



# RULE-MAKING ORDER

**CR-103P (May 2009)**  
**(Implements RCW 34.05.360)**

**Agency:** Department of Social and Health Services, Aging and Long-Term Support Administration

**Permanent Rule Only**

**Effective date of rule:**

**Permanent Rules**

31 days after filing.

Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

Yes  No If Yes, explain:

**Purpose:**

The department is amending chapter 388-71 WAC, specifically Adult Day Services, in order to differentiate Adult Day Care from Adult Day Health by separating the rules, and to update the rule to meet the provider practice changes.

**Citation of existing rules affected by this order:**

Repealed: 388-71-0726, 0742, 0768

Amended: 388-71-0702, 0704, 0706, 0708, 0710, 0712, 0714, 0716, 0718, 0720, 0722, 0724, 0728, 0730, 0732, 0734, 0736, 0738, 0740, 0744, 0746, 0748, 0750, 0752, 0754, 0756, 0758, 0760, 0762, 0764, 0766, 0770, 0772, 0774, and 0776.

Suspended: None

**Statutory authority for adoption:** RCW 74.08.090; RCW 74.09.520

**Other authority :** N/A

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 14-21-016 on October 2, 2014.

Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: N/A

Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ fax ( ) \_\_\_\_\_  
e-mail \_\_\_\_\_

**Date adopted:**

December 18, 2014

**NAME (TYPE OR PRINT)**

Katherine Vasquez

**SIGNATURE**

**TITLE**

DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: December 23, 2014**

**TIME: 2:48 PM**

**WSR 15-01-174**

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

<b>Federal statute:</b>	New	_____	Amended	_____	Repealed	_____
<b>Federal rules or standards:</b>	New	_____	Amended	_____	Repealed	_____
<b>Recently enacted state statutes:</b>	New	_____	Amended	<u>35</u>	Repealed	<u>3</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in the agency's own initiative:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted using:**

<b>Negotiated rule making:</b>	New	_____	Amended	_____	Repealed	_____
<b>Pilot rule making:</b>	New	_____	Amended	_____	Repealed	_____
<b>Other alternative rule making:</b>	New	_____	Amended	<u>35</u>	Repealed	<u>3</u>

**WAC 388-71-0702** (~~((Purposes and definitions.))~~) What is the purpose of adult day services? (1) WAC 388-71-0702 through 388-71-0776 (~~((contain))~~) contains the eligibility requirements for (~~((medicaid-funded))~~) COPES waiver and roads to community living (RCL) demonstration funded adult day care and adult day health services. These rules also contain the requirements that apply to adult day care or adult day health centers that contract with the department, an area agency on aging, or other department designee to provide (~~((medicaid))~~)COPES waiver and RCL services to department clients. Nothing in these rules may be construed as requiring the department, area agency on aging, or other designee to contract with an adult day care or day health center.

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

- (i) To provide the opportunity for the participant to live in ((the)) their community((-));
- (ii) To provide the participant with services, clinical and non-clinical to meet their unmet skilled needs;
- (iii) To assist the participant to maintain maximal independence in their activities of daily living (ADL); and
- (iv) To measure their progress through the interventions.

An adult day services program (~~((assesses))~~) evaluates the needs of the (~~((persons))~~) participant served and offers services to meet those needs and enhance their quality of life. The (~~((persons))~~) participants served attend on a planned basis. The centers evaluate the potential participants to determine if they are able to communicate with each participant in order to meet their identified need/s. Nothing in this generic description (~~((of adult day services))~~) may be construed to modify the specific services or eligibility requirements referenced in the definition of adult day care and adult day health.

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

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

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

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

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

(e) **"Authorizing Practitioner"** means a physician, osteopath, nurse practitioner and physician assistant who has the licensed ability to write medical orders for skilled care interventions requiring a practitioner order.

(f) "Chronic-care management" means regular monitoring of the client's chronic health condition, training the client and caregiver, providing treatments or interventions when warranted and regular communication with primary care practitioner and caregivers to help implement and keep current the clinical care plan while ensuring the treatments are having the intended effect of improving health, maintaining health or slowing declining health when the diagnosis is a non-reversible condition.

(g) "Client" means an applicant for or recipient of ((medicaid--)) COPES waiver or RCL reimbursed adult day services.

((+f+)) (h) "Direct Care Staff" are the staff in an adult day center that is interacting with participants by providing care, services, and guidance.

(i) "The Discharge Plan" (DC) outlines specific measurable goals expected to occur due to the skilled individualized treatments provided to the participants indicating discharge is appropriate. This plan is developed and addressed on the client's ADC and/or ADH negotiated care plan and updated with each significant change of condition or when the client partially or completely meets the expected measurable goal/s. Discharge planning outcomes reflect the end of the treatment due to the client meeting the measurable outcomes or stipulating that a client has declined to the point of inability to participate in skilled treatment or is no longer able to benefit from skilled treatment.

(j) "Maintenance" is continuing clinically appropriate skilled service/s which is justified as reasonable, necessary, and/or appropriate to sustain minimal loss of function. Maintenance interventions have discharge measurable goals that outline when maintenance skilled services are no longer beneficial.

(k) "Medically Necessary" means the service is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the client that endangers life, or causes suffering or pain, or results in an illness or infirmity, or threatens to cause or aggravate a disability, or causes physical deformity or malfunction.

(l) "Negotiated Care Plan" The adult day center must use the participant state assessment, center's evaluation and preliminary service plan to develop a written negotiated care plan. The center must ensure each participant's negotiated care plan includes:

(1) A list of the care and services to be provided;  
(2) Identification of who will provide the care and services;  
(3) When and how the care and services will be provided;  
(4) How medications will be managed, including how the participant will receive their medications when attending the adult day center;

(5) The participant's activities preferences and how the preferences will be met;

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

(a) Food;  
(b) Daily routine;  
(c) Grooming; and  
(d) How the center will accommodate the preferences and choices.  
(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a participant's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to participant's special needs, including, but not limited to medical devices and related safety plans;

(d) Respond to a participant's refusal of care or treatment, including when the participant's physician or practitioner should be notified of the refusal; and

(8) Identification of any communication barriers the participant may have and how the center will use behaviors and nonverbal gestures to communicate with the resident.

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

(n) The adult day center must ensure that each participant has a preliminary service plan that includes:

(1) The participant's specific problems and needs identified in the assessment;

(2) The needs for which the participant chooses not to accept or refuses care or services;

(3) What the center will do to ensure the participant's health and safety related to the refusal of any care or service;

(4) Participant defined goals and preferences; and

(5) How the center will meet the participant's needs.

(o) "Rehabilitative Service" is provided using applicable physical therapy or occupational therapy or speech therapy standards of practice and is considered medically necessary if the type, amount, and duration of services outlined in the plan of care increase the likelihood of meeting one or more of these stated goals: to improve function, minimize loss of function, improve cognition or minimize loss of cognition, or decrease risk of injury and disease.

(p) "Significant Change" means:

(i) A lasting change, decline or improvement in the resident's baseline physical, mental or psychosocial status;

(ii) The change is significant enough so the current assessment and/or negotiated care plan does not reflect the resident's current status; and

(iii) A new assessment may be needed when the resident's condition does not return to baseline within a two week period of time.

(q) "Skilled Nursing Services" must be reasonable and necessary for the treatment of the illness or injury, that is the services must be consistent with the unique nature and severity of the participant's illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practice, without regard to whether the illness or injury is acute, chronic, terminal, or expected to last a long time. The standards of nursing conduct or practice must follow WAC 246-840-700.

