CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 2056

62nd Legislature 2012 Regular Session

Passed by the House February 9, 2012 Yeas 97 Nays 0 Speaker of the House of Representatives Passed by the Senate February 27, 2012 Yeas 47 Nays 0	CERTIFICATE I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is SUBSTITUTE HOUSE BILL 2056 as passed by the House of Representatives and the Senate on the dates hereon set forth.		
			Chief Clerk
		President of the Senate	
		Approved	FILED
Governor of the State of Washington	Secretary of State State of Washington		

SUBSTITUTE HOUSE BILL 2056

Passed Legislature - 2012 Regular Session

State of Washington 62nd Legislature 2012 Regular Session

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

READ FIRST TIME 01/18/12.

- 1 AN ACT Relating to assisted living facilities; amending RCW 2. 18.20.030, 18.20.050, 18.20.090, 18.20.110, 18.20.115, 18.20.130, 18.20.170, 18.20.140, 18.20.150, 18.20.160, 18.20.190, 18.20.220, 3 18.20.300, 4 18.20.230, 18.20.270, 18.20.280, 18.20.290, 18.20.310, 18.20.360, 18.20.370, 5 18.20.320, 18.20.330, 18.20.340, 18.20.350, 6 18.20.380, 18.20.390, 18.20.400, 18.20.410, 18.20.420, 18.20.430, 7 18.20.440, 18.20.900, 18.51.010, 18.52C.020, 18.79.260, 18.100.140, 8 35.21.766, 35A.70.020, 43.43.832, 46.19.020, 48.43.125, 69.41.010, 9 69.41.085, 69.50.308, 70.79.090, 70.87.305, 70.97.060, 70.97.090, 70.122.020, 70.127.040, 70.128.030, 70.128.210, 70.129.005, 70.129.160, 10 11 71.24.025, 74.09.120, 74.15.020, 74.39A.009, 74.39A.010, 74.39A.020, 12 74.39A.030, 74.39A.320, 74.41.040, 74.42.055, 82.04.2908, 82.04.4264, 82.04.4337, 84.36.381, and 84.36.383; reenacting and amending RCW 13 18.20.010, 18.20.020, 70.38.105, 70.38.111, and 74.34.020; and creating 14 15 a new section.
- 16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 17 **Sec. 1.** RCW 18.20.010 and 2000 c 171 s 3 and 2000 c 121 s 1 are 18 each reenacted and amended to read as follows:
- 19 The purpose of this chapter is to provide for the development,

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

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

- Sec. 2. RCW 18.20.020 and 2011 c 366 s 2 are each reenacted and amended to read as follows:
- ((As used in this chapter:)) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
 - (1) "Adult day services" means care and services provided to a nonresident individual by the ((boarding home)) assisted living facility on the ((boarding home)) assisted living facility premises, for a period of time not to exceed ten continuous hours, and does not involve an overnight stay.
 - (2) "Basic services" means housekeeping services, meals, nutritious snacks, laundry, and activities.
- (3) "((Boarding home)) Assisted living facility" means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with chapter 142, Laws of 2004, to seven or more residents after July 1, 2000. However, ((a boarding home)) an assisted living facility that is licensed for three to six residents prior to or on July 1, 2000, may maintain its ((boarding home)) assisted living

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

- (5) "Domiciliary care" means: Assistance with activities of daily living provided by the ((boarding home)) assisted living facility either directly or indirectly; or health support services, if provided directly or indirectly by the ((boarding home)) assisted living facility; or intermittent nursing services, if provided directly or indirectly by the ((boarding home)) assisted living facility.
- (6) "General responsibility for the safety and well-being of the resident" means the provision of the following: Prescribed general low sodium diets; prescribed general diabetic diets; prescribed mechanical soft foods; emergency assistance; monitoring of the resident; arranging health care appointments with outside health care providers and reminding residents of such appointments as necessary; coordinating health care services with outside health care providers consistent with RCW 18.20.380; assisting the resident to obtain and maintain glasses, hearing aids, dentures, canes, crutches, walkers, wheelchairs, and assistive communication devices; observation of the resident for changes in overall functioning; blood pressure checks as scheduled; responding appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning; or medication assistance as permitted under RCW 69.41.085 and as defined in RCW 69.41.010.
- (7) "Legal representative" means a person or persons identified in RCW 7.70.065 who may act on behalf of the resident pursuant to the scope of their legal authority. The legal representative shall not be affiliated with the licensee, ((boarding home)) assisted living

- 1 facility, or management company, unless the affiliated person is a
 2 family member of the resident.
- "Nonresident individual" means a person who resides independent senior housing, independent living units in continuing care retirement communities, or in other similar living environments or in an unlicensed room located within ((a boarding home)) an assisted living facility. Nothing in this chapter prohibits nonresidents from receiving one or more of the services listed in RCW 18.20.030(5) or requires licensure as ((a boarding home)) an assisted living facility when one or more of the services listed in RCW 18.20.030(5) are provided to nonresidents. A nonresident individual may not receive domiciliary care, as defined in this chapter, directly or indirectly by the ((boarding home)) assisted living facility and may not receive the items and services listed in subsection (6) of this section, except during the time the person is receiving adult day services as defined in this section.
 - (9) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
 - (10) "Resident" means an individual who is not related by blood or marriage to the operator of the ((boarding home)) assisted living facility, and by reason of age or disability, chooses to reside in the ((boarding home)) assisted living facility and receives basic services and one or more of the services listed under general responsibility for the safety and well-being of the resident and may receive domiciliary care or respite care provided directly or indirectly by the ((boarding home)) assisted living facility and shall be permitted to receive hospice care through an outside service provider when arranged by the resident or the resident's legal representative under RCW 18.20.380.
 - (11) "Resident applicant" means an individual who is seeking admission to a licensed ((boarding home)) assisted living facility and who has completed and signed an application for admission, or such application for admission has been completed and signed in their behalf by their legal representative if any, and if not, then the designated representative if any.
 - (12) "Resident's representative" means a person designated voluntarily by a competent resident, in writing, to act in the resident's behalf concerning the care and services provided by the

- ((boarding home)) assisted living facility and to receive information 1 2 from the ((boarding home)) assisted living facility, if there is no The resident's competence shall be determined 3 legal representative. 4 using the criteria in RCW 11.88.010(1)(e). The resident's representative may not be affiliated with the licensee, ((boarding 5 6 home)) assisted living facility, or management company, unless the affiliated person is a family member of the resident. The resident's 7 8 representative shall not have authority to act on behalf of the 9 resident once the resident is no longer competent.
- 10 (13) "Secretary" means the secretary of social and health services.
- 11 **Sec. 3.** RCW 18.20.030 and 2011 c 366 s 3 are each amended to read 12 as follows:

14

15

16

1718

19 20

21

22

23

2425

26

27

2829

30

31

32

- (1) After January 1, 1958, no person shall operate or maintain (($\frac{1}{2}$) boarding home)) an assisted living facility as defined in this chapter within this state without a license under this chapter.
- (2) ((A boarding home)) An assisted living facility license is not required for the housing, or services, that are customarily provided under landlord tenant agreements governed by the residential landlord-tenant act, chapter 59.18 RCW, or when housing nonresident individuals who chose to participate in programs or services under subsection (5) of this section, when offered by the ((boarding home)) assisted living facility licensee or the licensee's contractor. This subsection does not prohibit the licensee from furnishing written information concerning available community resources to the nonresident individual or the individual's family members or legal representatives. The licensee may not require the use of any particular service provider.
- (3) Residents receiving domiciliary care, directly or indirectly by the ((boarding home)) assisted living facility, are not considered nonresident individuals for the purposes of this section.
- (4) ((A boarding home)) An assisted living facility license is required when any person other than an outside service provider, under RCW 18.20.380, or family member:
- 33 (a) Assumes general responsibility for the safety and well-being of a resident;
- 35 (b) Provides assistance with activities of daily living, either 36 directly or indirectly;

p. 5 SHB 2056.PL

- 1 (c) Provides health support services, either directly or 2 indirectly; or
 - (d) Provides intermittent nursing services, either directly or indirectly.
 - (5) ((A boarding home)) An assisted living facility license is not required for one or more of the following services that may, upon the request of the nonresident, be provided to a nonresident individual: (a) Emergency assistance provided on an intermittent or nonroutine basis; (b) systems, including technology-based monitoring devices, employed by independent senior housing, or independent living units in continuing care retirement communities, to respond to the potential need for emergency services; (c) scheduled and nonscheduled blood pressure checks; (d) nursing assessment services to determine whether referral to an outside health care provider is recommended; (e) making and reminding the nonresident of health care appointments; (f) preadmission assessment for the purposes of transitioning to a licensed care setting; (g) medication assistance which may include reminding or the nonresident, opening the nonresident's medication coaching container, using an enabler, and handing prefilled insulin syringes to the nonresident; (h) falls risk assessment; (i) nutrition management and education services; (j) dental services; (k) wellness programs; (l) prefilling insulin syringes when performed by a nurse licensed under chapter 18.79 RCW; or (m) services customarily provided under landlord tenant agreements governed by the residential landlord-tenant act, chapter 59.18 RCW.
- 26 **Sec. 4.** RCW 18.20.050 and 2011 1st sp.s. c 3 s 402 are each 27 amended to read as follows:
 - (1)(a) Upon receipt of an application for license, if the applicant and the ((boarding home's)) facilities of the assisted living facility meet the requirements established under this chapter, the department may issue a license. If there is a failure to comply with the provisions of this chapter or the rules adopted under this chapter, the department may in its discretion issue a provisional license to an applicant for a license or for the renewal of a license. A provisional license permits the operation of the ((boarding home)) assisted living facility for a period to be determined by the department, but not to

5 6

7

8

9

10

11

12

13

1415

16 17

18

19

20

21

22

23

24

25

2829

30

31

32

3334

35

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

- (b) At the time of the application for or renewal of a license or provisional license, the licensee shall pay a license fee. Beginning July 1, 2011, and thereafter, the per bed license fee must be established in the omnibus appropriations act and any amendment or additions made to that act. The license fees established in the omnibus appropriations act and any amendment or additions made to that act may not exceed the department's annual licensing and oversight activity costs and must include the department's cost of paying providers for the amount of the license fee attributed to medicaid clients.
- (c) A license issued under this chapter may not exceed twelve months in duration and expires on a date set by the department. ((A boarding home)) An assisted living facility license must be issued only to the person that applied for the license. All applications for renewal of a license shall be made not later than thirty days prior to the date of expiration of the license. Each license shall be issued only for the premises and persons named in the application, and no license shall be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises.
- (2) A licensee who receives notification of the department's initiation of a denial, suspension, nonrenewal, or revocation of ((a boarding home)) an assisted living facility license may, in lieu of appealing the department's action, surrender or relinquish the license. The department shall not issue a new license to or contract with the licensee, for the purposes of providing care to vulnerable adults or children, for a period of twenty years following the surrendering or relinquishment of the former license. The licensing record shall indicate that the licensee relinquished or surrendered the license, without admitting the violations, after receiving notice of the department's initiation of a denial, suspension, nonrenewal, or revocation of a license.
- (3) The department shall establish, by rule, the circumstances requiring a change in licensee, which include, but are not limited to, a change in ownership or control of the ((boarding home)) assisted living facility or licensee, a change in the licensee's form of legal organization, such as from sole proprietorship to partnership or

- corporation, and a dissolution or merger of the licensed entity with another legal organization. The new licensee is subject to the provisions of this chapter, the rules adopted under this chapter, and other applicable law. In order to ensure that the safety of residents is not compromised by a change in licensee, the new licensee is responsible for correction of all violations that may exist at the time of the new license.
 - (4) The department may deny, suspend, modify, revoke, or refuse to renew a license when the department finds that the applicant or licensee or any partner, officer, director, managerial employee, or majority owner of the applicant or licensee:
 - (a) Operated ((a boarding home)) an assisted living facility without a license or under a revoked or suspended license; or
 - (b) Knowingly or with reason to know made a false statement of a material fact (i) in an application for license or any data attached to the application, or (ii) in any matter under investigation by the department; or
 - (c) Refused to allow representatives or agents of the department to inspect (i) the books, records, and files required to be maintained, or (ii) any portion of the premises of the ((boarding home)) assisted living facility; or
 - (d) Willfully prevented, interfered with, or attempted to impede in any way (i) the work of any authorized representative of the department, or (ii) the lawful enforcement of any provision of this chapter; or
 - (e) Has a history of significant noncompliance with federal or state regulations in providing care or services to vulnerable adults or children. In deciding whether to deny, suspend, modify, revoke, or refuse to renew a license under this section, the factors the department considers shall include the gravity and frequency of the noncompliance.
 - (5) The department shall serve upon the applicant a copy of the decision granting or denying an application for a license. An applicant shall have the right to contest denial of his or her application for a license as provided in chapter 34.05 RCW by requesting a hearing in writing within twenty-eight days after receipt of the notice of denial.

