2SHB 1901 - H AMD **259**

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By Representative Cody

ADOPTED 03/04/2011

- Beginning on page 6, line 33, strike all of sections 6 and 7 and 2 insert the following:
- 3 "Sec. 6. RCW 70.127.040 and 2003 c 275 s 3 and 2003 c 140 s 8 are each reenacted and amended to read as follows:
- 5 The following are not subject to regulation for the purposes of this chapter:
- 7 (1) A family member providing home health, hospice, or home care 8 services;
- 9 (2) A person who provides only meal services in an individual's permanent or temporary residence;
- 11 (3) An individual providing home care through a direct agreement 12 with a recipient of care in an individual's permanent or temporary 13 residence;
 - (4) A person furnishing or delivering home medical supplies or equipment that does not involve the provision of services beyond those necessary to deliver, set up, and monitor the proper functioning of the equipment and educate the user on its proper use;
- 18 (5) A person who provides services through a contract with a 19 licensed agency;
- 20 (6) An employee or volunteer of a licensed agency who provides 21 services only as an employee or volunteer;
- (7) Facilities and institutions, including but not limited to nursing homes under chapter 18.51 RCW, hospitals under chapter 70.41 RCW, adult family homes under chapter 70.128 RCW, boarding homes under chapter 18.20 RCW, developmental disability residential programs under chapter 71A.12 RCW, other entities licensed under chapter 71.12 RCW, or other licensed facilities and institutions, only when providing services to persons residing within the facility or institution;
- 29 (8) Local and combined city-county health departments providing 30 services under chapters 70.05 and 70.08 RCW;

1 (9) An individual providing care to ill <u>individuals</u>, ((disabled))
2 <u>individuals with disabilities</u>, or vulnerable individuals through a
3 contract with the department of social and health services;

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- (10) Nursing homes, hospitals, or other institutions, agencies, organizations, or persons that contract with licensed home health, hospice, or home care agencies for the delivery of services;
- (11) In-home assessments of an ill $\underline{individual}$, (($\underline{disabled}$)) \underline{an} $\underline{individual}$ with a $\underline{disability}$, or \underline{a} vulnerable individual that does not result in regular ongoing care at home;
- (12) Services conducted by and for the adherents of a church or religious denomination that rely upon spiritual means alone through prayer for healing in accordance with the tenets and practices of such church or religious denomination and the bona fide religious beliefs genuinely held by such adherents;
- 15 (13) A medicare-approved dialysis center operating a medicare-16 approved home dialysis program;
 - (14) A person providing case management services. For the purposes of this subsection, "case management" means the assessment, coordination, authorization, planning, training, and monitoring of home health, hospice, and home care, and does not include the direct provision of care to an individual;
 - (15) Pharmacies licensed under RCW 18.64.043 that deliver prescription drugs and durable medical equipment that does not involve the use of professional services beyond those authorized to be performed by licensed pharmacists pursuant to chapter 18.64 RCW and those necessary to set up and monitor the proper functioning of the equipment and educate the person on its proper use;
- 28 (16) A volunteer hospice complying with the requirements of RCW 29 70.127.050; ((and))
- 30 (17) A person who provides home care services without compensation; 31 and
- 32 (18) Nursing homes that provide telephone or web-based transitional 33 care management services.
- NEW SECTION. Sec. 7. A new section is added to chapter 74.42 RCW to read as follows:
- 36 (1) Nursing facilities may provide telephone or web-based

transitional care management services to persons discharged from the facility to home for up to thirty days postdischarge.

- (2) When a nursing facility provides transitional care management services, the facility must coordinate postdischarge care and service needs with in-home agencies licensed under chapter 70.127 RCW, and other authorized care providers, to promote evidence-based transition care planning. In-home service agencies and other authorized care providers, including the department, shall, when appropriate, determine resident eligibility for postdischarge care and services and coordinate with nursing facilities to plan a safe transition of the client to the home setting. When a resident is discharged to home and is without inhome care or services due to the resident's refusal of care or their ineligibility for care, the nursing facility may provide telephone or web-based transitional care management services. These services may include care coordination services, review of the discharge plan, instructions to promote compliance with the discharge plan, reminders or assistance with scheduling follow-up appointments with other health care professionals consistent with the discharge plan, and promotion of self-management of the client's health condition. Web-based transition care services may include patient education and the provision of services described in this section. They are not intended to include telehealth monitoring.
- (3) If the nursing facility identifies concerns in client care that result from telephone or web-based transitional care management services, the nursing facility will notify the client's primary care physician. The nursing facility will also discuss with the client options for care or other services which may include in-home services provided by agencies licensed under chapter 70.127 RCW."

Correct the title

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EFFECT: Removes the authority for nursing homes to provide nonmedical care management services for residents being discharged from a nursing home in cases in which the resident either refuses home health services, is not eligible for home health services, or may experience a delay in receiving home health services.

Authorizes nursing homes to provide telephone or web-based transitional care management services to former residents for up to 30 days following discharge. Allows these services to be provided by the nursing home in situations in which the resident either refuses in-home care or is not eligible for in-home care. Specifies that transitional care management services may include care coordination, discharge plan review, instructions to promote compliance with the discharge plan, reminders or assistance with appointments, and promotion of self-management. Requires nursing homes to notify the client's primary care physician if concerns are identified through the transitional care management services.

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