(r) "Specific Goals" mean those expected outcomes, individualized to the client's skilled need, that stipulate the measurable, detailed and expected progress the client may make while receiving the skilled service. They address the how, who, what and when of the expected final outcome. If a client's goal is to prevent a decline in their condition/s the goal/s must have measurable outcomes which identify the intervention to prevent the decline and how to measure this prevention. If you cannot measure the expected outcome of the clinical intervention then you are not preventing a decline.

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

- (1) Assistance with activities of daily living:
  - (a) Locomotion outside of room, locomotion in room, (~~walk~~) walks in room;
  - (b) Body care;
  - (c) Eating;
  - (d) Repositioning;
  - (e) Medication management that does not require a licensed nurse;
  - (f) Transfer;
  - (g) Toileting;
  - (h) Personal hygiene at a level that ensures client safety while in attendance at the program; and
  - (i) Bathing at a level that ensures client safety and comfort while in attendance at the program.
- (2) Social services on a consultation basis, which may include:
  - (a) Referrals to other providers for services not within the scope of (~~medicaid~~) COPES waiver or RCL reimbursed adult day care services;
  - (b) Caregiver support and education; or
  - (c) Assistance with coping skills.
- (3) Routine health monitoring with consultation from a registered nurse that a consulting nurse acting within the scope of practice can provide with or without (~~a physician's~~) an authorizing practitioner's order. Examples include:
  - (a) Obtaining baseline and routine monitoring information on client health status, such as vital signs, weight, and dietary needs;
  - (b) General health education such as providing information about nutrition, illnesses, and preventative care;
  - (c) Communicating changes in client health status to the client's caregiver;
  - (d) Annual and as needed updating of the client's medical record;or
  - (e) Assistance as needed with coordination of health services provided outside of the adult day care program.
- (4) General therapeutic activities that an unlicensed person can provide or that a licensed person can provide with or without (~~a physician's~~) an authorizing practitioner's order. These services are planned for and provided based on the client's abilities, interests, and goals. Examples include:
  - (a) Recreational activities;
  - (b) Diversionary activities;

- (c) Relaxation therapy;
  - (d) Cognitive stimulation; or
  - (e) Group range of motion or conditioning exercises.
- (5) General health education that an unlicensed person can provide or that a licensed person can provide with or without ~~((a physician's))~~ an authorizing practitioner's order, including but not limited to topics such as:
- (a) Nutrition;
  - (b) Stress management;
  - (c) Disease management skills; or
  - (d) Preventative care.
- (6) A nutritional meal and snacks every four hours, including a modified diet if needed and within the scope of the program, as provided under WAC ~~((388-71-0768))~~ 388-71-0770;
- (7) Supervision and/or protection if needed for client safety;
  - (8) Assistance with arranging transportation to and from the program; and
  - (9) First aid and provisions for obtaining or providing care in an emergency. NOTE: If the client requires the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of ~~((a physician))~~ an authorizing practitioner, consider adult day health services.

AMENDATORY SECTION (Amending WSR 06-05-022, filed 2/6/06, effective 3/9/06)

**WAC 388-71-0706 ~~((Adult day health Services.))~~ What services are provided in adult day health?** Adult day health is a supervised ~~((day-time))~~ non-residential program providing skilled nursing and/or rehabilitative therapy services in addition to ~~((core))~~ all services provided in an adult day care center. Adult day health services are only appropriate for adults with medical or disabling conditions that require the skilled intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's ~~((physician))~~ authorizing practitioner.

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

- (1) All ~~((core))~~ services under WAC 388-71-0704; and
- (2) Skilled nursing services other than routine health monitoring with nurse consultation; or
- (3) At least one of the following skilled therapy services: physical therapy, occupational therapy, or speech-language pathology or audiology, as defined under chapters 18.74, 18.59 and 18.35 RCW; and
- (4) Psychological or counseling services, including assessing for psycho-social therapy need, dementia, abuse or neglect, and alcohol or drug abuse; making appropriate referrals; and providing brief, intermittent supportive counseling. These services are provided by social services professionals.

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

**WAC 388-71-0708 ((~~Adult day care Eligibility.~~)) What are the eligibility criteria for enrollment in adult day care?** Clients are eligible for adult day care services if they meet criteria outlined in WAC 388-106-0805.

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

**WAC 388-71-0710 ((~~Adult day health Eligibility.~~)) What are the eligibility criteria for enrollment in adult day health?** Clients are eligible for adult day health services if they meet the criteria outlined in WAC 388-106-0815 which references WAC 388-106-0300 and 0305.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0712 ((~~Adult day health Skilled nursing.~~)) What is considered skilled nursing in adult day health?** (1) Skilled nursing services are medically necessary services provided directly or indirectly by a registered nurse under ~~((physician))~~ an authorizing practitioner's supervision, or by a licensed practical nurse under physician or registered nurse supervision, that a licensed nurse acting within the scope of practice can provide or supervise. ~~((Physician))~~ Authorizing practitioner orders must be obtained when required by applicable state practice laws for licensed nurses. Authorizing practitioner orders must be obtained upon initial service, updated when a significant change occurs changing the nursing intervention or at least annually.

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

- (a) Specific to a ~~((client))~~ client's diagnosis;
- (b) Individualized to the client with planned measurable ~~((outcomes))~~ outcome goals; and
- (c) ~~((Evaluated))~~ Re-evaluated every ninety days or sooner when there is a significant health change for effect on improvement or maintenance of health status, or ~~((prevention of decline))~~ slowing the decline of the disease or functional ability.

(3) Skilled nursing services, including the initial client nursing assessment and development of the nursing plan of care, must be provided or supervised by a registered nurse in accordance with nursing practice standards under chapter 246-840 WAC.

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

(5) Skilled nursing services must be medically necessary as defined under WAC (~~388-500-0005~~) 182-500-0070. Medically necessary skilled nursing services (~~may, but do not necessarily,~~) include but at not limited to:

(a) (~~Care and assessment~~) Assessment, care and evaluation with collaboration of services of an acute or chronic unstable or unpredictable medical condition, with time (~~limited~~) specific measurable treatment goals, requiring frequent skilled intervention by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse according to WAC 246-840-705 and ordered by the authorizing practitioner;

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

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

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

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

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

(e) Provide holistic collaborative care of the client's acute, chronic, unstable or unpredictable medical condition or disease.

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

- (a) Reminding or coaching the client;
- (b) Monitoring of a medical condition that does not require frequent skilled nursing intervention or a change in (~~physician~~) authorizing practitioner treatment orders, or where there is no reasonable expectation that skilled services will maintain, improve, or slow the effect of a progressive disabling condition on the pain, health or functioning of a client;
- (c) Medication assistance when the client is capable of self-administration or is having this need met through paid or unpaid caregivers;
- (d) Evaluation and management of the care plan when the complexity of care to be provided by nonskilled persons does not require skilled nurse oversight beyond routine health monitoring;

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

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

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

(7) Skilled nursing services must be documented as provided under WAC 388-71-0746 and ~~((chapter 388-502))~~ WAC 182-502-0020.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0714 ~~((Adult day health Rehabilitative therapy.))~~**

**What is considered rehabilitative therapy in adult day health?** (1) Skilled rehabilitative therapy services are medically necessary services provided by or under the supervision of a licensed physical, occupational, or speech-language pathology or audiology therapist that the therapist acting within the scope of practice can provide or supervise directly or indirectly. ~~((Physician))~~ Authorizing practitioner orders must be initially obtained and updated when a significant change occurs or at least annually when required by applicable state practice laws for licensed therapists.