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

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

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

14

15 16

17

18

1920

21

22

23

24

25

26

2728

29

30

31

32

3334

35

36

37

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

- given to the applicant or licensee and the department. The department may prescribe by rule that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition, or new construction, submit plans and specifications therefor to the agencies responsible for plan reviews for preliminary inspection and approval or recommendations with respect to compliance with the rules and standards herein authorized.
- **Sec. 7.** RCW 18.20.115 and 2001 c 85 s 1 are each amended to read 10 as follows:

The department shall, within available funding for this purpose, develop and make available to ((boarding homes)) assisted living facilities a quality improvement consultation program using the following principles:

- (1) The system shall be resident-centered and promote privacy, independence, dignity, choice, and a home or home-like environment for residents consistent with chapter 70.129 RCW.
- (2) The goal of the system is continuous quality improvement with the focus on resident satisfaction and outcomes for residents. The quality improvement consultation program shall be offered to ((boarding homes)) assisted living facilities on a voluntary basis. Based on requests for the services of the quality improvement consultation program, the department may establish a process for prioritizing service availability.
- (3) ((Boarding homes)) Assisted living facilities should be supported in their efforts to improve quality and address problems, as identified by the licensee, initially through training, consultation, and technical assistance. At a minimum, the department may, within available funding, at the request of the ((boarding home)) assisted living facility, conduct on-site visits and telephone consultations.
- (4) To facilitate collaboration and trust between the ((boarding homes)) assisted living facilities and the department's quality improvement consultation program staff, the consultation program staff shall not simultaneously serve as department licensors, complaint investigators, or participate in any enforcement-related decisions, within the region in which they perform consultation activities; except such staff may investigate on an emergency basis, complaints anywhere

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

1 2

3

4

5

6

7

9

10

11

1213

14

17

18

1920

21

2223

2425

26

27

28

29

3031

32

3334

35

36

37

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

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

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

p. 11 SHB 2056.PL

- department, applicant, or licensee shall notify the chief of the 1 Washington state patrol, through the director of fire protection, upon 2 3 completion of any requirements made by him or her, and the chief of the 4 Washington state patrol, through the director of fire protection, or his or her deputy, shall make a reinspection of such premises. 5 6 Whenever the ((boarding home)) assisted living facility to be licensed 7 meets with the approval of the chief of the Washington state patrol, 8 through the director of fire protection, he or she shall submit to the 9 department a written report approving same with respect to fire 10 protection before a full license can be issued. The chief of the 11 Washington state patrol, through the director of fire protection, shall 12 make or cause to be made inspections of such ((homes)) facilities at 13 least annually.
- In cities which have in force a comprehensive building code, the 14 15 provisions of which are determined by the chief of the Washington state patrol, through the director of fire protection, to be equal to the 16 17 minimum standards of the code for ((boarding homes)) assisted living 18 facilities adopted by the chief of the Washington state patrol, through 19 the director of fire protection, the chief of the fire department, provided the latter is a paid chief of a paid fire department, shall 20 21 make the inspection with the chief of the Washington state patrol, 22 through the director of fire protection, or his or her deputy, and they 23 shall jointly approve the premises before a full license can be issued.
- 24 **Sec. 9.** RCW 18.20.140 and 1957 c 253 s 14 are each amended to read 25 as follows:
- Any person operating or maintaining any ((boarding home)) assisted
 living facility without a license under this chapter shall be guilty of
 a misdemeanor and each day of a continuing violation shall be
 considered a separate offense.
- 30 **Sec. 10.** RCW 18.20.150 and 1957 c 253 s 15 are each amended to 31 read as follows:
- Notwithstanding the existence or use of any other remedy, the department, may, in the manner provided by law, upon the advice of the attorney general who shall represent the department in the proceedings, maintain an action in the name of the state for an injunction or other

- 1 process against any person to restrain or prevent the operation or
- 2 maintenance of ((a boarding home)) an assisted living facility without
- 3 a license under this chapter.
- 4 **Sec. 11.** RCW 18.20.160 and 2004 c 142 s 12 are each amended to read as follows:
- 6 No person operating ((a boarding home)) an assisted living facility 7 licensed under this chapter shall admit to or retain in the ((boarding home)) assisted living facility any aged person requiring nursing or 8 9 medical care of a type provided by institutions licensed under chapters 10 18.51, 70.41 or 71.12 RCW, except that when registered nurses are 11 available, and upon a doctor's order that a supervised medication service is needed, it may be provided. Supervised medication services, 12 13 as defined by the department and consistent with chapters 69.41 and 14 18.79 RCW, may include an approved program of self-medication or selfdirected medication. Such medication service shall be provided only to 15 16 residents who otherwise meet all requirements for residency in ((a boarding home)) an assisted living facility. No ((boarding home)) 17 assisted living facility shall admit or retain a person who requires 18 the frequent presence and frequent evaluation of a registered nurse, 19 20 excluding persons who are receiving hospice care or persons who have a 21 short-term illness that is expected to be resolved within fourteen 22 days.
- 23 **Sec. 12.** RCW 18.20.170 and 1957 c 253 s 17 are each amended to 24 read as follows:
- Nothing in this chapter or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents in any ((boarding home)) assisted living facility conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination.
- 32 **Sec. 13.** RCW 18.20.190 and 2003 c 231 s 6 are each amended to read as follows:
- 34 (1) The department of social and health services is authorized to

- take one or more of the actions listed in subsection (2) of this section in any case in which the department finds that ((a boarding home)) an assisted living facility provider has:
 - (a) Failed or refused to comply with the requirements of this chapter or the rules adopted under this chapter;
 - (b) Operated ((a boarding home)) an assisted living facility without a license or under a revoked license;
 - (c) Knowingly, or with reason to know, made a false statement of material fact on his or her application for license or any data attached thereto, or in any matter under investigation by the department; or
- 12 (d) Willfully prevented or interfered with any inspection or 13 investigation by the department.
- 14 (2) When authorized by subsection (1) of this section, the 15 department may take one or more of the following actions:
 - (a) Refuse to issue a license;
- 17 (b) Impose reasonable conditions on a license, such as correction 18 within a specified time, training, and limits on the type of clients 19 the provider may admit or serve;
 - (c) Impose civil penalties of not more than one hundred dollars per day per violation;
 - (d) Suspend, revoke, or refuse to renew a license;
- 23 (e) Suspend admissions to the ((boarding home)) <u>assisted living</u> 24 <u>facility</u> by imposing stop placement; or
 - (f) Suspend admission of a specific category or categories of residents as related to the violation by imposing a limited stop placement.
 - (3) When the department orders stop placement or a limited stop placement, the facility shall not admit any new resident until the stop placement or limited stop placement order is terminated. The department may approve readmission of a resident to the facility from a hospital or nursing home during the stop placement or limited stop placement. The department shall terminate the stop placement or limited stop placement when: (a) The violations necessitating the stop placement or limited stop placement have been corrected; and (b) the provider exhibits the capacity to maintain correction of the violations previously found deficient. However, if upon the revisit the department finds new violations that the department reasonably believes

5

6

7

8

9

11

16

2021

22

2526

27

28

29

30

3132

33

3435

36

37

will result in a new stop placement or new limited stop placement, the previous stop placement or limited stop placement shall remain in effect until the new stop placement or new limited stop placement is imposed.

1

2

4

23

24

2526

27

28

- (4) After a department finding of a violation for which a stop 5 placement or limited stop placement has been imposed, the department 6 7 shall make an on-site revisit of the provider within fifteen working 8 days from the request for revisit, to ensure correction of the 9 violation. For violations that are serious or recurring or uncorrected following a previous citation, and create actual or threatened harm to 10 11 one or more residents' well-being, including violations of residents' 12 rights, the department shall make an on-site revisit as soon as 13 appropriate to ensure correction of the violation. Verification of 14 correction of all other violations may be made by either a department on-site revisit or by written or photographic documentation found by 15 the department to be credible. This subsection does not prevent the 16 17 department from enforcing license suspensions or revocations. 18 in this subsection shall interfere with or diminish the department's 19 authority and duty to ensure that the provider adequately cares for 20 residents, including to make departmental on-site revisits as needed to 21 ensure that the provider protects residents, and to enforce compliance 22 with this chapter.
 - (5) RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification. Chapter 34.05 RCW applies to department actions under this section, except that orders of the department imposing license suspension, stop placement, limited stop placement, or conditions for continuation of a license are effective immediately upon notice and shall continue pending any hearing.
- 29 (6) For the purposes of this section, "limited stop placement" 30 means the ability to suspend admission of a specific category or 31 categories of residents.
- 32 **Sec. 14.** RCW 18.20.220 and 1997 c 164 s 1 are each amended to read 33 as follows:
- For the purpose of encouraging a nursing home licensed under chapter 18.51 RCW to convert a portion or all of its licensed bed capacity to provide enhanced adult residential care contracted services under chapter 74.39A RCW, the department shall:

p. 15 SHB 2056.PL

- (1) Find the nursing home to be in satisfactory compliance with RCW 1 2 18.20.110 and 18.20.130, upon application for ((boarding home)) assisted living facility licensure and the production of copies of its 3 4 most recent nursing home inspection reports demonstrating compliance with the safety standards and fire regulations, as required by RCW 5 18.51.140, and the state building code, as required by RCW 18.51.145, 6 7 including any waivers that may have been granted. However, ((boarding 8 home)) assisted living facility licensure requirements pertaining to 9 resident to bathing fixture/toilet ratio, corridor call resident room door closures, and resident room windows may require 10 11 modification, unless determined to be functionally equivalent, based 12 upon a prelicensure survey inspection.
 - (2) Allow residents receiving enhanced adult residential care services to make arrangements for on-site health care services, consistent with Title 18 RCW regulating health care professions, to the extent that such services can be provided while maintaining the resident's right to privacy and safety in treatment, but this in no way means that such services may only be provided in a private room. The provision of on-site health care services must otherwise be consistent with RCW 18.20.160 and the rules adopted under RCW 18.20.160.
- 21 **Sec. 15.** RCW 18.20.230 and 1999 c 372 s 3 are each amended to read 22 as follows:
 - (1) The department of social and health services shall review, in coordination with the department of health, the nursing care quality assurance commission, adult family home providers, ((boarding home)) assisted living facility providers, in-home personal care providers, and long-term care consumers and advocates, training standards for administrators and resident caregiving staff. Any enhancements shall be consistent with this section, shall take into account and not duplicate other training requirements applicable to ((boarding homes)) assisted living facilities and staff, and shall be developed with the input of ((boarding home)) assisted living facility and resident representatives, health care professionals, and other vested interest groups. Training standards and the delivery system shall be relevant to the needs of residents served by the ((boarding home)) assisted living facility and recipients of long-term in-home

