisfaction that the person is interested in the welfare of 38 the vulnerable adult, that the person has a good faith belief that the 1 court's intervention is necessary, and that the vulnerable adult is 2 unable, due to incapacity, undue influence, or duress at the time the 3 petition is filed, to protect his or her own interests.

4 (11) "Mandated reporter" is an employee of the department; law 5 enforcement officer; social worker; professional school personnel; 6 individual provider; an employee of a facility; an operator of a 7 facility; an employee of a social service, welfare, mental health, 8 adult day health, adult day care, home health, home care, or hospice 9 agency; county coroner or medical examiner; Christian Science 10 practitioner; or health care provider subject to chapter 18.130 RCW.

(12) "Neglect" means (a) a pattern of conduct or inaction by a 11 person or entity with a duty of care that fails to provide the goods 12 13 and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or 14 pain to a vulnerable adult; or (b) an act or omission that demonstrates 15 16 a serious disregard of consequences of such a magnitude as to 17 constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited 18 under RCW 9A.42.100. 19

20 (13) "Permissive reporter" means any person, including, but not 21 limited to, an employee of a financial institution, attorney, or 22 volunteer in a facility or program providing services for vulnerable 23 adults.

24 (14) "Protective services" means any services provided by the 25 department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has 26 27 been abandoned, abused, financially exploited, neglected, or in a state of self-neglect. These services may include, but are not limited to 28 29 case management, social casework, home care, placement, arranging for 30 medical evaluations, psychological evaluations, day care, or referral 31 for legal assistance.

(15) "Self-neglect" means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care

1 agency, or an individual provider when the neglect is not a result of 2 inaction by that agency or individual provider.

3

(16) "Social worker" means:

4

(a) A social worker as defined in RCW 18.320.010(2); or

5 (b) Anyone engaged in a professional capacity during the regular 6 course of employment in encouraging or promoting the health, welfare, 7 support, or education of vulnerable adults, or providing social 8 services to vulnerable adults, whether in an individual capacity or as 9 an employee or agent of any public or private organization or 10 institution.

11

(17) "Vulnerable adult" includes a person:

(a) Sixty years of age or older who has the functional, mental, orphysical inability to care for himself or herself; or

14 (b) Found incapacitated under chapter 11.88 RCW; or

15 (c) Who has a developmental disability as defined under RCW 16 71A.10.020; or

17

(d) Admitted to any facility; or

(e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or

21 (f) Receiving services from an individual provider; or

(g) Who self-directs his or her own care and receives services froma personal aide under chapter 74.39 RCW.

24 **Sec. 63.** RCW 74.39A.009 and 2009 c 580 s 1 are each amended to 25 read as follows:

26 ((Unless the context clearly requires otherwise,)) The definitions 27 in this section apply throughout this chapter <u>unless the context</u> 28 <u>clearly requires otherwise</u>.

(1) "Adult family home" means a home licensed under chapter 70.128RCW.

31 (2) "Adult residential care" means services provided by ((a 32 boarding-home)) an assisted living facility that is licensed under 33 chapter 18.20 RCW and that has a contract with the department under RCW 34 74.39A.020 to provide personal care services.

35 (3) "Assisted living services" means services provided by ((a 36 boarding home)) an assisted living facility that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services, and the resident is housed in a private apartment-like unit.

4 (4) "((Boarding home)) <u>Assisted living facility</u>" means a facility
5 licensed under chapter 18.20 RCW.

6 (5) "Core competencies" means basic training topics, including but 7 not limited to, communication skills, worker self-care, problem 8 solving, maintaining dignity, consumer directed care, cultural 9 sensitivity, body mechanics, fall prevention, skin and body care, long-10 term care worker roles and boundaries, supporting activities of daily 11 living, and food preparation and handling.

(6) "Cost-effective care" means care provided in a setting of an 12 13 individual's choice that is necessary to promote the most appropriate level of physical, mental, and psychosocial well-being consistent with 14 15 client choice, in an environment that is appropriate to the care and 16 safety needs of the individual, and such care cannot be provided at a 17 lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his 18 19 or her desired quality of life.

20 (7) "Department" means the department of social and health 21 services.

(8) "Developmental disability" has the same meaning as defined inRCW 71A.10.020.