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

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

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

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

(i) Specific to a client diagnosis;

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

(iii) ~~((Evaluated))~~ Re-evaluated every ninety days for effect on improvement of health status or ~~((prevention of))~~ slowing the decline.

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

Skilled rehabilitative therapy services must be medically necessary as defined under WAC ((~~388-500-0005~~)) 182-500-0070.

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

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

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

(c) Establishing a maintenance or restorative program with measurable treatment goals, and providing written and oral instruction to the client, caregivers, or program staff as needed to assist the client in implementing the program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Massage therapy;

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

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

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

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

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

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

(7) Skilled therapy services must be documented as provided under WAC 388-71-0746 and ~~((chapter 388-502))~~ WAC 182-502-0020.

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

**WAC 388-71-0716 ~~((Adult day care Assessment and service plan.))~~**

**What kind of assessment and service plan is required to determine a client's unmet needs for adult day care?**

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

(2) If the case manager determines an unmet need for ~~((a-core))~~ an ADC service that may be provided at a day care center, the case manager works with the client and/or the client's representative to develop a service plan that documents the needed services and the num-

ber of days per week that the services are to be provided. The case manager refers the client to a waiver-contracted day care center that the client and the case manager agree can potentially meet the client's needs.

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0718 (~~Adult day care Negotiated care plan.~~) What is the adult day care center's responsibility in developing the client's negotiated care plan?** (1) Upon referral of a COPEs or RCL eligible client by the department or authorized case manager, the ~~((day care))~~ ADC center will respond in writing to the department or authorized case manager within two working days of receipt of the referral and its ability to process and evaluate the referred client. The ADC center must conduct an intake evaluation based on an interview with the client and/or the client's representative to assess the center's ability to meet the client's needs as identified in the department service plan.

(2) The case manager will provide the client's service plan to the adult day care provider within five working days after the client or client's representative has signed it.

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

(3) The ADC center will schedule intake evaluations visits with the referral client and/or their representative to evaluate the ADC center's ability to meet the needs of the client as defined in the client's service plan.

(4) Within ten working days ~~((of))~~ from the initial date of client attendance at the day care center, the center must determine whether it can meet the client's needs, how those needs will be met, and whether to accept the client to the program. The center must not accept a client whose needs the center cannot meet. The center will document in the client's file the date he/she was accepted into the ADC program.

~~((4))~~ (5) Within thirty calendar days of acceptance into the program, the day care center must work with the client and/or their representative to develop and complete a negotiated care plan signed by the client or the client's representative and the day care center.

(6) This care plan must be updated annually and when there is a significant change in the client's condition and needs. the care plan when updated, annually or after significant change, must be shared with the client's case manager. The care plan must:

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

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

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

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

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

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

((+5+)) (7) The adult day care center must keep at least the current negotiated care plan in the client's file, must offer a copy of the plan to the client or client representative, and must provide a copy to the client's case manager. The case manager must review the negotiated care plan for inclusion of services that are appropriate and authorized for the client's care needs.

((+6+)) (8) The negotiated care plan must limit the frequency of services to the number of days authorized in the department-authorized service plan.

((+7+)) (9) The day care center must review each service in the negotiated care plan if the client's condition changes, and determine if the care plan continues to meet the client's needs. Changes in the client's condition or unanticipated absences of more than three consecutive days of scheduled service must be reported to the client's case manager within one week. Unanticipated absences by way of example may include absences due to client illness or injury, or a change in transportation access. The case manager may follow-up with the client and ((determine)) determines if any updates to the assessment, service plan, and service authorization are needed.

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

**WAC 388-71-0720** (~~Adult day health Assessment and service plan.~~) What is the adult day health center's responsibility in working with the department or their designee to obtain, use and update the CARE assessment?

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

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

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

(4) The case manager may consult with the client's authorized practitioner, department or area agency on aging nursing services

staff, or other pertinent collateral contacts, concerning the client's need for skilled nursing or rehabilitative therapy.

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

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

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

(a) Annual reassessment for department clients; or

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

~~((c) New referrals for adult day health services are to be forwarded to))~~ A new client to the center who potentially could be eligible for state paid ADH services are to be referred to the local department offices for intake and assessment for eligibility.

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0722 ~~((Adult day health-Negotiated care plan.))~~ What is the adult day health center's responsibility in developing the client's negotiated care plan?**

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

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

~~(3) Within ten paid days of service, the day health center must determine whether it can meet the client's needs, how those needs will be met, and whether to accept the client to the program. The center must not accept a client whose needs the center cannot meet. The center will be reimbursed under WAC 388-71-0724 for any service days provided from the start of the evaluation if the case manager has authorized services. The evaluation includes acceptance of the client to the center, the development of the initial assessment, and the preliminary negotiated plan of care.)) Upon referral of a COPES or RCL eligible client by the department or an authorized case manager, the ADH center will respond in writing to the department or authorized case manager within two working days of receipt of the referral regarding its ability to process and evaluate the referred client.~~

(2) The department case manager will send the client's signed service plan to the ADH center within five working days after signature.

(3) The ADH center will schedule intake evaluation visits with the referred client and/or their representative to assess the ADH center's ability to meet the needs of the client as defined in the client's service plan.

(4) Within ten paid days of service, the day health center must determine if it can meet the client's needs, whether to accept the client to the program, and how those needs will be met. The center must document in the client's file the date of acceptance into their program. The center must not accept a client whose needs the center cannot meet. The center will be reimbursed under WAC 388-71-0724 for any service days provided from the start of the intake evaluation if the case manager has authorized services. The written intake evaluation includes acceptance of the client to the center or reason/s why not accepted, the development of the evaluation, and the preliminary service plan.

(5) When the ADH center conducts the intake evaluation visits there must be a multidisciplinary assessment conducted based on an interview and evaluation of the client's strengths and deficits with the client or the client's representative to determine the center's ability to meet the client's adult day care service needs and potential adult day health needs as identified in the department service plan. If the department service plan indicates a nursing and/or rehabilitative need then during the intake evaluation period these professionals will conduct evaluations and assessment of the client's clinical/rehabilitative needs to determine if they can be met at the center.

(6) The ADH center may provide up to ten days of paid service to the client to complete the evaluation with the development of a preliminary service plan to be provided to the client and the case manager.

~~((+4))~~ (7) Upon approval by the case manager of the adult day health preliminary ((or negotiated care)) service plan, the day health center multidisciplinary team must obtain and provide to the case manager any required practitioner's orders for skilled nursing and rehabilitative therapy along with a copy of the ((negotiated)) preliminary service plan ((of care)), according to department documentation requirements. Orders must indicate how often the client is to be seen by the authorized practitioner. The case manager or nursing services staff may follow up with the practitioner or other pertinent collater-

al contacts concerning the client's need for skilled services. Services may not be authorized for payment without current practitioner orders and the client's consent to follow up with the practitioner.

~~((5))~~ (8) Within thirty calendar days of the client's acceptance into the program, the day health multidisciplinary team must work with the client and/or their representative to develop a negotiated care plan signed by the client or the client's representative and the day health center. The negotiated care plan can be developed initially in lieu of developing a preliminary service plan. The care plan must:

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

(b) Include an authorized practitioner's order(s) for skilled nursing and/or skilled rehabilitative therapy according to applicable state practice laws for licensed nurses or therapists. These authorizing practitioner orders must be reviewed, updated or revised when a significant change occurs or at least annually, or sooner if required by the prescriber;

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

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

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

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

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

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

(i) Be approved by the case manager.