1415

16

1718

19

20

23

24

25

26

2728

29

30

3132

3334

35

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

1 2

3

18

1920

21

22

23

2425

26

27

28

29

30

31

32

3334

- 4 (2) The recommendations on training standards and the delivery system developed under subsection (1) of this section shall be based on 5 a review and consideration of the following: Quality of care; 6 availability of training; affordability, including the training costs 7 8 incurred by the department of social and health services and private providers; portability of existing training requirements; competency 9 10 testing; practical and clinical course work; methods of delivery of 11 training; standards for management and caregiving staff training; and 12 necessary enhancements for special needs populations and resident 13 rights training. Residents with special needs include, but are not 14 limited to, residents with a diagnosis of mental illness, dementia, or 15 developmental disability.
- 16 **Sec. 16.** RCW 18.20.270 and 2002 c 233 s 1 are each amended to read 17 as follows:
 - (1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
 - (a) "Caregiver" includes any person who provides residents with hands-on personal care on behalf of ((a boarding home)) an assisted living facility, except volunteers who are directly supervised.
 - (b) "Direct supervision" means oversight by a person who has demonstrated competency in the core areas or has been fully exempted from the training requirements pursuant to this section, is on the premises, and is quickly and easily available to the caregiver.
 - (2) Training must have the following components: Orientation, basic training, specialty training as appropriate, and continuing education. All ((boarding home)) assisted living facility employees or volunteers who routinely interact with residents shall complete orientation. ((Boarding home)) Assisted living facility administrators, or their designees, and caregivers shall complete orientation, basic training, specialty training as appropriate, and continuing education.
- 35 (3) Orientation consists of introductory information on residents' 36 rights, communication skills, fire and life safety, and universal 37 precautions. Orientation must be provided at the facility by

p. 17 SHB 2056.PL

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

- (4) Basic training consists of modules on the core knowledge and skills that caregivers need to learn and understand to effectively and safely provide care to residents. Basic training must be outcome-based, and the effectiveness of the basic training must be measured by demonstrated competency in the core areas through the use of a competency test. Basic training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care or within one hundred twenty days of September 1, 2002, whichever is later. Until competency in the core areas has been demonstrated, caregivers shall not provide hands-on personal care to residents without direct supervision. ((Boarding home)) Assisted living facility administrators, or their designees, must complete basic training and demonstrate competency within one hundred twenty days of employment or within one hundred twenty days of September 1, 2002, whichever is later.
- (5) For ((boarding homes)) assisted living facilities that serve residents with needs such dementia, developmental special as disabilities, or mental illness, specialty training is required of administrators, or designees, and caregivers. Specialty training consists of modules on the core knowledge and skills that caregivers need to effectively and safely provide care to residents with special Specialty training should be integrated into basic training wherever appropriate. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency Specialty training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care to a resident having special needs or within one hundred twenty days of September 1, 2002, whichever is later. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training. Until competency in the core specialty areas has been demonstrated, caregivers shall not provide hands-on personal care to residents with special needs without direct supervision. ((Boarding home)) Assisted living facility administrators, or their designees, must complete

1

2

3 4

5

6

7

9

10 11

12

13

14

15

16

17

18 19

20

21

22

23

24

2526

27

28

29

30

31

32

33

3435

36

37

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

- (6) Continuing education consists of ongoing delivery of information to caregivers on various topics relevant to the care setting and care needs of residents. Competency testing is not required for continuing education. Continuing education is not required in the same calendar year in which basic or modified basic training is successfully completed. Continuing education is required in each calendar year thereafter. If specialty training is completed, the specialty training applies toward any continuing education requirement for up to two years following the completion of the specialty training.
- (7) Persons who successfully challenge the competency test for basic training are fully exempt from the basic training requirements of this section. Persons who successfully challenge the specialty training competency test are fully exempt from the specialty training requirements of this section.
- (8) Licensed persons who perform the tasks for which they are licensed are fully or partially exempt from the training requirements of this section, as specified by the department in rule.
- (9) In an effort to improve access to training and education and reduce costs, especially for rural communities, the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges or other entities, as defined by the department.
- (10) The department shall develop criteria for the approval of orientation, basic training, and specialty training programs.
- (11) ((Boarding homes)) assisted living facilities that desire to deliver facility-based training with facility designated trainers, or ((boarding homes)) assisted living facilities that desire to pool their resources to create shared training systems, must be encouraged by the department in their efforts. The department shall develop criteria for reviewing and approving trainers and training materials that are

p. 19 SHB 2056.PL

- substantially similar to or better than the materials developed by the 1 2 The department may approve a curriculum based upon 3 attestation by ((a boarding home)) an assisted living facility 4 administrator that the ((boarding home's)) assisted living facility's training curriculum addresses basic and specialty training competencies 5 6 identified by the department, and shall review a curriculum to verify 7 that it meets these requirements. The department may conduct the 8 review as part of the next regularly scheduled yearly inspection and 9 investigation required under RCW 18.20.110. The department shall rescind approval of any curriculum if it determines that the curriculum 10 11 does not meet these requirements.
- 12 (12) The department shall adopt rules by September 1, 2002, for the implementation of this section.
- 14 (13) The orientation, basic training, specialty training, and continuing education requirements of this section commence September 1, 15 2002, or one hundred twenty days from the date of employment, whichever 16 17 is later, and shall be applied to (a) employees hired subsequent to 18 September 1, 2002; and (b) existing employees that on September 1, 19 2002, have not successfully completed the training requirements under 20 RCW 74.39A.010 or 74.39A.020 and this section. Existing employees who 21 have not successfully completed the training requirements under RCW 22 74.39A.010 or 74.39A.020 shall be subject to all applicable 23 requirements of this section. However, prior to September 1, 2002, 24 nothing in this section affects the current training requirements under 25 RCW 74.39A.010.
- 26 **Sec. 17.** RCW 18.20.280 and 2003 c 231 s 7 are each amended to read 27 as follows:
 - (1) The ((boarding home)) assisted living facility must assume general responsibility for each resident and must promote each resident's health, safety, and well-being consistent with the resident negotiated care plan.
- 32 (2) The ((boarding home)) assisted living facility is not required to supervise the activities of a person providing care or services to 33 34 resident when the resident, or legal representative, has 35 independently arranged for or contracted with the person and the person 36 is not directly or indirectly controlled or paid by the ((boarding 37 home)) assisted living facility. However, the ((boarding home))

30

- assisted living facility is required to coordinate services with such person to the extent allowed by the resident, or legal representative, and consistent with the resident's negotiated care plan. Further, the ((boarding home)) assisted living facility is required to observe the resident and respond appropriately to any changes in the resident's overall functioning consistent with chapter 70.129 RCW, this chapter, and rules adopted under this chapter.
- **Sec. 18.** RCW 18.20.290 and 2006 c 64 s 1 are each amended to read 9 as follows:

- (1) When ((a boarding home)) an assisted living facility contracts with the department to provide adult residential care services, enhanced adult residential care services, or assisted living services under chapter 74.39A RCW, the ((boarding home)) assisted living facility must hold a medicaid eligible resident's room or unit when short-term care is needed in a nursing home or hospital, the resident is likely to return to the ((boarding home)) assisted living facility, and payment is made under subsection (2) of this section.
- (2) The medicaid resident's bed or unit shall be held for up to twenty days. The per day bed or unit hold compensation amount shall be seventy percent of the daily rate paid for the first seven days the bed or unit is held for the resident who needs short-term nursing home care or hospitalization. The rate for the eighth through the twentieth day a bed is held shall be established in rule, but shall be no lower than ten dollars per day the bed or unit is held.
- (3) The ((boarding home)) assisted living facility may seek third-party payment to hold a bed or unit for twenty-one days or longer. The third-party payment shall not exceed the medicaid daily rate paid to the facility for the resident. If third-party payment is not available, the medicaid resident may return to the first available and appropriate bed or unit, if the resident continues to meet the admission criteria under this chapter.
- **Sec. 19.** RCW 18.20.300 and 2004 c 142 s 2 are each amended to read 33 as follows:
- 34 (1) ((A boarding home)) An assisted living facility, licensed under 35 this chapter, may provide domiciliary care services, as defined in this

p. 21 SHB 2056.PL

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

- (2) The ((boarding home)) assisted living facility licensee shall disclose to the residents, the residents' legal representative if any, and if not, the residents' representative if any, and to interested consumers upon request, the scope of care and services offered, using the form developed and provided by the department, in addition to any supplemental information that may be provided by the licensee. The form that the department develops shall be standardized, reasonable in length, and easy to read. The ((boarding home's)) assisted living facility's disclosure statement shall indicate the scope of domiciliary care assistance provided and shall indicate that it permits the resident or the resident's legal representative to independently arrange for outside services under RCW 18.20.380.
- (3)(a) If the ((boarding home)) assisted living facility licensee decreases the scope of services that it provides due to circumstances beyond the licensee's control, the licensee shall provide a minimum of thirty days' written notice to the residents, the residents' legal representative if any, and if not, the residents' representative if any, before the effective date of the decrease in the scope of care or services provided.
- (b) If the licensee voluntarily decreases the scope of services, and any such decrease in the scope of services provided will result in the discharge of one or more residents, then ninety days' written notice shall be provided prior to the effective date of the decrease. Notice shall be provided to the affected residents, the residents' legal representative if any, and if not, the residents' representative if any.
- (c) If the ((boarding home)) assisted living facility licensee increases the scope of services that it chooses to provide, the licensee shall promptly provide written notice to the residents, the residents' legal representative if any, and if not, the residents' representative if any, and shall indicate the date on which the increase in the scope of care or services is effective.
- (4) When the care needs of a resident exceed the disclosed scope of care or services that ((a boarding home)) an assisted living facility licensee provides, the licensee may exceed the care or services disclosed consistent with RCW 70.129.030(3) and 70.129.110(3)(a).

- Providing care or services to a resident that exceed the care and services disclosed may or may not mean that the provider is capable of or required to provide the same care or services to other residents.
- (5) Even though the ((boarding home)) assisted living facility licensee may disclose that it can provide certain care or services to resident applicants or to their legal representative if any, and if not, to the resident applicants' representative if any, the licensee may deny admission to a resident applicant when the licensee determines that the needs of the resident applicant cannot be met, as long as the provider operates in compliance with state and federal law, including RCW 70.129.030(3).
- 12 (6) The disclosure form is intended to assist consumers in 13 selecting ((boarding home)) assisted living facility services and, 14 therefore, shall not be construed as an implied or express contract 15 between the ((boarding home)) assisted living facility licensee and the 16 resident.
- 17 **Sec. 20.** RCW 18.20.310 and 2004 c 142 s 3 are each amended to read 18 as follows:
 - (1) ((Boarding homes)) Assisted living facilities are not required to provide assistance with one or more activities of daily living.
 - (2) If ((a boarding home)) an assisted living facility licensee chooses to provide assistance with activities of daily living, the licensee shall provide at least the minimal level of assistance for all activities of daily living consistent with subsection (3) of this section and consistent with the reasonable accommodation requirements in state or federal laws. Activities of daily living are limited to and include the following:
- 28 (a) Bathing;

3

4

5

6 7

8

9

11

1920

21

22

23

24

25

- 29 (b) Dressing;
- 30 (c) Eating;
- 31 (d) Personal hygiene;
- 32 (e) Transferring;
- 33 (f) Toileting; and
- 34 (g) Ambulation and mobility.
- 35 (3) The department shall, in rule, define the minimum level of 36 assistance that will be provided for all activities of daily living,

- 1 however, such rules shall not require more than occasional stand-by 2 assistance or more than occasional physical assistance.
- 3 (4) The licensee shall clarify, through the disclosure form, the 4 assistance with activities of daily living that may be provided, and 5 any limitations or conditions that may apply. The licensee shall also 6 clarify through the disclosure form any additional services that may be 7 provided.
- 8 (5) In providing assistance with activities of daily living, the 9 ((boarding home)) assisted living facility shall observe the resident 10 for changes in overall functioning and respond appropriately when there 11 are observable or reported changes in the resident's physical, mental, 12 or emotional functioning.
- 13 **Sec. 21.** RCW 18.20.320 and 2004 c 142 s 4 are each amended to read 14 as follows:
- (1) The ((boarding home)) assisted living facility licensee may choose to provide any of the following health support services, however, the facility may or may not need to provide additional health support services to comply with the reasonable accommodation requirements in federal or state law:
 - (a) Blood glucose testing;
- 21 (b) Puree diets;