(9) "Direct care worker" means a paid caregiver who provides
 direct, hands-on personal care services to persons with disabilities or
 the elderly requiring long-term care.

(10) "Enhanced adult residential care" means services provided by ((a boarding home)) an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.

(11) "Functionally disabled person" or "person who is functionally disabled" is synonymous with chronic functionally disabled and means a person who because of a recognized chronic physical or mental condition or disease, or developmental disability, including chemical dependency, is impaired to the extent of being dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of daily living", in this context, means 1 self-care abilities related to personal care such as bathing, eating, 2 using the toilet, dressing, and transfer. Instrumental activities of 3 daily living may also be used to assess a person's functional abilities 4 as they are related to the mental capacity to perform activities in the 5 home and the community such as cooking, shopping, house cleaning, doing 6 laundry, working, and managing personal finances.

7 (12) "Home and community services" means adult family homes, in-8 home services, and other services administered or provided by contract 9 by the department directly or through contract with area agencies on 10 aging or similar services provided by facilities and agencies licensed 11 by the department.

(13) "Home care aide" means a long-term care worker who has
 obtained certification as a home care aide by the department of health.
 (14) "Individual provider" is defined according to RCW 74.39A.240.

(15) "Long-term care" is synonymous with chronic care and means 15 16 care and supports delivered indefinitely, intermittently, or over a 17 sustained time to persons of any age disabled by chronic mental or physical illness, disease, chemical dependency, or a medical condition 18 that is permanent, not reversible or curable, or is long-lasting and 19 severely limits their mental or physical capacity for self-care. The 20 21 use of this definition is not intended to expand the scope of services, care, or assistance by any individuals, groups, residential care 22 23 settings, or professions unless otherwise expressed by law.

24 (16)(a) "Long-term care workers for the elderly or persons with 25 disabilities" or "long-term care workers" includes all persons who are long-term care workers for the elderly or persons with disabilities, 26 27 including but not limited to individual providers of home care services, direct care employees of home care agencies, providers of 28 home care services to persons with developmental disabilities under 29 Title 71 RCW, all direct care workers in state-licensed ((boarding 30 31 homes,)) assisted living facilities, and adult family homes, respite 32 care providers, community residential service providers, and any other direct care worker providing home or community-based services to the 33 elderly or persons with functional disabilities or developmental 34 disabilities. 35

36 (b) "Long-term care workers" do not include: (i) Persons employed 37 by the following facilities or agencies: Nursing homes subject to 38 chapter 18.51 RCW, hospitals or other acute care settings, residential

habilitation centers under chapter 71A.20 RCW, facilities certified under 42 C.F.R., Part 483, hospice agencies subject to chapter 70.127 RCW, adult day care centers, and adult day health care centers; or (ii) persons who are not paid by the state or by a private agency or facility licensed by the state to provide personal care services.

6 (17) "Nursing home" means a facility licensed under chapter 18.517 RCW.

8 (18) "Personal care services" means physical or verbal assistance 9 with activities of daily living and instrumental activities of daily 10 living provided because of a person's functional disability.

(19) "Population specific competencies" means basic training topics unique to the care needs of the population the long-term care worker is serving, including but not limited to, mental health, dementia, developmental disabilities, young adults with physical disabilities, and older adults.

16 (20) "Qualified instructor" means a registered nurse or other 17 person with specific knowledge, training, and work experience in the 18 provision of direct, hands-on personal care and other assistance 19 services to the elderly or persons with disabilities requiring 20 long-term care.

21 (21) "Secretary" means the secretary of social and health services.

(22) "Secretary of health" means the secretary of health or thesecretary's designee.

(23) "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.

(24) "Tribally licensed ((boarding home)) assisted living facility" means ((a boarding home)) an assisted living facility licensed by a federally recognized Indian tribe in which ((home)) a facility provides services similar to ((boarding-homes)) assisted living facilities licensed under chapter 18.20 RCW.