~~((6))~~ (9) The adult day health center must keep the negotiated care plan in the client's file, (~~the plan~~) provide a copy to the client or client representative, and (~~must provide~~) a copy to the client's case manager, including any required authorizing practitioner orders. The department case manager must review the negotiated care plan for inclusion of services that are appropriate and authorized for the client's care needs.

~~((7))~~ (10) The negotiated care plan must limit the frequency of department-funded services to the number of days in the department-authorized service plan.

~~((8))~~ (11) The day health center must review each service in the negotiated care plan every ninety days or more often if the client's condition changes, or if the client is reassessed for eligibility after a break in service of more than thirty days. Changes in the client's condition or unanticipated absences of more than three consecutive days of scheduled service must be reported to the client's case manager within one week. Unanticipated absences by way of example may include absences due to client illness or injury. The case manager may follow-up with the client and (~~determine~~) determines if any updates to the assessment, service plan, and service authorization are needed.

**WAC 388-71-0724 (~~Adult day services Contracting and rates.~~)**

**How do I apply for an adult day program state contract?** (1) The department, or an area agency on aging (or other department designee) as authorized by the department, must determine that the adult day care or day health center meets the applicable adult day care or day health requirements and any additional requirements for contracting with the area agency on aging, according to each AAA's procurement procedure, through a ((COPEs)) state contract.

(2) All ADH centers must also have a core provider agreement with the health care authority in order to bill for providing care and services to the COPEs or RCL participants. ((or with the department through a medicaid provider contract.))

(3) If a center is contracting for both day care and day health, requirements of both adult day services must be met.

((a)) (4) A prospective provider desiring to provide adult day services shall be provided an application form from the department or the area agency on aging. A prospective provider convicted of abuse or neglect of a vulnerable adult is not eligible to provide adult day services in any capacity within the organization per chapter 74.34 RCW.

((b)) (5) The prospective provider will provide the area agency on aging with evidence of compliance with, or administrative procedures to comply with, the adult day service rules under this chapter.

((c)) (6) The area agency on aging will conduct a site inspection of the adult day center and review of the requirements for contracting.

((d)) (7) Within thirty days of completing the site visit, the area agency on aging will advise the prospective provider in writing of any deficiencies in meeting contracting requirements.

((e)) (8) The area agency on aging will verify correction of any deficiencies within thirty days of receiving notice from the prospective provider that deficiencies have been corrected, before contracting can take place.

((f)) (9) The area agency on aging will provide the department with a written recommendation as to whether or not the center meets contracting requirements.

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

(a) Mission statement, (~~articles of incorporation~~) business structure, ((and)) bylaws, ((as)) articles of organization or articles of incorporation if applicable and current business license;

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

(c) Organizational chart;

(d) Fiscal policies and procedures;

(e) A business plan to address the future financial needs of the center. This plan must include projected program growth, capital purchases, projected revenue, projected expenses, and plans for fund raising, if applicable. Also include an annual((Total)) program operating budget including all anticipated revenue sources and expenditures and any fees generated;

~~((e))~~ (f) The most current financial statement prepared in accordance with generally accepted account principles (GAAP) or the latest audit report of the organization by a certified public accountant;

(g) Program policies and operating procedure manual;

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

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

~~((h) Audited financial statement;))~~

~~((i))~~ (j) Floor plan of the facility;

~~((j))~~ (k) Local building inspection, fire department, and health department reports with food handler permits if applicable;

~~((k))~~ (l) Updated TB test results for each staff member according to ((local public health requirements)) WAC 388-71-0750;

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

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

(o) Role and function of the board of directors if applicable and advisory committee;

(p) Monthly menu or sample if center is new; and

(q) Certificates of insurance per WAC 388-71-0736.

~~((3))~~ (10) The area agency on aging or other department designee monitors the adult day center at least annually to determine continued compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the area agency on aging.

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

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

~~((4))~~ (11) Adult day care services are reimbursed on an hourly basis up to four hours per day. Service provided four or more hours per day will be reimbursed at the daily rate.

~~((5) Payment rates are established on an hourly and daily basis for adult day care centers as may be adopted in rule. Rate adjustments are--))~~

(12) Adult day center reimbursements are adopted by rule with adjustments determined by the state legislature. Providers seeking current reimbursement rates can refer to ((SSPS)) the billing instructions.

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

Counties	COPES Adult Day Care	
	Daily Rate	Hourly Rate
King	\$36.48	\$9.10

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

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

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

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

~~(13) A one-time only initial intake evaluation provided by an adult day health center, including development of a negotiated care plan, is reimbursed at an established rate as may be adopted in rule. ((The rate as of July 1, 2002 is eighty nine dollars and thirty eight cents.)) Rate adjustments are determined by the state legislature. Separate reimbursement is not available for subsequent evaluations.~~

~~((9)) (14) Transportation to and from the program site is not reimbursed under the adult day care rate. Transportation arrangements are made with locally available transportation ((providers)) companies or informal resources.~~

~~((10)) (15) Transportation to and from the program site is ((not)) reimbursed under the adult day health daily rate. ((Transportation arrangements for eligible medicaid clients are made with local medicaid transportation brokers, informal providers, or other available resources per chapter 388-546 WAC)) Adult day health is required to assist clients in arranging or providing transportation to and from the program sites.~~

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

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

(2) Clients receiving services from the department in an adult family home, ((boarding home)) assisted living, or other licensed com-

community residential facility may not receive (~~COPES~~) COPES or RCL-funded adult day care, but may receive (~~medicaid~~) COPES funded adult day health services when the skilled nursing or rehabilitative services are approved by the client's case manager as part of the client's service plan.

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0730 ((Senior Citizens Services Act/Respite care.))**

**What other funds are available through the area agency on aging?** (1) Except as provided under this section, the adult day services rules under this chapter do not apply to adult day care or day health services funded under chapters 74.38 and 74.41 RCW.

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

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

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

(5) Nothing in this section or chapter may be construed as requiring an area agency on aging to contract with an adult day center, whether or not the center has a COPES (~~or other medicaid~~) and RCL contract. Nor may anything in this section or chapter be construed as creating an entitlement to state-funded adult day services authorized under chapters 74.38 and 74.41 RCW.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0732 ((Hearing rights.)) What are the client's hearing rights?** (1) If the department or area agency on aging denies, terminates, or reduces (~~an~~) a COPES or RCL individual client's adult

day care or day health services, the client has the right to ((a fair)) an administrative hearing as provided under chapter 388-02 WAC. If a client funded with senior citizen services act or respite care has a complaint, grievance or dispute, the resolution process is a hearing as outlined in the departments area agency on aging polity and procedure manual chapter 6. The area agency on aging would work with the client through this process.

(2) An adult day care or day health center has those hearing or dispute resolution rights that are afforded under RCW 43.20B.675 and the center's contract with the area agency on aging or the department. An adult day health center has any other applicable hearing or dispute resolution rights under ((chapter 388-502)) WAC 182-502-0220.

(3) Adult day health centers are subject to all applicable provisions of chapter ((388-502)) 182-502 WAC, and the department's aging and ((adult services)) long term support administration may exercise the department's authority under that chapter to the same extent as the ((medical assistance administration)) health care authority.