- 22 (c) Calorie controlled diabetic diets;
- 23 (d) Dementia care;
- (e) Mental health care; and
- 25 (f) Developmental disabilities care.
- 26 (2) The licensee shall clarify on the disclosure form any limitations, additional services, or conditions that may apply.
- (3) In providing health support services, the ((boarding home))
 assisted living facility shall observe the resident for changes in
 overall functioning and respond appropriately when there are observable
 or reported changes in the resident's physical, mental, or emotional
 functioning.
- 33 **Sec. 22.** RCW 18.20.330 and 2004 c 142 s 5 are each amended to read as follows:
- (1) ((Boarding homes)) <u>Assisted living facilities</u> are not required to provide intermittent nursing services. The ((boarding home))

- assisted living facility licensee may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff, however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:
 - (a) Medication administration;
 - (b) Administration of health care treatments;
- 8 (c) Diabetic management;
 - (d) Nonroutine ostomy care;
- 10 (e) Tube feeding; and

7

9

15

16 17

18 19

2425

26

27

2829

3031

- 11 (f) Nurse delegation consistent with chapter 18.79 RCW.
- 12 (2) The licensee shall clarify on the disclosure form any 13 limitations, additional services, or conditions that may apply under 14 this section.
 - (3) In providing intermittent nursing services, the ((boarding home)) assisted living facility shall observe the resident for changes in overall functioning and respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.
- 20 (4) The ((boarding home)) assisted living facility may provide 21 intermittent nursing services to the extent permitted by RCW 18.20.160.
- 22 **Sec. 23.** RCW 18.20.340 and 2004 c 142 s 6 are each amended to read as follows:
 - (1) ((A boarding home)) An assisted living facility licensee may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance to the resident. The licensee shall disclose to the department, residents, the residents' legal representative if any, and if not, the residents' representative if any, and to interested consumers upon request, information describing whether the licensee permits such family administration or assistance and, if so, the extent of limitations or conditions thereof.
- 33 (2) If ((a boarding home)) an assisted living facility licensee 34 permits a resident's family member to administer medications or 35 treatments or to provide medication or treatment assistance, the 36 licensee shall request that the family member submit to the licensee a

- written medication or treatment plan. At a minimum, the written medication or treatment plan shall identify:
 - (a) By name, the family member who will administer the medication or treatment or provide assistance therewith;
 - (b) The medication or treatment administration or assistance that the family member will provide consistent with subsection (1) of this section. This will be referred to as the primary plan;
 - (c) An alternate plan that will meet the resident's medication or treatment needs if the family member is unable to fulfill his or her duties as specified in the primary plan; and
 - (d) An emergency contact person and telephone number if the ((boarding home)) assisted living facility licensee observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan.
 - (3) The ((boarding home)) assisted living facility licensee may require that the primary or alternate medication or treatment plan include other information in addition to that specified in subsection (2) of this section.
 - (4) The medication or treatment plan shall be signed and dated by:
 - (a) The resident, if able;

- 21 (b) The resident's legal representative, if any, and, if not, the 22 resident's representative, if any;
 - (c) The resident's family member; and
 - (d) The ((boarding home)) assisted living facility licensee.
 - (5) The ((boarding home)) assisted living facility may through policy or procedure require the resident's family member to immediately notify the ((boarding home)) assisted living facility licensee of any change in the primary or alternate medication or treatment plan.
 - (6) When ((a boarding home)) an assisted living facility licensee permits residents' family members to assist with or administer medications or treatments, the licensee's duty of care, and any negligence that may be attributed thereto, shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the ((boarding home)) assisted living facility is aware that both the primary and

- 1 alternate plan are not implemented; and appropriately responding to
- 2 obtain needed assistance when there are observable or reported changes
- 3 in the resident's physical or mental functioning.
- 4 **Sec. 24.** RCW 18.20.350 and 2008 c 146 s 3 are each amended to read 5 as follows:
 - (1) The ((boarding home)) assisted living facility licensee shall conduct a preadmission assessment for each resident applicant. The preadmission assessment shall include the following information, unless unavailable despite the best efforts of the licensee:
- 10 (a) Medical history;

7

8

9

11

18

22

23

24

25

2627

2829

3031

32

3334

- (b) Necessary and contraindicated medications;
- 12 (c) A licensed medical or health professional's diagnosis, unless 13 the individual objects for religious reasons;
- 14 (d) Significant known behaviors or symptoms that may cause concern or require special care;
- 16 (e) Mental illness diagnosis, except where protected by confidentiality laws;
 - (f) Level of personal care needs;
- 19 (g) Activities and service preferences; and
- 20 (h) Preferences regarding other issues important to the resident 21 applicant, such as food and daily routine.
 - (2) The ((boarding home)) assisted living facility licensee shall complete the preadmission assessment before admission unless there is an emergency. If there is an emergency admission, the preadmission assessment shall be completed within five days of the date of admission. For purposes of this section, "emergency" includes, but is not limited to: Evening, weekend, or Friday afternoon admissions if the resident applicant would otherwise need to remain in an unsafe setting or be without adequate and safe housing.
 - (3) The ((boarding home)) assisted living facility licensee shall complete an initial resident service plan upon move-in to identify the resident's immediate needs and to provide direction to staff and caregivers relating to the resident's immediate needs. The initial resident service plan shall include as much information as can be obtained, under subsection (1) of this section.
- 36 (4) When a facility provides respite care, before or at the time of

- admission, the facility must obtain sufficient information to meet the individual's anticipated needs. At a minimum, such information must include:
 - (a) The name, address, and telephone number of the individual's attending physician, and alternate physician if any;
 - (b) Medical and social history, which may be obtained from a respite care assessment and service plan performed by a case manager designated by an area agency on aging under contract with the department, and mental and physical assessment data;
- 10 (c) Physician's orders for diet, medication, and routine care 11 consistent with the individual's status on admission;
- 12 (d) Ensure the individuals have assessments performed, where 13 needed, and where the assessment of the individual reveals symptoms of 14 tuberculosis, follow required tuberculosis testing requirements; and
- 15 (e) With the participation of the individual and, where 16 appropriate, their representative, develop a plan of care to maintain 17 or improve their health and functional status during their stay in the 18 facility.
- 19 **Sec. 25.** RCW 18.20.360 and 2004 c 142 s 8 are each amended to read 20 as follows:
 - (1) The ((boarding home)) assisted living facility licensee shall within fourteen days of the resident's date of move-in, unless extended by the department for good cause, and thereafter at least annually, complete a full reassessment addressing the following:
 - (a) The individual's recent medical history, including, but not limited to: A health professional's diagnosis, unless the resident objects for religious reasons; chronic, current, and potential skin conditions; known allergies to foods or medications; or other considerations for providing care or services;
- 30 (b) Current necessary and contraindicated medications and 31 treatments for the individual, including:
 - (i) Any prescribed medications and over-the-counter medications that are commonly taken by the individual, and that the individual is able to independently self-administer or safely and accurately direct others to administer to him or her;
- 36 (ii) Any prescribed medications and over-the-counter medications

5

6

7

8

9

21

22

23

24

25

26

27

2829

32

3334

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

- (iii) Any prescribed medications and over-the-counter medications that are commonly taken by the individual and that the individual is not able to self-administer;
- (c) The individual's nursing needs when the individual requires the services of a nurse on the $((\frac{boarding\ home}{}))$ assisted living facility premises;
- 10 (d) The individual's sensory abilities, including vision and 11 hearing;
 - (e) The individual's communication abilities, including modes of expression, ability to make himself or herself understood, and ability to understand others;
 - (f) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: History of substance abuse; history of harming self, others, or property, or other conditions that may require behavioral intervention strategies; the individual's ability to leave the ((boarding home)) assisted living facility unsupervised; and other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the ((boarding home)) assisted living facility;
 - (g) The individual's special needs, by evaluating available information, or selecting and using an appropriate tool to determine the presence of symptoms consistent with, and implications for care and services of: Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws; developmental disability; dementia; or other conditions affecting cognition, such as traumatic brain injury;
 - (h) The individual's level of personal care needs, including: Ability to perform activities of daily living; medication management ability, including the individual's ability to obtain and appropriately use over-the-counter medications; and how the individual will obtain prescribed medications for use in the ((boarding home)) assisted living facility;
- (i) The individual's activities, typical daily routines, habits, and service preferences;

p. 29 SHB 2056.PL

- (j) The individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort; and
 - (k) Who has decision-making authority for the individual, including: The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future; the presence of any legal document that establishes a current substitute decision maker; and the scope of decision-making authority of any substitute decision maker.
 - (2) <u>The assisted living facility shall complete</u> a limited assessment of a resident's change of condition when the resident's negotiated service agreement no longer addresses the resident's current needs.
- 16 **Sec. 26.** RCW 18.20.370 and 2004 c 142 s 9 are each amended to read 17 as follows:
 - (1) The ((boarding home)) assisted living facility licensee shall complete a negotiated service agreement using the preadmission assessment, initial resident service plan, and full reassessment information obtained under RCW 18.20.350 and 18.20.360. The licensee shall include the resident and the resident's legal representative if any, or the resident's representative if any, in the development of the negotiated service agreement. If the resident is a medicaid client, the department's case manager shall also be involved.
 - (2) The negotiated service agreement shall be completed or updated:
 - (a) Within thirty days of the date of move-in;
- 28 (b) As necessary following the annual full assessment of the 29 resident; and
- 30 (c) Whenever the resident's negotiated service agreement no longer 31 adequately addresses the resident's current needs and preferences.
- 32 **Sec. 27.** RCW 18.20.380 and 2004 c 142 s 10 are each amended to 33 read as follows:
- 34 (1) The ((boarding home)) assisted living facility licensee shall 35 permit the resident, or the resident's legal representative if any, to 36 independently arrange for or contract with a practitioner licensed

8

9 10

11

12

13

14

15

18 19

20

21

22

23

24

25

26

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

- (2) The ((boarding home)) assisted living facility licensee may establish policies and procedures that describe limitations, conditions, or requirements that must be met prior to an outside service provider being allowed on-site.
- (3) When the resident or the resident's legal representative independently arranges for outside services under subsection (1) of this section, the licensee's duty of care, and any negligence that may be attributed thereto, shall be limited to: The responsibilities described under subsection (4) of this section, excluding supervising the activities of the outside service provider; observation of the resident for changes in overall functioning, consistent with RCW 18.20.280; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.
 - (4) Consistent with RCW 18.20.280, the ((boarding home)) assisted living facility licensee shall not be responsible for supervising the activities of the outside service provider. When information sharing is authorized by the resident or the resident's legal representative, the licensee shall request such information and integrate relevant information from the outside service provider into the resident's negotiated service agreement, only to the extent that such information is actually shared with the licensee.
- Sec. 28. RCW 18.20.390 and 2006 c 209 s 3 are each amended to read as follows:
- (1) To ensure the proper delivery of services and the maintenance and improvement in quality of care through self-review, any ((boarding home)) assisted living facility licensed under this chapter may maintain a quality assurance committee that, at a minimum, includes:

p. 31 SHB 2056.PL

- (a) A licensed registered nurse under chapter 18.79 RCW;
 - (b) The administrator; and

3 4

5

6 7

8

9 10

1112

1314

15 16

17

18

19

2021

22

23

24

25

26

27

28

29

30

3132

3334

35

36

37

- (c) Three other members from the staff of the ((boarding home)) assisted living facility.
 - (2) When established, the quality assurance committee shall meet at least quarterly to identify issues that may adversely affect quality of care and services to residents and to develop and implement plans of action to correct identified quality concerns or deficiencies in the quality of care provided to residents.
 - (3) To promote quality of care through self-review without the fear of reprisal, and to enhance the objectivity of the review process, the department shall not require, and the long-term care ombudsman program shall not request, disclosure of any quality assurance committee records or reports, unless the disclosure is related to the committee's compliance with this section, if:
 - (a) The records or reports are not maintained pursuant to statutory or regulatory mandate; and
 - (b) The records or reports are created for and collected and maintained by the committee.
 - (4) If the ((boarding home)) assisted living facility refuses to release records or reports that would otherwise be protected under this section, the department may then request only that information that is necessary to determine whether the ((boarding home)) assisted living facility has a quality assurance committee and to determine that it is operating in compliance with this section. However, if the ((boarding home)) assisted living facility offers the department documents generated by, or for, the quality assurance committee as evidence of with ((boarding home)) assisted living facility compliance requirements, the documents are protected as quality assurance committee documents under subsections (6) and (8) of this section when in the possession of the department. The department is not liable for an inadvertent disclosure, a disclosure related to a required federal or state audit, or disclosure of documents incorrectly marked as quality assurance committee documents by the facility.
 - (5) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for sanctions.
- (6) Information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and