34 Sec. 64. RCW 74.39A.010 and 1995 1st sp.s. c 18 s 14 are each 35 amended to read as follows:

36 (1) To the extent of available funding, the department of social 37 and health services may contract with licensed ((boarding-homes))

<u>assisted_living_facilities</u> under chapter 18.20 RCW and tribally licensed ((boarding-homes)) <u>assisted_living_facilities</u> for assisted living services and enhanced adult residential care. The department shall develop rules for facilities that contract with the department for assisted living services or enhanced adult residential care to establish:

7 (a) Facility service standards consistent with the principles in
8 RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW;

9 (b) Standards for resident living areas consistent with RCW 10 74.39A.030;

11

(c) Training requirements for providers and their staff.

12 (2) The department's rules shall provide that services in assisted13 living and enhanced adult residential care:

14 (a) Recognize individual needs, privacy, and autonomy;

(b) Include, but not be limited to, personal care, nursing services, medication administration, and supportive services that promote independence and self-sufficiency;

(c) Are of sufficient scope to assure that each resident who chooses to remain in the assisted living or enhanced adult residential care may do so, to the extent that the care provided continues to be cost-effective and safe and promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice;

(d) Are directed first to those persons most likely, in the absence
of enhanced adult residential care or assisted living services, to need
hospital, nursing facility, or other out-of-home placement; and

(e) Are provided in compliance with applicable facility andprofessional licensing laws and rules.

(3) When a facility contracts with the department for assisted living services or enhanced adult residential care, only services and facility standards that are provided to or in behalf of the assisted living services or enhanced adult residential care client shall be subject to the department's rules.

34 **Sec. 65.** RCW 74.39A.020 and 2004 c 142 s 15 are each amended to 35 read as follows:

36 (1) To the extent of available funding, the department of social37 and health services may contract for adult residential care.

(2) The department shall, by rule, develop terms and conditions for
 facilities that contract with the department for adult residential care
 to establish:

4 (a) Facility service standards consistent with the principles in
5 RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW;
6 and

7

(b) Training requirements for providers and their staff.

8 (3) The department shall, by rule, provide that services in adult 9 residential care facilities:

10

(a) Recognize individual needs, privacy, and autonomy;

(b) Include personal care and other services that promote independence and self-sufficiency and aging in place;

13 (c) Are directed first to those persons most likely, in the absence 14 of adult residential care services, to need hospital, nursing facility, 15 or other out-of-home placement; and

16 (d) Are provided in compliance with applicable facility and 17 professional licensing laws and rules.

18 (4) When a facility contracts with the department for adult 19 residential care, only services and facility standards that are 20 provided to or in behalf of the adult residential care client shall be 21 subject to the adult residential care rules.

(5) To the extent of available funding, the department may also contract under this section with a tribally licensed ((boarding home)) assisted living facility for the provision of services of the same nature as the services provided by adult residential care facilities. The provisions of subsections (2)(a) and (b) and (3)(a) through (d) of this section apply to such a contract.

28 **Sec. 66.** RCW 74.39A.030 and 2002 c 3 s 10 are each amended to read 29 as follows:

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

(2) In expanding home and community services, the department shall: (a) Take full advantage of federal funding available under Title XVIII and Title XIX of the federal social security act, including home health, adult day care, waiver options, and state plan services; and (b) be authorized to use funds available under its community options

program entry system waiver granted under section 1915(c) of the 1 2 federal social security act to expand the availability of in-home, adult residential care, adult family homes, enhanced adult residential 3 care, and assisted living services. By June 30, 1997, the department 4 shall undertake to reduce the nursing home medicaid census by at least 5 one thousand six hundred by assisting individuals who would otherwise 6 7 require nursing facility services to obtain services of their choice, including assisted living services, enhanced adult residential care, 8 and other home and community services. If a resident, or his or her 9 10 legal representative, objects to a discharge decision initiated by the department, the resident shall not be discharged if the resident has 11 12 been assessed and determined to require nursing facility services. In 13 contracting with nursing homes and ((boarding homes)) assisted living facilities for enhanced adult residential care placements, 14 the department shall not require, by contract or through other means, 15 structural modifications to existing building construction. 16

17 (3)(a) The department shall by rule establish payment rates for 18 home and community services that support the provision of cost-19 effective care. In the event of any conflict between any such rule and 20 a collective bargaining agreement entered into under RCW 74.39A.270 and 21 74.39A.300, the collective bargaining agreement prevails.