AMENDATORY SECTION (Amending WSR 05-02-064, filed 1/4/05, effective 2/4/05)

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

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

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

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

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

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

**WAC 388-71-0736** (~~(Adult day centers Administrative policies and procedures.)~~) What business and administrative documentation does the center need?

(1) Adult day centers must have written (~~policies, procedures, and~~) documentation of the organizational structure and administration of the program.

(2) (~~Administrative policies and procedures~~) Organizational and administrative documentation must include but are not limited to:

(a) (~~Mission statement~~) Core values and mission statement of the organization;

(b) (~~Articles of incorporation and bylaws, as applicable~~) Ethical standards of the center and professional standards of conduct;

(c) Short and long-range program goals;

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

(e) Geographical definition of the service area;

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

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

(h) Description of service delivery

(i) Business structure, articles of organization or bylaws, as applicable;

(~~e~~) (j) Current business license;

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

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

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

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

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

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

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

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

(~~l~~) (s) Quality improvement plans and results.

**WAC 388-71-0738 (~~(Adult day centers Operating policies and procedures.)~~) What operating policies and procedures does the center need?**

(1) All policies and procedures must ~~((be))~~ include date of initial development and/or revision along with date of being reviewed and approved on a regular basis, at least annually, by the advisory committee, and conform to the requirements outlined in WAC 388-71-0702 through 388-71-0774, as applicable.

(2) Policies and procedures must include:

~~(a) ((Core values and mission of the organization;~~

~~(b) Ethical standards of the center and professional standards of conduct;~~

~~(c) Short and long range program goals;~~

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

~~(e) Geographical definition of the service area;~~

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

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

~~(h) Description of service delivery;~~

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

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

~~((+k) Staffing pattern)) (c) Procedure for developing staffing schedules with staff to participant ratios being at a minimum one staff to six participants;~~

~~((+l) A plan for utilizing)) (d) Policy regarding the utilization of community resources;~~

~~((+m)) (e) Gift policy;~~

~~((+n)) (f) Marketing ((plan)) policy and procedures;~~

~~((+o) Contracting)) (g) Policy and procedure for contracting for services; ((and~~

~~+p)) (h) Medication policy including but not limited to: disposal of wasted or contaminated medications;~~

~~(i) Emergency and evacuation policy and procedures for fire safety as approved by the local fire authority must be adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire evaluation drills;~~

~~(j) Grievance and complaint ((processes)) policies and procedures for staff and participants((-);~~

~~(k) Admission and discharge criteria policy and procedure. Discharge policies must include specific measurable criteria that establish when the participant is no longer eligible for services and under what circumstances the participant may be discharged. Unless the discharge is initiated by the client's department or authorized case manager, the center must notify the client, client representative if ap-~~

plicable, and case manager in writing of the specific reasons for the discharge. The center must also provide the client with adequate information about appeal and hearing rights. The discharge may occur due to the client's choice, other criteria as defined in the center's policy such as standards of conduct or inappropriate behavior, or changes in circumstances making the client ineligible for services under WAC 388-71-0708 or 388-71-0710;

(l) Health Insurance Portability and Accountability Act (HIPAA) policy and procedure;

(m) Confidentiality policy and procedure;

(n) Policy regarding how the center will comply with all applicable nondiscrimination laws, including but not limited to age, race, color, gender, religion, national origin, creed, marital status, sexual orientation, Vietnam era or disabled veteran's status, or sensory, physical, or mental handicap;

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

(p) Policies and procedures to ensure that the client's record/chart is appropriately organized and thinned according to the center's policy.

(q) Client record policy and procedures for:

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

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

(iii) The retention, storage and access to records per the agency's contract with the department and/or the department's designee, including contingency plans in the event the center discontinues operation.

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

(s) A policy and procedure for illness/injury/medical emergency/death must be followed in the event a participant becomes ill, is injured, or dies. The procedures must describe arrangements for hospital inpatient and emergency room service and include directions on how to secure ambulance transportation and complete incident reports.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0740 ((~~Adult day centers-Fiscal operations.~~)) What are the center's fiscal operational responsibilities?** (1) Adult day centers must demonstrate fiscal responsibility ((~~by using generally accepted accounting principles~~)). Fiscal policies, procedures, reports, statements and records must be developed ((~~to~~)) in accordance with generally accepted accounting principles (GAAP) and enable the administrator to meet the fiscal reporting needs of the governing body.

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

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

(4) ((A)) An annual financial statement or the latest audit report of the organization by a certified public accountant performed at least every two years must be available.

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0744 ((~~Adult day center Client records.~~)) What are the center's requirements for client records?** (1) The adult day center must ((have)) follow their policies and procedures to ensure that the client's record/chart is appropriately organized and that confidentiality of information is maintained.

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

(3) Individual client files must include:

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

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

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

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

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

(f) Client photograph, with client or client representative permission, updated as needed per change in the client's appearances or picture being difficult to clearly view;

(g) Transportation plans regarding how the client will be transported back and forth from the center and who is responsible for the transportation;

(h) Fee determination forms;

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

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

(k) ((Physician)) Authorizing practitioner orders for skilled nursing and/or rehabilitative therapy containing department-required

information and in accordance with applicable licensing and practice act regulations.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0746 (~~(Adult day center Documentation.)~~) What are the adult day center's client records requirements?** (1) (~~(Entries in)~~) If the client's record is hand-written it must be (~~(typewritten or)~~) legibly written in ink, dated, and signed by the recording person with his/her title. Identification of the author may be a signature, initials, or other unique identifier within the requirements of applicable licensing standards and center policy. All hand-written documentation must be legible to someone other than the author. If signature is a unique identifier, such as initials, there must be a key readily available for use by the department of their designee. The negotiated care plan must have the center's author's full name and title on the signature line.

(2) If the client's record is an automated electronic record then it must be within a secured client record system to ensure confidentiality for all records, in accordance with state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). If electronic signature is a unique identifier then there must be a key readily available for use by the Department or their designee. The Negotiated Care Plan must have the center's author's full name and title on the signature line.

(3) Progress notes must be (~~(chronological,)~~) entered into the file chronologically and timely(~~(, and recorded at least weekly by adult day health centers and at least monthly by adult day care center)~~). Adult day health centers' professional interventions must be charted directly after providing the service. Adult day care centers must have progress summary notes at least monthly. Client dates and hours of attendance are to be kept daily.

(~~(3)~~)(4) Consultation, (~~(and/or)~~) care plan reviews and updating orders, hardcopy or electronic records, must be dated and initialed by the(~~(physician or other authorizing practitioner who reviewed them. If the reports are presented electronically, there must be representation of review by the ordering practitioner)~~) center's reviewer/s or authorizing practitioner. The authorizing practitioner must update the skilled clinical orders at least annually or when a significant change occurs warranting a change in the skilled clinical intervention. The authorizing practitioner does not need to review the care plan but does need to update skilled clinical orders as outlined above.

(~~(4)~~)(5) Documentation of medication use must include the name of the medication, dosage, frequency of administration, route of administration, site of injection if applicable, date and time and signature or initials of the person administering the medication, title, and date.

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

(6) If the client records are thinned or achieved, per your policy and procedure, all records must be readily available to the federal, state or their designee for monitoring purposes.