- maintained by, a quality assurance committee are not subject to 1 2 discovery or introduction into evidence in any civil action, and no person who was in attendance at a meeting of such committee or who 3 participated in the creation, collection, or maintenance of information 4 or documents specifically for the committee shall be permitted or 5 6 required to testify as to the content of such proceedings or the 7 documents and information prepared specifically for the committee. 8 This subsection does not preclude:
 - (a) In any civil action, the discovery of the identity of persons involved in the care that is the basis of the civil action whose involvement was independent of any quality improvement committee activity;

10

11

12

13

1415

16 17

18 19

20

21

22

23

24

2526

27

28

2930

31

32

33

3435

36

37

- (b) In any civil action, the testimony of any person concerning the facts which form the basis for the institution of such proceedings of which the person had personal knowledge acquired independently of their participation in the quality assurance committee activities.
- (7) A quality assurance committee under subsection (1) of this section, RCW 70.41.200, 74.42.640, 4.24.250, or 43.70.510 may share information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, the committee, with one or more other quality assurance committees created under subsection (1) of this section, RCW 70.41.200, 74.42.640, 4.24.250, or 43.70.510 for the improvement of the quality of care and services rendered to ((boarding home)) assisted living facility residents. Information and documents disclosed by one quality assurance committee to another quality assurance committee and any information and documents created or maintained as a result of the sharing of information and documents shall not be subject to the discovery process and confidentiality shall be respected as required by subsections (6) and (8) of this section, RCW 43.70.510(4), 70.41.200(3), 4.24.250(1), and 74.42.640 (7) and (9). The privacy protections of chapter 70.02 RCW and the federal health insurance portability and accountability act of 1996 and its implementing regulations apply to the sharing of individually identifiable patient information held by a coordinated quality improvement program. rules necessary to implement this section shall meet the requirements of applicable federal and state privacy laws.

p. 33 SHB 2056.PL

- 1 (8) Information and documents, including the analysis of complaints 2 and incident reports, created specifically for, and collected and 3 maintained by, a quality assurance committee are exempt from disclosure 4 under chapter 42.56 RCW.
 - (9) Notwithstanding any records created for the quality assurance committee, the facility shall fully set forth in the resident's records, available to the resident, the department, and others as permitted by law, the facts concerning any incident of injury or loss to the resident, the steps taken by the facility to address the resident's needs, and the resident outcome.
- 11 **Sec. 29.** RCW 18.20.400 and 2004 c 144 s 4 are each amended to read 12 as follows:

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

- 20 (1) Is corrected to the satisfaction of the department prior to the 21 exit conference;
 - (2) Is not recurring; and

5

6 7

8

9

10

13

14

15 16

17

18

19

22

35

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

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

- 29 **Sec. 30.** RCW 18.20.410 and 2005 c 505 s 1 are each amended to read 30 as follows:
- The department of health, the department, and the building code council shall develop standards for small ((boarding homes)) assisted living facilities between seven and sixteen beds that address at least the following issues:
 - (1) Domestic food refrigeration and freezer storage;
- 36 (2) Sinks and sink placement;

1 (3) Dishwashers;

4

20

21

22

23

24

25

26

27

28

29

3031

32

- 2 (4) Use of heat supplements for water temperature in clothes 3 washers;
 - (5) Yard shrubbery;
- 5 (6) Number of janitorial rooms in a facility;
- 6 (7) Number and cross-purpose of dirty rooms;
- 7 (8) Instant hot water faucets;
- 8 (9) Medication refrigeration; and
- 9 (10) Walled and gated facilities.

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

- 18 **Sec. 31.** RCW 18.20.420 and 2007 c 162 s 1 are each amended to read 19 as follows:
 - (1) If the department determines that the health, safety, or welfare of residents is immediately jeopardized by ((a boarding home's)) an assisted living facility's failure or refusal to comply with the requirements of this chapter or the rules adopted under this chapter, and the department summarily suspends the ((boarding home)) assisted living facility license, the department may appoint a temporary manager of the ((boarding home)) assisted living facility, or the licensee may, subject to the department's approval, voluntarily participate in the temporary management program.

The purposes of the temporary management program are as follows:

- (a) To mitigate dislocation and transfer trauma of residents while the department and licensee may pursue dispute resolution or appeal of a summary suspension of license;
- 33 (b) To facilitate the continuity of safe and appropriate resident 34 care and services;
- 35 (c) To protect the health, safety, and welfare of residents, by 36 providing time for an orderly closure of the ((boarding home)) assisted

- <u>living facility</u>, or for the deficiencies that necessitated temporary management to be corrected; and
 - (d) To preserve a residential option that meets a specialized service need or is in a geographical area that has a lack of available providers.
 - (2) The department may recruit, approve, and appoint qualified individuals, partnerships, corporations, and other entities interested in serving as a temporary manager of ((a boarding home)) an assisted These individuals and entities shall satisfy the living facility. criteria established under this chapter or by the department for approving licensees. The department shall not approve or appoint any person, including partnerships and other entities, if that person is affiliated with the ((boarding home)) assisted living facility subject to the temporary management, or has owned or operated ((a boarding home)) an assisted living facility ordered into temporary management or receivership in any state. When approving or appointing a temporary manager, the department shall consider the temporary manager's past experience in long-term care, the quality of care provided, the temporary manager's availability, and the person's familiarity with applicable state and federal laws. Subject to the provisions of this section and RCW 18.20.430, the department's authority to approve or appoint a temporary manager is discretionary and not subject to the administrative procedure act, chapter 34.05 RCW.
 - (3) When the department appoints a temporary manager, the department shall enter into a contract with the temporary manager and shall order the licensee to cease operating the ((boarding home)) assisted living facility and immediately turn over to the temporary manager possession and control of the ((boarding home)) assisted living facility, including but not limited to all resident care records, financial records, and other records necessary for operation of the facility while temporary management is in effect. If the department has not appointed a temporary manager and the licensee elects to participate in the temporary management program, the licensee shall select the temporary manager, subject to the department's approval, and enter into a contract with the temporary manager, consistent with this section. The department has the discretion to approve or revoke any temporary management arrangements made by the licensee.

3

5

6

7

8

9

10 11

12

13

1415

16

17

18 19

20

21

22

23

24

2526

27

2829

30

3132

33

3435

36

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

- (5) The temporary manager shall assume full responsibility for the daily operations of the ((boarding home)) assisted living facility and is responsible for correcting cited deficiencies and ensuring that all minimum licensing requirements are met. The temporary manager must comply with all state and federal laws and regulations applicable to ((boarding homes)) assisted living facilities. The temporary manager shall protect the health, safety, and welfare of the residents for the duration of the temporary management and shall perform all acts reasonably necessary to ensure residents' needs are met. The temporary management contract shall address the responsibility of the temporary manager to pay past due debts. The temporary manager's specific responsibilities may include, but are not limited to:
- (a) Receiving and expending in a prudent and business-like manner all current revenues of the ((boarding home)) assisted living facility, provided that priority is given to debts and expenditures directly related to providing care and meeting residents' needs;
- (b) Hiring and managing all consultants and employees and firing them for good cause;
- (c) Making necessary purchases, repairs, and replacements, provided that such expenditures in excess of five thousand dollars by a temporary manager appointed by the department must be approved by the department;
- (d) Entering into contracts necessary for the operation of the ((boarding home)) assisted living facility;
 - (e) Preserving resident trust funds and resident records; and

p. 37 SHB 2056.PL

- (f) Preparing all department-required reports, including a detailed monthly accounting of all expenditures and liabilities, which shall be sent to the department and the licensee.
- 4 (6) The licensee and department shall provide written notification immediately to all residents, resident representatives, interested 5 6 family members, and the state long-term care ombudsman program of the 7 temporary management and the reasons for it. This notification shall 8 include notice that residents may move from the ((boarding home)) 9 assisted living facility without notifying the licensee or temporary 10 manager in advance, and without incurring any charges, fees, or costs otherwise available for insufficient advance notice, during the 11 12 temporary management period. The notification shall also inform 13 residents and their families or representatives that the temporary management team will provide residents help with relocation and 14 15 appropriate discharge planning and coordination if desired. The department shall provide assistance with relocation to residents who 16 are department clients and may provide such assistance to other 17 18 residents. The temporary manager shall meet regularly with staff, 19 residents, residents' representatives, and families to inform them of 20 the plans for and progress achieved in the correction of deficiencies, 21 and of the plans for facility closure or continued operation.
 - (7) The department shall terminate temporary management:
 - (a) After sixty days unless good cause is shown to continue the temporary management. Good cause for continuing the temporary management exists when returning the ((boarding home)) assisted living facility to its former licensee would subject residents to a threat to health, safety, or welfare;
 - (b) When all residents are transferred and the ((boarding home)) assisted living facility is closed;
 - (c) When deficiencies threatening residents' health, safety, or welfare are eliminated and the former licensee agrees to department-specified conditions regarding the continued facility operation; or
 - (d) When a new licensee assumes control of the ((boarding home)) assisted living facility.
- Nothing in this section precludes the department from revoking its approval of the temporary management or exercising its licensing

3

22

23

24

25

26

27

28

29

30

31

32

33

enforcement authority under this chapter. The department's decision whether to approve or to revoke a temporary management arrangement is not subject to the administrative procedure act, chapter 34.05 RCW.

- (8) The department shall indemnify, defend, and hold harmless any temporary manager appointed or approved under this section against claims made against the temporary manager for any actions by the temporary manager or its agents that do not amount to intentional torts or criminal behavior.
- 9 (9) The department may adopt rules implementing this section. In 10 the development of rules or policies implementing this section, the 11 department shall consult with residents and their representatives, 12 resident advocates, financial professionals, ((boarding home)) assisted 13 living facility providers, and organizations representing ((boarding 14 homes)) assisted living facilities.
- **Sec. 32.** RCW 18.20.430 and 2007 c 162 s 2 are each amended to read 16 as follows:
 - The ((boarding home)) assisted living facility temporary management account is created in the custody of the state treasurer. All receipts from civil penalties imposed under this chapter must be deposited into the account. Only the director or the director's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures. Expenditures from the account may be used only for the protection of the health, safety, welfare, or property of residents of ((boarding homes)) assisted living facilities found to be deficient. Uses of the account include, but are not limited to:
- 28 (1) Payment for the costs of relocation of residents to other 29 facilities;
 - (2) Payment to maintain operation of ((a boarding home)) an assisted living facility pending correction of deficiencies or closure, including payment of costs associated with temporary management authorized under this chapter; and
 - (3) Reimbursement of residents for personal funds or property lost or stolen when the resident's personal funds or property cannot be recovered from the ((boarding home)) assisted living facility or third-party insurer.

p. 39 SHB 2056.PL

- **Sec. 33.** RCW 18.20.440 and 2008 c 251 s 1 are each amended to read 2 as follows:
 - (1) If ((a boarding home)) an assisted living facility voluntarily withdraws from participation in a state medicaid program for residential care and services under chapter 74.39A RCW, but continues to provide services of the type provided by ((boarding homes)) assisted living facilities, the facility's voluntary withdrawal from participation is not an acceptable basis for the transfer or discharge of residents of the facility (a) who were receiving medicaid on the day before the effective date of the withdrawal; or (b) who have been paying the facility privately for at least two years and who become eligible for medicaid within one hundred eighty days of the date of withdrawal.
 - (2) ((A boarding home)) An assisted living facility that has withdrawn from the state medicaid program for residential care and services under chapter 74.39A RCW must provide the following oral and written notices to prospective residents. The written notice must be prominent and must be written on a page that is separate from the other admission documents. The notice shall provide that:
 - (a) The facility will not participate in the medicaid program with respect to that resident; and
 - (b) The facility may transfer or discharge the resident from the facility for nonpayment, even if the resident becomes eligible for medicaid.
 - (3) Notwithstanding any other provision of this section, the medicaid contract under chapter 74.39A RCW that exists on the day the facility withdraws from medicaid participation is deemed to continue in effect as to the persons described in subsection (1) of this section for the purposes of:
- 30 (a) Department payments for the residential care and services 31 provided to such persons;
 - (b) Maintaining compliance with all requirements of the medicaid contract between the department and the facility; and
- 34 (c) Ongoing inspection, contracting, and enforcement authority 35 under the medicaid contract, regulations, and law.
- 36 (4) Except as provided in subsection (1) of this section, this 37 section shall not apply to a person who begins residence in a facility