22 (b) The department may authorize an enhanced adult residential care rate for nursing homes that temporarily or permanently convert their 23 24 bed use for the purpose of providing enhanced adult residential care 25 under chapter 70.38 RCW, when the department determines that payment of an enhanced rate is cost-effective and necessary to foster expansion of 26 27 contracted enhanced adult residential care services. As an incentive for nursing homes to permanently convert a portion of its nursing home 28 bed capacity for the purpose of providing enhanced adult residential 29 care, the department may authorize a supplemental add-on to the 30 enhanced adult residential care rate. 31

32 (c) The department may authorize a supplemental assisted living 33 services rate for up to four years for facilities that convert from 34 nursing home use and do not retain rights to the converted nursing home 35 beds under chapter 70.38 RCW, if the department determines that payment 36 of a supplemental rate is cost-effective and necessary to foster 37 expansion of contracted assisted living services. 1 Sec. 67. RCW 74.39A.320 and 2006 c 260 s 1 are each amended to 2 read as follows:

3 (1) To the extent funds are appropriated for this purpose, the 4 department shall establish a capital add-on rate, not less than the 5 July 1, 2005, capital add-on rate established by the department, for 6 those assisted living facilities contracting with the department that 7 have a medicaid occupancy percentage of sixty percent or greater.

(2) Effective for July 1, 2006, and for each July 1st rate-setting 8 9 period thereafter, the department shall determine the facility's medicaid occupancy percentage using the last six months' medicaid 10 resident days from the preceding calendar year divided by the product 11 of all its licensed ((boarding-home)) assisted_living_facility beds 12 13 irrespective of use, times calendar days for the six-month period. For the purposes of this section, medicaid resident days include those 14 clients who are enrolled in a medicaid managed long-term care program, 15 16 including but not limited to the program for all inclusive care and the 17 medicaid integration project.

18 (3) The medicaid occupancy percentage established beginning on July 19 1, 2006, and for each July 1st thereafter, shall be used to determine 20 whether an assisted living facility qualifies for the capital add-on 21 rate under this section. Those facilities that qualify for the capital 22 add-on rate shall receive the capital add-on rate throughout the 23 applicable fiscal year.

24 **Sec. 68.** RCW 74.41.040 and 2008 c 146 s 2 are each amended to read 25 as follows:

The department shall administer this chapter and shall establish such rules and standards as the department deems necessary in carrying out this chapter. The department shall not require the development of plans of care or discharge plans by nursing homes or adult family homes providing respite care service under this chapter. ((Boarding homes)) <u>Assisted living facilities</u> providing respite care services shall comply with the assessment and plan of care provisions of RCW 18.20.350.

The department shall develop standards for the respite program in conjunction with the selected area agencies on aging. The program standards shall serve as the basis for soliciting bids, entering into subcontracts, and developing sliding fee scales to be used in

determining the ability of eligible participants to participate in
 paying for respite care.

3 Sec. 69. RCW 74.42.055 and 2004 c 34 s 1 are each amended to read 4 as follows:

5 (1) The purpose of this section is to prohibit discrimination 6 against medicaid recipients by nursing homes which have contracted with 7 the department to provide skilled or intermediate nursing care services 8 to medicaid recipients.

9 (2) A nursing facility shall readmit a resident, who has been 10 hospitalized or on therapeutic leave, immediately to the first 11 available bed in a semiprivate room if the resident:

12 (a) Requires the services provided by the facility; and

(b) Is eligible for medicaid nursing facility services.

14 (3) It shall be unlawful for any nursing home which has a medicaid 15 contract with the department:

16 (a) To require, as a condition of admission, assurance from the 17 patient or any other person that the patient is not eligible for or 18 will not apply for medicaid;

(b) To deny or delay admission or readmission of a person to anursing home because of his or her status as a medicaid recipient;

(c) To transfer a patient, except from a private room to another room within the nursing home, because of his or her status as a medicaid recipient;

(d) To transfer a patient to another nursing home because of his orher status as a medicaid recipient;

(e) To discharge a patient from a nursing home because of his orher status as a medicaid recipient; or

(f) To charge any amounts in excess of the medicaid rate from the date of eligibility, except for any supplementation permitted by the department pursuant to RCW 18.51.070.