(7) Department-contracted adult day health centers must comply with all other applicable documentation requirements under WAC ((388-502-0020)) 182-502-0020.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

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

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

(3) The adult day center must ((have)) follow their written policies concerning(+

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

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

~~(c) The retention and storage of records for at least six years from the last date of service to the client, including contingency plans in the event the center discontinues operation))record and maintenance and retention, see WAC 388-71-0738 operating policy section.~~

(4) Client records maintained on the center's premises must be in a secure storage area that includes locking cabinets or storage. Computerized records must be backed up, daily for any changes made in the record that day and a full backup on a weekly basis. Weekly backup records would be ((and)) stored offsite either in a physical, (cd, tape or thumb drive) or electronic file, (through the cloud backup system) compliant with HIPAA.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0750 ((~~Adult day centers Personnel policies and procedures.~~)) What are the adult day center's personnel policies and procedures requirements?** (1) Personnel policies and procedures must be in place to ensure that staff ((are)) is trained and knowledgeable to provide quality services in a safe environment. Policies must include at least the following:

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

(b) The center must have job descriptions for each paid staff and volunteer position, which functions as staff, that are in accordance with ADA requirements and that specify qualifications for the job, de-

lineation of tasks, essential functions and lines of supervision and authority.

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

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

(e) Each staff person or volunteer, who functions as a staff person, is to have ~~((a tuberculin test within thirty days of employment. If a test has been performed within twelve months of employment, the results of that test may be accepted. Tuberculin tests will be repeated according to local public health requirements))~~ tuberculosis (TB) testing according to current local health authorities recommendations.

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

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

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

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

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

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

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

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0752 ~~((Adult day center staffing requirements.))~~ What are the adult day centers' staffing qualifications and requirements?**

(1) Staff selection is dependent on participant needs, program design, and contracting requirements. The center must have the proper balance of professionals and paraprofessionals or nonprofessionals to adequately meet the needs of participants. Services must be delivered by those with adequate professional training. A staff person can have

multiple functions, such as an administrator who is also responsible for providing nursing services or social services.

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

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

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

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

(6) A nurse or other personnel (~~((trained in))~~) with a current first aid and CPR card must be on (~~((hand))~~) site whenever participants are (~~((present))~~) attending the adult day care or health program.

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

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

~~((9))~~ (8) Adult day centers may utilize a range of staff under contract or consulting from a larger parent organization or from a private entity to provide services.

~~((10))~~ (9) Staff commonly utilized by both adult day care and adult day health centers must meet the following requirements:

(a) An activity coordinator must have a bachelor's degree in recreational therapy or a related field and one year of experience (full-time equivalent) in social or health services; or an associate degree in recreational therapy or a related field plus two years of appropriate experience; or three years of paid experience in an activity program and expertise with the population served at the center.

(b) The nurse must be a registered nurse (RN) with valid state credentials in good standing and have at least one-year applicable experience (full-time equivalent) in ambulatory care or hospital nursing or geriatric or preferably in home health or older adult community based nursing and/or work with disabled clients. In addition to a registered nurse, an adult day center can utilize a licensed practical nurse (LPN), but the LPN must be supervised in compliance with all applicable nurse practice acts and standards. The LPN must have valid state credentials in good standing and at least one-year applicable experience (full-time equivalent) in ambulatory care of hospital nursing or geriatric or preferably in home health or older adult community based nursing and/or work with disabled clients. In the adult day care center the RN/LPN does not need to be on site during all hours of operation. In the adult day health center the RN and/or LPN must be on site when the attending participants' who need nursing services are attending the ADH program. If there are no participants who have nurs-

ing service interventions identified on their negotiated care plan in attendance then the nurse is not required to be on site during the ADH program time.

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

(d) Program assistant/aides or personal care aides must have ~~((one or more years of experience (full-time equivalent) in working with adults in a health care or social service setting))~~ the appropriate knowledge, skills and training to meet the individual needs of the participants before they are allowed to provide care and services. The assistant/aide competencies must be documented demonstrating their qualification to meet the needs of the center's participants within their job description.

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

(f) Consultants, with appropriate, valid state credentials may be utilized as needed to meet the requirements outlined in this chapter. The rehabilitative consultants must perform the professional assessment of the participant, train the staff regarding the participants therapy needs and therapeutic intervention/s, monitor the rehabilitation program and evaluate the participants progress for discharge planning.

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

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

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

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0754 ((Staffing ratios.)) What are the adult day center's staff ratio requirements?** (1) ((Staffing levels)) Direct care

staff in adult day centers will vary based upon the number of participants and ((the)) their care ((provided)) and service requirements. The centers must provide sufficient numbers of qualified staff to meet the participants' needs, but at a minimum must have one staff to six clients for:

(a) Adequate nutrition and hydration;

(b) Health monitoring, education and referral to health services if needed;

(c) Assistance with activities of daily living;

(d) Socialization, recreation, therapeutic activities and stimulation;

(e) Transportation assistance;

(f) Supervision and protection; and

(g) Provision of a safe environment.

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

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

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

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

~~(6) ((All centers must have written policies regarding staff participant ratios. The ratio must be a minimum of one staff to six participants. The provider must ensure that appropriate professionals provide needed services to the participants based upon the participants' service and care plans. The center is also required to employ sufficient staff to meet the needs of the participants))~~ Direct service staff to participant ratio must be met according to each program the center is contracted to provide, i.e. COPES/RCL and memory care and wellness services (MCWS). The center is required to have daily documentation outlining how they met the staff to resident ratio. This data would include but not be limited to names/titles of employees with date and hours worked and participants' names and date and hours attended.

(7) Staff counted in the staff-participant ratio ((are)) is those who are trained and able to provide direct service to participants. When there is ((more than)) one participant present, to ensure safety of participant, there must be at least two organizational staff members ((on the premises, one of whom is directly supervising the participants)) who have the skills, knowledge and ability to meet the clients need and at least one is currently certified in CPR and First Aid.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0756 ((Adult day care Staffing requirements.))** What are the adult day care centers' minimum staff requirements? (1) ((Minimum)) The minimum staffing requirements for adult day care cen-

ters include an administrator/program director, activity coordinator, a consulting registered nurse, and a consulting social worker.

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

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0758 ((Adult day health staffing requirements.)) What are the adult day health centers' minimum staff requirements?** (1)

~~((Minimum))~~ The minimum staffing requirements for adult day health centers include an administrator, program director, registered nurse, activity coordinator, a PT/OT or speech therapist, and a social worker. The administrator and program director may be the same person.

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

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

(4) Registered nurses and licensed practical nurses per WAC 388-71-0752.

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

~~((5))~~ (6) Rehabilitative therapeutic assistants must be certified with valid state credentials, have at least one year of applicable experience (full-time equivalent), and meet the requirements of chapter 246-915, 246-847, or 246-828 WAC.

~~((6))~~ (7) A certified or registered nursing assistant must meet the requirements of chapter 18.88A. RCW ~~((18.88A.020))~~.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

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

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

(3) Employee records must contain ~~((all records of training, such as staff orientation and training pertinent to duties or regulatory compliance, including CPR, first aid, and universal precautions training))~~ documentation demonstrating the employee was oriented to the facility, job and possesses the knowledge, skills and ability to perform their assigned duties. The record should also contain documentation demonstrating the employee understands and will follow the center's policies and procedures regarding but not limited to medication disposal, the emergency and evacuation plan, the abuse, neglect, abandonment and financial exploitation of vulnerable adults and universal precaution policies and procedures.