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

4

5

6 7

8

9

10

1112

13

14

17

18

19

2021

- (5) ((A boarding home)) An assisted living facility that is providing residential care and services under chapter 74.39A RCW shall give the department and its residents sixty days' advance notice of the facility's intent to withdraw from participation in the medicaid program.
- (6) Prior to admission to the facility, ((a boarding home)) an assisted living facility participating in the state medicaid program for residential care and services under chapter 74.39A RCW must provide the following oral and written notices to prospective residents. The written notice must be prominent and must be written on a page that is separate from the other admission documents, and must provide that:
- 15 (a) In the future, the facility may choose to withdraw from participating in the medicaid program;
 - (b) If the facility withdraws from the medicaid program, it will continue to provide services to residents (i) who were receiving medicaid on the day before the effective date of the withdrawal; or (ii) who have been paying the facility privately for at least two years and who will become eligible for medicaid within one hundred eighty days of the date of withdrawal;
- (c) After a facility withdraws from the medicaid program, it may transfer or discharge residents who do not meet the criteria described in this section for nonpayment, even if the resident becomes eligible for medicaid.
- 27 **Sec. 34.** RCW 18.20.900 and 1957 c 253 s 20 are each amended to 28 read as follows:
- 29 this chapter any part, or parts, of shall be held unconstitutional, the remaining provisions shall be given full force 30 31 and effect, as completely as if the part held unconstitutional had not 32 been included herein, if any such remaining part can then be administered for the purpose of establishing and maintaining standards 33 34 for ((boarding homes)) assisted living facilities.
- 35 **Sec. 35.** RCW 18.51.010 and 1983 c 236 s 1 are each amended to read as follows:

- (1) "Nursing home" means any home, place or institution which 1 2 operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours 3 for three or more patients not related by blood or marriage to the 4 operator, who by reason of illness or infirmity, are unable properly to 5 care for themselves. Convalescent and chronic care may include but not 6 7 be limited to any or all procedures commonly employed in waiting on the 8 sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and 9 10 bandages, and carrying out of treatment prescribed by a duly licensed 11 practitioner of the healing arts. It may also include care of mentally 12 incompetent persons. It may also include community-based care. 13 Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the 14 15 acutely ill and maintain and operate facilities for major surgery or obstetrics, or both. Nothing in this definition shall be construed to 16 17 include any ((boarding home)) assisted living facility, guest home, hotel or related institution which is held forth to the public as 18 19 providing, and which is operated to give only board, room and laundry 20 to persons not in need of medical or nursing treatment or supervision 21 except in the case of temporary acute illness. The mere designation by 22 the operator of any place or institution as a hospital, sanitarium, or 23 any other similar name, which does not provide care for the acutely ill 24 and maintain and operate facilities for major surgery or obstetrics, or both, shall not exclude such place or institution from the provisions 25 26 of this chapter: PROVIDED, That any nursing home providing psychiatric 27 treatment shall, with respect to patients receiving such treatment, comply with the provisions of RCW 71.12.560 and 71.12.570. 28
- 29 (2) "Person" means any individual, firm, partnership, corporation, 30 company, association, or joint stock association, and the legal 31 successor thereof.
- 32 (3) "Secretary" means the secretary of the department of social and 33 health services.
- 34 (4) "Department" means the state department of social and health services.
- 36 (5) "Community-based care" means but is not limited to the 37 following:
 - (a) Home delivered nursing services;

- 1 (b) Personal care;
- 2 (c) Day care;

17

18

19 20

21

2223

- 3 (d) Nutritional services, both in-home and in a communal dining 4 setting;
 - (e) Habilitation care; and
- 6 (f) Respite care.
- 7 **Sec. 36.** RCW 18.52C.020 and 2001 c 319 s 3 are each amended to 8 read as follows:
- 9 Unless the context clearly requires otherwise, the definitions in 10 this section apply throughout this chapter.
- 11 (1) "Secretary" means the secretary of the department of health.
- (2) "Health care facility" means a nursing home, hospital, hospice care facility, home health care agency, hospice agency, ((boarding home)) assisted living facility, group home, or other entity for the delivery of health care or long-term care services, including chore services provided under chapter 74.39A RCW.
 - (3) "Nursing home" means any nursing home facility licensed pursuant to chapter 18.52 RCW.
 - (4) "Nursing pool" means any person engaged in the business of providing, procuring, or referring health care or long-term care personnel for temporary employment in health care facilities, such as licensed nurses or practical nurses, nursing assistants, and chore service providers. "Nursing pool" does not include an individual who only engages in providing his or her own services.
- 25 (5) "Person" includes an individual, firm, corporation, 26 partnership, or association.
- 27 (6) "Adult family home" means a residential home licensed pursuant 28 to chapter 70.128 RCW.
- 29 **Sec. 37.** RCW 18.79.260 and 2009 c 203 s 1 are each amended to read 30 as follows:
- 31 (1) A registered nurse under his or her license may perform for 32 compensation nursing care, as that term is usually understood, to 33 individuals with illnesses, injuries, or disabilities.
- 34 (2) A registered nurse may, at or under the general direction of a 35 licensed physician and surgeon, dentist, osteopathic physician and 36 surgeon, naturopathic physician, optometrist, podiatric physician and

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

14

19

2021

22

23

24

2526

27

28

29

30

3132

33

3435

36

37

- 8 (3) A registered nurse may delegate tasks of nursing care to other 9 individuals where the registered nurse determines that it is in the 10 best interest of the patient.
 - (a) The delegating nurse shall:
- 12 (i) Determine the competency of the individual to perform the 13 tasks;
 - (ii) Evaluate the appropriateness of the delegation;
- 15 (iii) Supervise the actions of the person performing the delegated 16 task; and
- 17 (iv) Delegate only those tasks that are within the registered 18 nurse's scope of practice.
 - (b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.
 - (c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.
 - (d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.
 - (e) For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants. Simple care tasks such as

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

- (i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and ((boarding homes)) assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.
- (ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.
- (iii) Delegation of nursing care tasks in community-based care settings and in-home care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.
- (iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.
- (v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task weekly during the first four weeks of delegation of insulin injections. If the registered nurse delegator determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at least every ninety days thereafter.
 - (vi) The registered nurse shall verify that the nursing assistant

1 has completed the required core nurse delegation training required in 2 chapter 18.88A RCW prior to authorizing delegation.

- (vii) The nurse is accountable for his or her own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties.
- (viii) Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.
- 13 (f) The nursing care quality assurance commission may adopt rules 14 to implement this section.
- 15 (4) Only a person licensed as a registered nurse may instruct 16 nurses in technical subjects pertaining to nursing.
- 17 (5) Only a person licensed as a registered nurse may hold herself 18 or himself out to the public or designate herself or himself as a 19 registered nurse.
- 20 **Sec. 38.** RCW 18.100.140 and 2011 c 336 s 503 are each amended to 21 read as follows:

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

3

4

5

6 7

8

9

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

15 16

17

18

19 20

21

22

23

2425

26

27

2829

3031

32

3334

35

36

37

- 12 **Sec. 39.** RCW 35.21.766 and 2011 c 139 s 1 are each amended to read 13 as follows:
 - (1) Whenever a regional fire protection service authority determines that the fire protection jurisdictions that are members of the authority are not adequately served by existing private ambulance service, the governing board of the authority may by resolution provide for the establishment of a system of ambulance service to be operated by the authority as a public utility or operated by contract after a call for bids.
 - (2) The legislative authority of any city or town may establish an ambulance service to be operated as a public utility. However, the legislative authority of the city or town shall not provide for the establishment of an ambulance service utility that would compete with any existing private ambulance service, unless the legislative authority of the city or town determines that the city or town, or a substantial portion of the city or town, is not adequately served by an existing private ambulance service. In determining the adequacy of an existing private ambulance service, the legislative authority of the city or town shall take into consideration objective generally accepted medical standards and reasonable levels of service which shall be published by the city or town legislative authority. The decision of the city council or legislative body shall be a discretionary, legislative act. When it is preliminarily concluded that the private ambulance service is inadequate, before issuing a call for bids or before the city or town establishes an ambulance service utility, the legislative authority of the city or town shall allow a minimum of

p. 47

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

- (3) The city or town legislative authority is authorized to set and collect rates and charges in an amount sufficient to regulate, operate, and maintain an ambulance utility. Prior to setting such rates and charges, the legislative authority must determine, through a cost-of-service study, the total cost necessary to regulate, operate, and maintain the ambulance utility. Total costs shall not include capital cost for the construction, major renovation, or major repair of the physical plant. Once the legislative authority determines the total costs, the legislative authority shall then identify that portion of the total costs that are attributable to the availability of the ambulance service and that portion of the total costs that are attributable to the demand placed on the ambulance utility.
- (a) Availability costs are those costs attributable to the basic infrastructure needed to respond to a single call for service within the utility's response criteria. Availability costs may include costs for dispatch, labor, training of personnel, equipment, patient care supplies, and maintenance of equipment.
- (b) Demand costs are those costs that are attributable to the burden placed on the ambulance service by individual calls for ambulance service. Demand costs shall include costs related to frequency of calls, distances from hospitals, and other factors identified in the cost-of-service study conducted to assess burdens imposed on the ambulance utility.

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

- (a) The rate attributable to costs for availability described under subsection (3)(a) of this section shall be uniformly applied across user classifications within the utility;
- (b) The rate attributable to costs for demand described under subsection (3)(b) of this section shall be established and billed to each utility user classification based on each user classification's burden on the utility;
- (c) The fee charged by the utility shall reflect a combination of the availability cost and the demand cost;
- (d)(i) Except as provided in (d)(ii) of this subsection, the combined rates charged shall reflect an exemption for persons who are medicaid eligible and who reside in a nursing facility, ((boarding home)) assisted living facility, adult family home, or receive in-home services. The combined rates charged may reflect an exemption or reduction for designated classes consistent with Article VIII, section 7 of the state Constitution. The amounts of exemption or reduction shall be a general expense of the utility, and designated as an availability cost, to be spread uniformly across the utility user classifications.
- (ii) For cities with a population less than two thousand five hundred that established an ambulance utility before May 6, 2004, the combined rates charged may reflect an exemption or reduction for persons who are medicaid eligible, and for designated classes consistent with Article VIII, section 7 of the state Constitution;
- (e)(i) Except as provided in (e)(ii) of this subsection (4), the legislative authority must continue to allocate at least seventy percent of the total amount of general fund revenues expended, as of May 5, 2004, toward the total costs necessary to regulate, operate, and maintain the ambulance service utility. However, cities or towns that operated an ambulance service before May 6, 2004, and commingled general fund dollars and ambulance service dollars, may reasonably estimate that portion of general fund dollars that were, as of May 5, 2004, applied toward the operation of the ambulance service, and at least seventy percent of such estimated amount must then continue to be applied toward the total cost necessary to regulate, operate, and maintain the ambulance utility. Cities and towns which first