31 (4) Any nursing home which has a medicaid contract with the 32 department shall maintain one list of names of persons seeking 33 admission to the facility, which is ordered by the date of request for 34 admission. This information shall be retained for one year from the 35 month admission was requested. However, except as provided in 36 subsection (2) of this section, a nursing facility is permitted to give 37 preferential admission to individuals who seek admission from ((a

13

boarding-home)) an assisted living facility, licensed under chapter 1 2 18.20 RCW, or from independent retirement housing, provided the nursing facility is owned by the same entity that owns the ((boarding home)) 3 assisted living facility or independent housing which are located 4 5 within the same proximate geographic area; and provided further, the purpose of such preferential admission is to allow continued provision б 7 of: (a) Culturally or faith-based services, or (b) services provided by a continuing care retirement community as defined in RCW 70.38.025. 8

9 (5) The department may assess monetary penalties of a civil nature, 10 not to exceed three thousand dollars for each violation of this 11 section.

12 (6) Because it is a matter of great public importance to protect 13 senior citizens who need medicaid services from discriminatory 14 treatment in obtaining long-term health care, any violation of this 15 section shall be construed for purposes of the application of the 16 consumer protection act, chapter 19.86 RCW, to constitute an unfair or 17 deceptive act or practice or unfair method of competition in the 18 conduct of trade or commerce.

19 (7) It is not an act of discrimination under this chapter to refuse 20 to admit a patient if admitting that patient would prevent the needs of 21 the other patients residing in that facility from being met at that 22 facility, or if the facility's refusal is consistent with subsection 23 (4) of this section.

24 Sec. 70. RCW 82.04.2908 and 2005 c 514 s 302 are each amended to 25 read as follows:

(1) Upon every person engaging within this state in the business of providing room and domiciliary care to residents of ((a boarding home)) an assisted living facility licensed under chapter 18.20 RCW, the amount of tax with respect to such business shall be equal to the gross income of the business, multiplied by the rate of 0.275 percent.

(2) For the purposes of this section, "domiciliary care" has themeaning provided in RCW 18.20.020.

33 Sec. 71. RCW 82.04.4264 and 2005 c 514 s 301 are each amended to 34 read as follows:

35 (1) This chapter does not apply to amounts received by a nonprofit

((boarding home)) assisted living facility licensed under chapter 18.20 1 2 RCW for providing room and domiciliary care to residents of the ((boarding home)) assisted living facility. 3

4

(2) As used in this section:

5

(a) "Domiciliary care" has the meaning provided in RCW 18.20.020.

(b) "Nonprofit ((boarding home)) assisted living facility" means б ((a boarding home)) an assisted living facility that is operated as a 7 religious or charitable organization, is exempt from federal income tax 8 under 26 U.S.C. Sec. 501(c)(3), is incorporated under chapter 24.03 9 10 RCW, is operated as part of a nonprofit hospital, or is operated as 11 part of a public hospital district.

12 Sec. 72. RCW 82.04.4337 and 2004 c 174 s 7 are each amended to read as follows: 13

(1) ((A boarding home)) An assisted living facility licensed under 14 15 chapter 18.20 RCW may deduct from the measure of tax amounts received 16 as compensation for providing adult residential care, enhanced adult 17 residential care, or assisted living services under contract with the 18 department of social and health services authorized by chapter 74.39A RCW to residents who are medicaid recipients. 19

20 (2) For purposes of this section, "adult residential care," 21 "enhanced adult residential care," and "assisted living services" have 22 the same meaning as in RCW 74.39A.009.

23 **Sec. 73.** RCW 84.36.381 and 2011 c 174 s 105 are each amended to read as follows: 24

25 A person is exempt from any legal obligation to pay all or a portion of the amount of excess and regular real property taxes due and 26 payable in the year following the year in which a claim is filed, and 27 28 thereafter, in accordance with the following:

29 (1) The property taxes must have been imposed upon a residence 30 which was occupied by the person claiming the exemption as a principal place of residence as of the time of filing. However, any person who 31 sells, transfers, or is displaced from his or her residence may 32 transfer his or her exemption status to a replacement residence, but no 33 34 claimant may receive an exemption on more than one residence in any 35 year. Moreover, confinement of the person to a hospital, nursing home,