(4) ~~((Employee records must contain criminal history disclosure and background checks))~~ Background checks pursuant to RCW 43.43.830 and 43.43.832 must be performed for all applicants hired, existing employees, and volunteers who function as staff or who have unsupervised access to participants. Unsupervised access to participants is prohibited until a background check has been completed and the employee's suitability for employment has been determined. Background checks must be updated every two years and documentation maintained in the employees' or volunteers' functioning as staff, record.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0762** (~~(Adult day centers-Education and training.)~~) What are the adult day centers' employee education and training requirements? (1) Provision must be made for orientation of new employees, contractors, and volunteers.

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

(3) Staff, contractors, and volunteers, who function as staff, must receive training ~~((about documentation, reporting requirements, and universal precautions))~~ regarding the following at a minimum:

(a) How to document in participants' records;

(b) What the center's emergency plan and evacuation procedure is and how to implement;

- (c) How to respond to aggressive or assaultive participants;
- (d) How to receive and respond to grievances;
- (e) What are universal precautions and how to implement in the day to day operations in the center;
- (f) Reporting requirements such as but not limited to:
  - (i) Mandatory reporting for abuse, neglect, abandonment, and exploitation of vulnerable adults; and
  - (ii) Local health department procedure for disease outbreak.
- (4) At a minimum, one staff person per shift must ~~((be trained and certified))~~ have current training and certification in CPR/First Aid.
- (5) Staff and volunteers functioning as staff, must receive education and training on all applicable policies and procedures within two weeks of employment.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0764 ((~~Adult day centers Medication.~~)) How will medications be provided in an adult day center?**

(1) The center must develop written medication policies that ~~((are))~~ support and promote safe medication storage and administration for each participant and meet the requirements of chapter 69.41 RCW and chapter 246-88 WAC and other applicable statutes. These policies must be explained and accessible to all staff, contractors, volunteers, and participants that have responsibility in this area. ((At a minimum, policies must meet the following requirements:

- ~~(a) Medications must be kept in locked storage. If medications need to be refrigerated, they should be in a locked box, if not in a separate refrigerator dedicated to medication refrigeration.~~
- ~~(b) Medication policies must describe:~~
  - ~~(i) Under what conditions licensed program staff will administer medications;~~
  - ~~(ii) How medications brought to the program by a client must be labeled;~~
  - ~~(iii) How nonprescription medications such as aspirin or laxatives are to be used;~~
  - ~~(iv) How the administration of medications will be entered in participant case records as described in WAC 388 71 0744(4); and~~
  - ~~(v) Medication policies must be consistent with laws governing medication administration under RCW 69.41.010 and chapter 246-888 WAC.)~~

(2) Participants who need to take medications while at the center, and who are able to self medicate, must be encouraged and expected to bring and take their own medications as prescribed. Some participants may need assistance with their medications, and ~~((a few))~~ some may need to have their medications administered by qualified program staff.

(3) In order for the center staff to administer any prescribed medication, there must be a written authorization from the participant's authorizing practitioner stating that the medication is to be administered at the program site.

(4) Staff must be trained to observe medication usage and effects, and to document and report any concerns or difficulties with medications.

(5) At a minimum, medication policies must include the following:

(a) How medications will be labeled and stored. Medications must be:

(i) Labeled according to your policy including prescribed and over the counter medications;

(ii) Kept in a locked storage area organized so client's medications are not mixed together; and

(iii) If refrigeration is necessary, medications should be in a locked box, if not in a separate refrigerator dedicated to medication refrigeration.

(b) Procedures for administration of medications, including:

(i) What program staff are allowed and able to administer medications and under what circumstances;

(ii) How nonprescription medications such as aspirin or laxatives are to be used; and

(iii) How the administration of medications will be entered in participant case records as described in WAC 388-71-0744.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0766 ((~~Adult day centers Facility.~~)) What are the adult day centers' facility requirements?**

(1) Selection of a location for a center must be based on information about potential participants in the service area and be made in consultation with other agencies, organizations, and institutions serving older individuals and those with functional impairments, as well as considering the availability of a suitable location.

(2) Centers must have available a current floor plan of the facility indicating usage of space with interior measurements, building inspection report from the local, city or county, building department, if applicable, fire department inspection report, and the local health department kitchen inspection report and permit if operating ((a)) an on-site kitchen.

~~(3) ((The facility must comply with applicable state, county, and local building regulations, zoning, fire, and health codes or ordinances.~~

~~(4))~~ When possible, the facility should be located at street level. If the facility is not located at street level, it is essential to have a ramp and/or elevators. All new adult day service centers contracted with the department after February 1, 2014 must have a ramp, at least a 1:12 slope, for emergency evacuation if the center has any step or stairs to be navigated during an emergency evacuation. An evacuation plan for relocation of participants to another building must also be in place in the event of an emergency. The center must post a floor plan of the center and indicate the evacuation route from each room to the outside meeting place.

(5) Each adult day center co-located in a facility housing other services must have its own separate identifiable space for main activity areas during operational hours. Certain space can be shared, such as the kitchen and therapy rooms.

(6) Each center must provide appropriate hardware on doors of storage rooms, closets, bathrooms, and other rooms to prevent participants from being accidentally locked in.

(7) When possible, the location should be within a transit authority's core service area.

(8) The facility must have sufficient space to accommodate the full range of program activities and services. The facility must be adaptable to accommodate variations of activities (group and/or individual) and services. The program must provide and maintain essential space necessary to provide services and to protect the privacy and dignity of the participants receiving services. There must be sufficient private space to permit staff to work effectively and without interruption. There must be sufficient space available for private discussions.

(9) The facility must provide at least sixty square feet of program space for multipurpose use for each day center participant. In determining adequate square footage, only those activity areas commonly used by participants are to be included. Hallways, dining and kitchen areas are to be included only if these areas are used by clients for activities other than meals. Reception or lobby areas, storage areas, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

(10) Storage space.

(a) There must be adequate storage space for program and operating supplies.

(b) Toxic substances, whether for activities or cleaning, must be stored in an area not accessible to participants. Substances must be clearly marked, the contents identified, and stored in original containers.

(11) Restrooms.

(a) The facility's restrooms must be located as near the activity area as possible, preferably no more than forty feet away. The facility must include at least one toilet for every ten participants. The facility must provide privacy for the participant when using the restroom facilities.

(b) Programs that have a large number of participants who require more scheduled toileting or assistance with toileting must have at least one toilet for every eight participants.

(c) The toilets shall be equipped for use by mobility-limited persons and easily accessible from all program areas. One toilet area should be designed to allow assistance from one or two staff. More accessible units may be required based upon the needs of the participants.

(d) Each restroom must contain an adequate supply of soap, toilet tissues, and paper towels.

(e) After Month/Day/Year all newly contracted adult day service facilities or contracted adult day service provider opening another site must have at least one roll in shower for participant use. Showers are to be accessible to those who require bathing as an ADC service.

(12) Rest area.

(a) In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy and to isolate participants who become ill or disruptive, or who may require rest.

(b) The rest area must be located away from activity areas and near a restroom and the nurse's office. There must be at least one bed, couch, or recliner for every ten participants that can be used for resting or the isolation of a participant who is ill or suspected of coming down with a communicable disease.

(c) If beds are used, the mattresses and pillow must be protected, cleaned and disinfected after each participant use. The bed linens must be clean and changed after each use by different participants to prevent the spread of infection.

(13) Loading zones/parking/entrances/exits.

(a) A loading zone with sufficient space for getting in and out of a vehicle must be available for the safe arrival and departure of participants and the use of emergency personnel.