- established an ambulance service utility after May 6, 2004, must allocate, from the general fund or emergency medical service levy funds, or a combination of both, at least an amount equal to seventy percent of the total costs necessary to regulate, operate, and maintain the ambulance service utility as of May 5, 2004, or the date that the utility is established.
 - (ii) After January 1, 2012, the legislative authority may allocate general fund revenues toward the total costs necessary to regulate, operate, and maintain the ambulance service utility in an amount less than required by (e)(i) of this subsection (4). However, before making any reduction to the general fund allocation, the legislative authority must hold a public hearing, preceded by at least thirty days' notice provided in each ratepayer's utility bill, at which the legislative authority must allow for public comment and present:
 - (A) The utility's most recent cost of service study;
 - (B) A summary of the utility's current revenue sources;
- 17 (C) A proposed budget reflecting the reduced allocation of general fund revenues;
 - (D) Any proposed change to utility rates; and
 - (E) Any anticipated impact to the utility's level of service;
 - (f) The legislative authority must allocate available emergency medical service levy funds, in an amount proportionate to the percentage of the ambulance service costs to the total combined operating costs for emergency medical services and ambulance services, towards the total costs necessary to regulate, operate, and maintain the ambulance utility;
 - (g) The legislative authority must allocate all revenues received through direct billing to the individual user of the ambulance service to the demand-related costs under subsection (3)(b) of this section;
 - (h) The total revenue generated by the rates and charges shall not exceed the total costs necessary to regulate, operate, and maintain an ambulance utility; and
- (i) Revenues generated by the rates and charges must be deposited in a separate fund or funds and be used only for the purpose of paying for the cost of regulating, maintaining, and operating the ambulance utility.
- 37 (5) Ambulance service rates charged pursuant to this section do not

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

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

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

- **Sec. 41.** RCW 43.43.832 and 2011 c 253 s 6 are each amended to read 10 as follows:
 - (1) The legislature finds that businesses and organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or licensees to hire or engage. The legislature further finds that many developmentally disabled individuals and vulnerable adults desire to hire their own employees directly and also need adequate information to determine which employees or licensees to hire or engage. Therefore, the Washington state patrol identification and criminal history section shall disclose, upon the request of a business or organization as defined in RCW 43.43.830, a developmentally disabled person, or a vulnerable adult as defined in RCW 43.43.830 or his or her guardian, an applicant's conviction record as defined in chapter 10.97 RCW.
 - (2) The legislature also finds that the Washington professional educator standards board may request of the Washington state patrol criminal identification system information regarding a certificate applicant's conviction record under subsection (1) of this section.
 - (3) The legislature also finds that law enforcement agencies, the office of the attorney general, prosecuting authorities, and the department of social and health services may request this same information to aid in the investigation and prosecution of child, developmentally disabled person, and vulnerable adult abuse cases and to protect children and adults from further incidents of abuse.
 - (4) The legislature further finds that the secretary of the department of social and health services must establish rules and set standards to require specific action when considering the information

- listed in subsection (1) of this section, and when considering additional information including but not limited to civil adjudication proceedings as defined in RCW 43.43.830 and any out-of-state equivalent, in the following circumstances:
 - (a) When considering persons for state employment in positions directly responsible for the supervision, care, or treatment of children, vulnerable adults, or individuals with mental illness or developmental disabilities;
 - (b) When considering persons for state positions involving unsupervised access to vulnerable adults to conduct comprehensive assessments, financial eligibility determinations, licensing and certification activities, investigations, surveys, or case management; or for state positions otherwise required by federal law to meet employment standards;
 - (c) When licensing agencies or facilities with individuals in positions directly responsible for the care, supervision, or treatment of children, developmentally disabled persons, or vulnerable adults, including but not limited to agencies or facilities licensed under chapter 74.15 or 18.51 RCW;
 - (d) When contracting with individuals or businesses or organizations for the care, supervision, case management, or treatment, including peer counseling, of children, developmentally disabled persons, or vulnerable adults, including but not limited to services contracted for under chapter 18.20, 70.127, 70.128, 72.36, or 74.39A RCW or Title 71A RCW;
 - (e) When individual providers are paid by the state or providers are paid by home care agencies to provide in-home services involving unsupervised access to persons with physical, mental, or developmental disabilities or mental illness, or to vulnerable adults as defined in chapter 74.34 RCW, including but not limited to services provided under chapter 74.39 or 74.39A RCW.
 - (5) The director of the department of early learning shall investigate the conviction records, pending charges, and other information including civil adjudication proceeding records of current employees and of any person actively being considered for any position with the department who will or may have unsupervised access to children, or for state positions otherwise required by federal law to meet employment standards. "Considered for any position" includes

decisions about (a) initial hiring, layoffs, reallocations, transfers, promotions, or demotions, or (b) other decisions that result in an individual being in a position that will or may have unsupervised access to children as an employee, an intern, or a volunteer.

- (6) The director of the department of early learning shall adopt rules and investigate conviction records, pending charges, and other information including civil adjudication proceeding records, in the following circumstances:
- (a) When licensing or certifying agencies with individuals in positions that will or may have unsupervised access to children who are in child day care, in early learning programs, or receiving early childhood education services, including but not limited to licensees, agency staff, interns, volunteers, contracted providers, and persons living on the premises who are sixteen years of age or older;
- (b) When authorizing individuals who will or may have unsupervised access to children who are in child day care, in early learning programs, or receiving early childhood learning education services in licensed or certified agencies, including but not limited to licensees, agency staff, interns, volunteers, contracted providers, and persons living on the premises who are sixteen years of age or older;
- (c) When contracting with any business or organization for activities that will or may have unsupervised access to children who are in child day care, in early learning programs, or receiving early childhood learning education services;
- (d) When establishing the eligibility criteria for individual providers to receive state paid subsidies to provide child day care or early learning services that will or may involve unsupervised access to children.
- (7) Whenever a state conviction record check is required by state law, persons may be employed or engaged as volunteers or independent contractors on a conditional basis pending completion of the state background investigation. Whenever a national criminal record check through the federal bureau of investigation is required by state law, a person may be employed or engaged as a volunteer or independent contractor on a conditional basis pending completion of the national check. The Washington personnel resources board shall adopt rules to accomplish the purposes of this subsection as it applies to state employees.

p. 53 SHB 2056.PL

- (8)(a) For purposes of facilitating timely access to criminal background information and to reasonably minimize the number of requests made under this section, recognizing that certain health care providers change employment frequently, health care facilities may, upon request from another health care facility, share copies of completed criminal background inquiry information.
- (b) Completed criminal background inquiry information may be shared by a willing health care facility only if the following conditions are satisfied: The licensed health care facility sharing the criminal background inquiry information is reasonably known to be the person's most recent employer, no more than twelve months has elapsed from the date the person was last employed at a licensed health care facility to the date of their current employment application, and the criminal background information is no more than two years old.
- (c) If criminal background inquiry information is shared, the health care facility employing the subject of the inquiry must require the applicant to sign a disclosure statement indicating that there has been no conviction or finding as described in RCW 43.43.842 since the completion date of the most recent criminal background inquiry.
- (d) Any health care facility that knows or has reason to believe that an applicant has or may have a disqualifying conviction or finding as described in RCW 43.43.842, subsequent to the completion date of their most recent criminal background inquiry, shall be prohibited from relying on the applicant's previous employer's criminal background inquiry information. A new criminal background inquiry shall be requested pursuant to RCW 43.43.830 through 43.43.842.
- (e) Health care facilities that share criminal background inquiry information shall be immune from any claim of defamation, invasion of privacy, negligence, or any other claim in connection with any dissemination of this information in accordance with this subsection.
- (f) Health care facilities shall transmit and receive the criminal background inquiry information in a manner that reasonably protects the subject's rights to privacy and confidentiality.
- (g) For the purposes of this subsection, "health care facility" means a nursing home licensed under chapter 18.51 RCW, ((a boarding home)) an assisted living facility licensed under chapter 18.20 RCW, or an adult family home licensed under chapter 70.128 RCW.

- 1 **Sec. 42.** RCW 46.19.020 and 2010 c 161 s 702 are each amended to 2 read as follows:
- 3 (1) The following organizations may apply for special parking 4 privileges:
 - (a) Public transportation authorities;
 - (b) Nursing homes licensed under chapter 18.51 RCW;
- 7 (c) ((Boarding homes)) Assisted living facilities licensed under 8 chapter 18.20 RCW;
 - (d) Senior citizen centers;

6

9

12

13

14

15

16 17

18

19

2021

22

23

24

2930

31

32

33

- 10 (e) Private nonprofit corporations, as defined in RCW 24.03.005; 11 and
 - (f) Cabulance companies that regularly transport persons with disabilities who have been determined eligible for special parking privileges under this section and who are registered with the department under chapter 46.72 RCW.
 - (2) An organization that qualifies for special parking privileges may receive, upon application, parking license plates or placards, or both, for persons with disabilities as defined by the department.
 - (3) Public transportation authorities, nursing homes, ((boarding homes)) assisted living facilities, senior citizen centers, private nonprofit corporations, and cabulance services are responsible for ensuring that the special placards and license plates are not used improperly and are responsible for all fines and penalties for improper use.
- 25 (4) The department shall adopt rules to determine organization 26 eligibility.
- 27 **Sec. 43.** RCW 48.43.125 and 1999 c 312 s 2 are each amended to read as follows:
 - (1) A carrier that provides coverage for a person at a long-term care facility following the person's hospitalization shall, upon the request of the person or his or her legal representative as authorized in RCW 7.70.065, provide such coverage at the facility in which the person resided immediately prior to the hospitalization if:
- 34 (a) The person's primary care physician determines that the medical 35 care needs of the person can be met at the requested facility;
 - (b) The requested facility has all applicable licenses and

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

- (c) The requested facility agrees to accept payment from the carrier for covered services at the rate paid to similar facilities that otherwise contract with the carrier to provide such services; and
- (d) The requested facility, with regard to the following, agrees to abide by the standards, terms, and conditions required by the carrier of similar facilities with which the carrier otherwise contracts: (i) Utilization review, quality assurance, and peer review; and (ii) management and administrative procedures, including data and financial reporting that may be required by the carrier.
- (2) For purposes of this section, "long-term care facility" or "facility" means a nursing facility licensed under chapter 18.51 RCW, continuing care retirement community defined under RCW 70.38.025, ((boarding home)) or assisted living facility licensed under chapter 18.20 RCW((, or assisted living facility)).
- 17 **Sec. 44.** RCW 69.41.010 and 2009 c 549 s 1024 are each amended to read as follows:

19 As used in this chapter, the following terms have the meanings 20 indicated unless the context clearly requires otherwise:

- (1) "Administer" means the direct application of a legend drug whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:
 - (a) A practitioner; or
- 25 (b) The patient or research subject at the direction of the 26 practitioner.
 - (2) "Community-based care settings" include: Community residential programs for the developmentally disabled, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and ((boarding homes)) assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.
- 34 (3) "Deliver" or "delivery" means the actual, constructive, or 35 attempted transfer from one person to another of a legend drug, whether 36 or not there is an agency relationship.
 - (4) "Department" means the department of health.

3

4

5

6 7

8

9

11

21

22

23

24

27

2829

30

31

32

33

- 1 (5) "Dispense" means the interpretation of a prescription or order 2 for a legend drug and, pursuant to that prescription or order, the 3 proper selection, measuring, compounding, labeling, or packaging 4 necessary to prepare that prescription or order for delivery.
 - (6) "Dispenser" means a practitioner who dispenses.
 - (7) "Distribute" means to deliver other than by administering or dispensing a legend drug.
 - (8) "Distributor" means a person who distributes.
- 9 (9) "Drug" means:

- (a) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them;
- (b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or animals;
- (c) Substances (other than food, minerals or vitamins) intended to affect the structure or any function of the body of human beings or animals; and
- (d) Substances intended for use as a component of any article specified in (a), (b), or (c) of this subsection. It does not include devices or their components, parts, or accessories.
- (10) "Electronic communication of prescription information" means the communication of prescription information by computer, or the transmission of an exact visual image of a prescription by facsimile, or other electronic means for original prescription information or prescription refill information for a legend drug between an authorized practitioner and a pharmacy or the transfer of prescription information for a legend drug from one pharmacy to another pharmacy.
- (11) "In-home care settings" include an individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings.
- (12) "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.
- (13) "Legible prescription" means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse or

p. 57 SHB 2056.PL

other practitioner implementing the medication order. A prescription must be hand printed, typewritten, or electronically generated.