1 ((boarding home)) assisted living facility, or adult family home does
2 not disqualify the claim of exemption if:

3

(a) The residence is temporarily unoccupied;

4 (b) The residence is occupied by a spouse or a domestic partner 5 and/or a person financially dependent on the claimant for support; or

6 (c) The residence is rented for the purpose of paying nursing home,
7 hospital, ((boarding home)) assisted living facility, or adult family
8 home costs;

9 (2) The person claiming the exemption must have owned, at the time of filing, in fee, as a life estate, or by contract purchase, the 10 residence on which the property taxes have been imposed or if the 11 person claiming the exemption lives in a cooperative housing 12 association, corporation, or partnership, such person must own a share 13 therein representing the unit or portion of the structure in which he 14 or she resides. For purposes of this subsection, a residence owned by 15 16 a marital community or state registered domestic partnership or owned 17 by cotenants is deemed to be owned by each spouse or each domestic partner or each cotenant, and any lease for life is deemed a life 18 estate; 19

20

(3)(a) The person claiming the exemption must be:

(i) Sixty-one years of age or older on December 31st of the year in which the exemption claim is filed, or must have been, at the time of filing, retired from regular gainful employment by reason of disability; or

(ii) A veteran of the armed forces of the United States entitled to and receiving compensation from the United States department of veterans affairs at a total disability rating for a service-connected disability.

(b) However, any surviving spouse or surviving domestic partner of a person who was receiving an exemption at the time of the person's death will qualify if the surviving spouse or surviving domestic partner is fifty-seven years of age or older and otherwise meets the requirements of this section;

(4) The amount that the person is exempt from an obligation to pay
is calculated on the basis of combined disposable income, as defined in
RCW 84.36.383. If the person claiming the exemption was retired for
two months or more of the assessment year, the combined disposable
income of such person must be calculated by multiplying the average

monthly combined disposable income of such person during the months 1 2 such person was retired by twelve. If the income of the person claiming exemption is reduced for two or more months of the assessment 3 year by reason of the death of the person's spouse or the person's 4 domestic partner, or when other substantial changes occur in disposable 5 income that are likely to continue for an indefinite period of time, 6 7 the combined disposable income of such person must be calculated by multiplying the average monthly combined disposable income of such 8 person after such occurrences by twelve. If it is necessary to 9 10 estimate income to comply with this subsection, the assessor may require confirming documentation of such income prior to May 31 of the 11 12 year following application;

(5)(a) A person who otherwise qualifies under this section and has a combined disposable income of thirty-five thousand dollars or less is exempt from all excess property taxes; and

(b)(i) A person who otherwise qualifies under this section and has a combined disposable income of thirty thousand dollars or less but greater than twenty-five thousand dollars is exempt from all regular property taxes on the greater of fifty thousand dollars or thirty-five percent of the valuation of his or her residence, but not to exceed seventy thousand dollars of the valuation of his or her residence; or

(ii) A person who otherwise qualifies under this section and has a combined disposable income of twenty-five thousand dollars or less is exempt from all regular property taxes on the greater of sixty thousand dollars or sixty percent of the valuation of his or her residence;

(6)(a) For a person who otherwise qualifies under this section and 26 27 has a combined disposable income of thirty-five thousand dollars or less, the valuation of the residence is the assessed value of the 28 residence on the later of January 1, 1995, or January 1st of the 29 assessment year the person first qualifies under this section. If the 30 person subsequently fails to qualify under this section only for one 31 32 year because of high income, this same valuation must be used upon requalification. If the person fails to qualify for more than one year 33 in succession because of high income or fails to qualify for any other 34 reason, the valuation upon requalification is the assessed value on 35 36 January 1st of the assessment year in which the person regualifies. Ιf 37 the person transfers the exemption under this section to a different

residence, the valuation of the different residence is the assessed
 value of the different residence on January 1st of the assessment year
 in which the person transfers the exemption.

4 (b) In no event may the valuation under this subsection be greater
5 than the true and fair value of the residence on January 1st of the
6 assessment year.

7 (c) This subsection does not apply to subsequent improvements to 8 the property in the year in which the improvements are made. 9 Subsequent improvements to the property must be added to the value 10 otherwise determined under this subsection at their true and fair value 11 in the year in which they are made.