(b) There must be sufficient parking available to accommodate family caregivers, visitors, and staff.

(c) When necessary, arrangements must be made with local authorities to provide safety zones for those arriving by motor vehicle and adequate traffic signals for people entering and exiting the facility.

(d) Adequate lighting must be provided in all loading and parking zones, entrances, and exits.

(e) An adult day center must be visible and recognizable as a part of the community. The entrance to the facility must be clearly identified. The center must also be appealing and protective to participants and others.

(f) At least two well-identified exits must be accessible from the building.

(14) Atmosphere and design.

(a) The center's design must facilitate the participants' movement throughout the facility and encourage involvement in activities and services.

(b) The environment must reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to get his/her orientation to time and space.

(c) A facility must be architecturally designed in conformance with the requirements of section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act to accommodate individuals with a disability and meet any state and local barrier-free requirements.

(d) Illumination levels in all areas must be adequate, and careful attention must be given to avoiding glare. Attention must be paid to lighting in transitional areas, such as outside to inside and between different areas of the facility.

(e) Sound transmission must be controlled. Excessive noise, such as fan noise, must be avoided.

(f) Comfortable conditions must be maintained within a comfortable temperature range. Excessive drafts must be avoided uniformly throughout the facility.

(g) Sufficient furniture must be available for the entire population present. Furnishings must accommodate the needs of participants and be attractive, comfortable, sturdy, clean and safe. Straight-backed chairs with arms must be used during activities and meals.

(h) A telephone must be available for participant use. Local calls are to be available at no cost to the participant.

(15) Safety and sanitation.

(a) The facility and grounds must be safe, clean, and accessible to all participants, and must be designed, constructed, and maintained

in compliance with all applicable local, state, and federal health and safety regulations.

(b) Nonslip surfaces must be provided on stairs, ramps, and interior floors.

(c) Alarm/warning systems are necessary to ensure the safety of the participants in the facility in order to alert staff to potentially dangerous situations. This system needs to be activated when the center's staff have determined a participant/s have the potential safety issues with wandering. It is recommended that call bells be installed or placed in the rest areas, restroom stalls, and showers.

(d) An emergency evacuation plan with outside meeting location at a safe distance from the building must be strategically posted in each facility so that all participants, staff, and visitors can view it. If the center provides services to primarily non-English speaking clients the evacuation plan must also contain instructions in the primary language used by clients of the center. The center's emergency disaster plan must be readily available to all staff and reviewed routinely to ensure a safe and secure environment during a disaster.

(e) The facility must be free of hazards, such as high steps, steep grades, and exposed electrical cords. Steps and curbs must be painted and the edges of stairs marked appropriately to highlight them. All step, stairs, ramps, and bathrooms accessible to those with disabilities must be equipped with securely anchored handrails on both sides.

(f) Emergency first-aid kits and manuals must be visible and accessible to staff. Contents of the kits must be replenished after use and reviewed as needed.

(g) Maintenance and housekeeping must be carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.

(h) If smoking is permitted, the center must follow RCW 70.160-Smoking in Public Places.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0770 ((~~Adult day center Food and nutrition services.~~) What are the adult day centers' food and nutrition service requirements?)** Centers must provide meal service to all participants as outlined in WAC 388-71-0704 and 388-71-0706

(1) All meals provided are to meet one-third of the minimum required daily allowance or dietary reference intake as determined by the Food and Nutrition Board of the Institute of Medicine.

(2) The center must ensure that food served meets nutritional needs, takes into consideration individual and ethnic preferences to the extent reasonably possible, caloric need, special dietary requirements, and any physical condition making food intake difficult.

(3) The center must provide a variety of foods and not repeat menus for a minimum of three weeks.

(4) Participant input must be gathered when planning meals.

(5) Menus must be posted at least one week in advance; indicate the date, day of the week, month and year; and include all food and snacks served that contribute to nutritional requirements.

(6) Nutrient concentrates, supplements, and dysphagia-modified diets related to a choking or aspiration risk, are to be served only with the written approval of the participant's (~~physician~~) authorizing practitioner.

(7) Safe and sanitary handling, storage, preparation, and serving of food must be assured. If meals are prepared on the premises, kitchen appliances, food preparation area, and equipment must meet state and local requirements and pass inspections annually.

(8) All staff and volunteers handling or serving meals must have the appropriate food handler's permits, if applicable.

(9) In the event meals are prepared at a separate kitchen facility, the adult day center must ensure that persons preparing food have a food handler's permit and that the food is transported in airtight containers to prevent contamination.

(10) The center must ensure that the food is transported and served at the appropriate and safe temperature.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0772 (~~(Adult day centers—Emergency procedures.)~~) What are the adult day centers' emergency procedures requirements?** (1) A written emergency/disaster/earthquake plan must be (~~posted~~) readily available to all staff at each program site and in all program owned vehicles. Staff must be trained to ensure smooth implementation of the emergency plan.

(2) All staff and volunteers must be trained in evacuation/fire safety procedures.

(3) (~~(A)~~) The center's written illness/injury/medical emergency/death procedure must be followed in the event a participant becomes ill, is injured, or dies. The procedures must be (~~posted in at least one visible location at all program sites~~) readily available to all staff during program hours and must be explained to staff, volunteers, and participants. (~~(The procedures must describe arrangements for hospital inpatient and emergency room service and include directions on how to secure ambulance transportation and complete incident reports.)~~)

(4) Procedures for fire safety as approved by the local fire authority must be adopted and (~~posted~~) readily available to all staff, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire drill evaluation. The center must post their building's floor plan with evacuation route from each room to the outside pre-determined meeting place. Smoke detectors must also be used and serviced on a routine basis per the center's policy.

(5) Each center must provide adequate emergency lighting or flashlights in all areas.

(6) Each center must provide and maintain first aid kits with manuals in adequate numbers to meet the needs of the participant and staff.

(7) Each center must ensure, in accordance with local emergency procedures, that supplies, food, water and equipment are available in

the event power, heat and/or electricity are not available during an emergency.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0774** (~~((Adult day centers Quality assurance and improvement.))~~) **What are the adult day centers' quality assurance plan requirements?** (1) (~~(Every)~~) All adult day ((center)) centers must develop ((a)) an annual quality improvement plan((, with))that identifies specific concerns regarding the quality of care and services to clients. The plan must also include a description of the plan of action that would address the concerns. The plan must have specific measurable objectives, designed to meet requirements of any licensing, funding sources, professional standards, or regulatory compliance.

(2) Policies and procedures for monitoring program quality and determining further action must be developed by the administrator with the advice of the multidisciplinary staff team and the advisory committee, and with the approval of the governing body and center clients and/or representatives.

(3) Quality assurance and improvement plans may include but are not limited to annual program evaluations, utilization reviews, (~~(participant))~~ participants' and former participants' satisfaction surveys, and sampling participant ((improvement and/or care plan audits)) care plans to audit for assurances of meeting the WAC requirements.

AMENDATORY SECTION (Amending WSR 03-06-024, filed 2/24/03, effective 7/1/03)

**WAC 388-71-0776** **Effective date.** WAC 388-71-0702 through 388-71-0776 (~~(are))~~ is effective February 1, 2014.

REPEALER

The following section of the Washington Administrative Code is repealed:

- WAC 388-71-0726 Adult day health transportation.
- WAC 388-71-0742 Adult day centers-Client policies and procedures.
- WAC 388-71-0768 Adult day centers-Physical environment requirements.