12 Sec. 74. RCW 84.36.383 and 2010 c 106 s 307 are each amended to 13 read as follows:

As used in RCW 84.36.381 through 84.36.389, except where the context clearly indicates a different meaning:

16 (1) The term "residence" means a single family dwelling unit 17 whether such unit be separate or part of a multiunit dwelling, including the land on which such dwelling stands not to exceed one 18 19 acre, except that a residence includes any additional property up to a 20 total of five acres that comprises the residential parcel if this larger parcel size is required under land use regulations. The term 21 22 also includes a share ownership in a cooperative housing association, 23 corporation, or partnership if the person claiming exemption can 24 establish that his or her share represents the specific unit or portion of such structure in which he or she resides. The term also includes 25 26 a single family dwelling situated upon lands the fee of which is vested in the United States or any instrumentality thereof including an Indian 27 tribe or in the state of Washington, and notwithstanding the provisions 28 of RCW 84.04.080 and 84.04.090, such a residence is deemed real 29 30 property.

(2) The term "real property" also includes a mobile home which has substantially lost its identity as a mobile unit by virtue of its being fixed in location upon land owned or leased by the owner of the mobile home and placed on a foundation (posts or blocks) with fixed pipe, connections with sewer, water, or other utilities. A mobile home located on land leased by the owner of the mobile home is subject, for

1 tax billing, payment, and collection purposes, only to the personal 2 property provisions of chapter 84.56 RCW and RCW 84.60.040.

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(3) "Department" means the state department of revenue.

4 (4) "Combined disposable income" means the disposable income of the 5 person claiming the exemption, plus the disposable income of his or her 6 spouse or domestic partner, and the disposable income of each cotenant 7 occupying the residence for the assessment year, less amounts paid by 8 the person claiming the exemption or his or her spouse or domestic 9 partner during the assessment year for:

10 (a) Drugs supplied by prescription of a medical practitioner 11 authorized by the laws of this state or another jurisdiction to issue 12 prescriptions;

(b) The treatment or care of either person received in the home or in a nursing home, ((boarding home)) assisted living facility, or adult family home; and

16 (c) Health care insurance premiums for medicare under Title XVIII 17 of the social security act.

18 (5) "Disposable income" means adjusted gross income as defined in 19 the federal internal revenue code, as amended prior to January 1, 1989, 20 or such subsequent date as the director may provide by rule consistent 21 with the purpose of this section, plus all of the following items to 22 the extent they are not included in or have been deducted from adjusted 23 gross income:

(a) Capital gains, other than gain excluded from income under
 section 121 of the federal internal revenue code to the extent it is
 reinvested in a new principal residence;

27 (b) Amounts deducted for loss;

28 (c) Amounts deducted for depreciation;

29 (d) Pension and annuity receipts;

30 (e) Military pay and benefits other than attendant-care and 31 medical-aid payments;

32 (f) Veterans benefits, other than:

33 (i) Attendant-care payments;

34 (ii) Medical-aid payments;

(iii) Disability compensation, as defined in Title 38, part 3,
 section 3.4 of the code of federal regulations, as of January 1, 2008;
 and

(iv) Dependency and indemnity compensation, as defined in Title 38,
 part 3, section 3.5 of the code of federal regulations, as of January
 1, 2008;

4

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(g) Federal social security act and railroad retirement benefits;

5 (h) Dividend receipts; and

(i) Interest received on state and municipal bonds.

7 (6) "Cotenant" means a person who resides with the person claiming
8 the exemption and who has an ownership interest in the residence.

9 (7) "Disability" has the same meaning as provided in 42 U.S.C. Sec. 10 423(d)(1)(A) as amended prior to January 1, 2005, or such subsequent 11 date as the department may provide by rule consistent with the purpose 12 of this section.

13 <u>NEW_SECTION.</u> Sec. 75. All department of social and health 14 services rules that apply to licensed boarding homes on the effective 15 date of this section continue in effect and apply to licensed assisted 16 living facilities, as defined in RCW 18.20.020.

> Passed by the House February 9, 2012. Passed by the Senate February 27, 2012. Approved by the Governor March 7, 2012. Filed in Office of Secretary of State March 7, 2012.