- (14) "Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's self-administration of a legend drug or controlled substance. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs or controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications, except prefilled insulin syringes.
- 18 (15) "Person" means individual, corporation, government or 19 governmental subdivision or agency, business trust, estate, trust, 20 partnership or association, or any other legal entity.
 - (16) "Practitioner" means:
 - (a) A physician under chapter 18.71 RCW, an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a registered nurse, advanced registered nurse practitioner, or licensed practical nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, an osteopathic physician assistant under chapter 18.57A RCW, a physician assistant under chapter 18.71A RCW, a naturopath licensed under chapter 18.36A RCW, a pharmacist under chapter 18.64 RCW, or, when acting under the required supervision of a dentist licensed under chapter 18.32 RCW, a dental hygienist licensed under chapter 18.29 RCW;
 - (b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a legend drug in the course of professional practice or research in this state; and

- 1 (c) A physician licensed to practice medicine and surgery or a 2 physician licensed to practice osteopathic medicine and surgery in any 3 state, or province of Canada, which shares a common border with the 4 state of Washington.
- 5 (17) "Secretary" means the secretary of health or the secretary's designee.
- 7 **Sec. 45.** RCW 69.41.085 and 2003 c 140 s 12 are each amended to 8 read as follows:

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

- 16 **Sec. 46.** RCW 69.50.308 and 2001 c 248 s 1 are each amended to read 17 as follows:
- 18 (a) A controlled substance may be dispensed only as provided in this section.

20

2122

23

24

25

26

27

- (b) Except when dispensed directly by a practitioner authorized to prescribe or administer a controlled substance, other than a pharmacy, to an ultimate user, a substance included in Schedule II may not be dispensed without the written prescription of a practitioner.
- (1) Schedule II narcotic substances may be dispensed by a pharmacy pursuant to a facsimile prescription under the following circumstances:
- (i) The facsimile prescription is transmitted by a practitioner to the pharmacy; and
- (ii) The facsimile prescription is for a patient in a long-term care facility. "Long-term care facility" means nursing homes licensed under chapter 18.51 RCW, ((boarding homes)) assisted living facilities licensed under chapter 18.20 RCW, and adult family homes licensed under chapter 70.128 RCW; or
- 33 (iii) The facsimile prescription is for a patient of a hospice 34 program certified or paid for by medicare under Title XVIII; or
- 35 (iv) The facsimile prescription is for a patient of a hospice 36 program licensed by the state; and

p. 59 SHB 2056.PL

- 1 (v) The practitioner or the practitioner's agent notes on the 2 facsimile prescription that the patient is a long-term care or hospice 3 patient.
 - (2) Injectable Schedule II narcotic substances that are to be compounded for patient use may be dispensed by a pharmacy pursuant to a facsimile prescription if the facsimile prescription is transmitted by a practitioner to the pharmacy.
 - (3) Under (1) and (2) of this subsection the facsimile prescription shall serve as the original prescription and shall be maintained as other Schedule II narcotic substances prescriptions.
 - (c) In emergency situations, as defined by rule of the state board of pharmacy, a substance included in Schedule II may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of RCW 69.50.306. A prescription for a substance included in Schedule II may not be refilled.
 - (d) Except when dispensed directly by a practitioner authorized to prescribe or administer a controlled substance, other than a pharmacy, to an ultimate user, a substance included in Schedule III or IV, which is a prescription drug as determined under RCW 69.04.560, may not be dispensed without a written or oral prescription of a practitioner. Any oral prescription must be promptly reduced to writing. The prescription shall not be filled or refilled more than six months after the date thereof or be refilled more than five times, unless renewed by the practitioner.
 - (e) A valid prescription or lawful order of a practitioner, in order to be effective in legalizing the possession of controlled substances, must be issued in good faith for a legitimate medical purpose by one authorized to prescribe the use of such controlled substance. An order purporting to be a prescription not in the course of professional treatment is not a valid prescription or lawful order of a practitioner within the meaning and intent of this chapter; and the person who knows or should know that the person is filling such an order, as well as the person issuing it, can be charged with a violation of this chapter.
 - (f) A substance included in Schedule V must be distributed or dispensed only for a medical purpose.

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

1

3 4

5

7

8

9

19 20

21

22

23

24

25

26

27

2829

3031

32

- (h) No administrative sanction, or civil or criminal liability, authorized or created by this chapter may be imposed on a pharmacist for action taken in reliance on a reasonable belief that an order purporting to be a prescription was issued by a practitioner in the usual course of professional treatment or in authorized research.
- 11 (i) An individual practitioner may not dispense a substance 12 included in Schedule II, III, or IV for that individual practitioner's 13 personal use.
- 14 Sec. 47. RCW 70.38.105 and 2009 c 315 s 1 and 2009 c 242 s 3 are each reenacted and amended to read as follows:
- 16 (1) The department is authorized and directed to implement the 17 certificate of need program in this state pursuant to the provisions of 18 this chapter.
 - (2) There shall be a state certificate of need program which is administered consistent with the requirements of federal law as necessary to the receipt of federal funds by the state.
 - (3) No person shall engage in any undertaking which is subject to certificate of need review under subsection (4) of this section without first having received from the department either a certificate of need or an exception granted in accordance with this chapter.
 - (4) The following shall be subject to certificate of need review under this chapter:
 - (a) The construction, development, or other establishment of a new health care facility including, but not limited to, a hospital constructed, developed, or established by a health maintenance organization or by a combination of health maintenance organizations except as provided in subsection (7)(a) of this section;
- 33 (b) The sale, purchase, or lease of part or all of any existing 34 hospital as defined in RCW 70.38.025 including, but not limited to, a 35 hospital sold, purchased, or leased by a health maintenance 36 organization or by a combination of health maintenance organizations 37 except as provided in subsection (7)(b) of this section;

p. 61 SHB 2056.PL

- 1 (c) Any capital expenditure for the construction, renovation, or 2 alteration of a nursing home which substantially changes the services 3 of the facility after January 1, 1981, provided that the substantial 4 changes in services are specified by the department in rule;
 - (d) Any capital expenditure for the construction, renovation, or alteration of a nursing home which exceeds the expenditure minimum as defined by RCW 70.38.025. However, a capital expenditure which is not subject to certificate of need review under (a), (b), (c), or (e) of this subsection and which is solely for any one or more of the following is not subject to certificate of need review:
 - (i) Communications and parking facilities;
- 12 (ii) Mechanical, electrical, ventilation, heating, and air 13 conditioning systems;
 - (iii) Energy conservation systems;
 - (iv) Repairs to, or the correction of, deficiencies in existing physical plant facilities which are necessary to maintain state licensure, however, other additional repairs, remodeling, or replacement projects that are not related to one or more deficiency citations and are not necessary to maintain state licensure are not exempt from certificate of need review except as otherwise permitted by (d)(vi) of this subsection or RCW 70.38.115(13);
 - (v) Acquisition of equipment, including data processing equipment, which is not or will not be used in the direct provision of health services;
 - (vi) Construction or renovation at an existing nursing home which involves physical plant facilities, including administrative, dining areas, kitchen, laundry, therapy areas, and support facilities, by an existing licensee who has operated the beds for at least one year;
 - (vii) Acquisition of land; and
 - (viii) Refinancing of existing debt;
 - (e) A change in bed capacity of a health care facility which increases the total number of licensed beds or redistributes beds among acute care, nursing home care, and ((boarding home)) assisted living facility care if the bed redistribution is to be effective for a period in excess of six months, or a change in bed capacity of a rural health care facility licensed under RCW 70.175.100 that increases the total number of nursing home beds or redistributes beds from acute care or ((boarding home)) assisted living facility care to nursing home care if

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

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

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

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

- (f) Any new tertiary health services which are offered in or through a health care facility or rural health care facility licensed under RCW 70.175.100, and which were not offered on a regular basis by, in, or through such health care facility or rural health care facility within the twelve-month period prior to the time such services would be offered;
- (g) Any expenditure for the construction, renovation, or alteration of a nursing home or change in nursing home services in excess of the expenditure minimum made in preparation for any undertaking under this subsection (4) of this section and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall

p. 63 SHB 2056.PL

- include expenditures for architectural designs, plans, working drawings, and specifications. The department may issue certificates of need permitting predevelopment expenditures, only, without authorizing any subsequent undertaking with respect to which such predevelopment expenditures are made; and
 - (h) Any increase in the number of dialysis stations in a kidney disease center.
 - (5) The department is authorized to charge fees for the review of certificate of need applications and requests for exemptions from certificate of need review. The fees shall be sufficient to cover the full cost of review and exemption, which may include the development of standards, criteria, and policies.
 - (6) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.
 - (7)(a) The requirement that a health maintenance organization obtain a certificate of need under subsection (4)(a) of this section for the construction, development, or other establishment of a hospital does not apply to a health maintenance organization operating a group practice that has been continuously licensed as a health maintenance organization since January 1, 2009;
 - (b) The requirement that a health maintenance organization obtain a certificate of need under subsection (4)(b) of this section to sell, purchase, or lease a hospital does not apply to a health maintenance organization operating a group practice that has been continuously licensed as a health maintenance organization since January 1, 2009.
 - Sec. 48. RCW 70.38.111 and 2009 c 315 s 2 and 2009 c 89 s 1 are each reenacted and amended to read as follows:
 - (1) The department shall not require a certificate of need for the offering of an inpatient tertiary health service by:
 - (a) A health maintenance organization or a combination of health maintenance organizations if (i) the organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals, (ii) the facility in which the service will be provided is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iii) at least seventy-five percent of the patients who can

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

- (b) A health care facility if (i) the facility primarily provides or will provide inpatient health services, (ii) the facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals, (iii) the facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iv) at least seventy-five percent of the patients who can reasonably be expected to receive the tertiary health service will be individuals enrolled with such organization or organizations in the combination; or
- (c) A health care facility (or portion thereof) if (i) the facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application is submitted under subsection (2) of this section, at least fifteen years remain in the term of the lease, (ii) the facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iii) at least seventy-five percent of the patients who can reasonably be expected to receive the tertiary health service will be individuals enrolled with such organization;
- if, with respect to such offering or obligation by a nursing home, the department has, upon application under subsection (2) of this section, granted an exemption from such requirement to the organization, combination of organizations, or facility.
 - (2) A health maintenance organization, combination of health maintenance organizations, or health care facility shall not be exempt under subsection (1) of this section from obtaining a certificate of need before offering a tertiary health service unless:
- (a) It has submitted at least thirty days prior to the offering of services reviewable under RCW 70.38.105(4)(d) an application for such exemption; and

p. 65 SHB 2056.PL

- (b) The application contains such information respecting the organization, combination, or facility and the proposed offering or obligation by a nursing home as the department may require to determine if the organization or combination meets the requirements of subsection (1) of this section or the facility meets or will meet such requirements; and
- (c) The department approves such application. The department shall approve or disapprove an application for exemption within thirty days of receipt of a completed application. In the case of a proposed health care facility (or portion thereof) which has not begun to provide tertiary health services on the date an application is submitted under this subsection with respect to such facility (or portion), the facility (or portion) shall meet the applicable requirements of subsection (1) of this section when the facility first provides such services. The department shall approve an application submitted under this subsection if it determines that the applicable requirements of subsection (1) of this section are met.
- (3) A health care facility (or any part thereof) with respect to which an exemption was granted under subsection (1) of this section may not be sold or leased and a controlling interest in such facility or in a lease of such facility may not be acquired and a health care facility described in (1)(c) which was granted an exemption under subsection (1) of this section may not be used by any person other than the lessee described in (1)(c) unless:
- (a) The department issues a certificate of need approving the sale, lease, acquisition, or use; or
- (b) The department determines, upon application, that (i) the entity to which the facility is proposed to be sold or leased, which intends to acquire the controlling interest, or which intends to use the facility is a health maintenance organization or a combination of health maintenance organizations which meets the requirements of (1)(a)(i), and (ii) with respect to such facility, meets the requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i) and (ii).
- (4) In the case of a health maintenance organization, an ambulatory care facility, or a health care facility, which ambulatory or health care facility is controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance

- organizations, the department may under the program apply its certificate of need requirements to the offering of inpatient tertiary health services to the extent that such offering is not exempt under the provisions of this section or RCW 70.38.105(7).
 - (5)(a) The department shall not require a certificate of need for the construction, development, or other establishment of a nursing home, or the addition of beds to an existing nursing home, that is owned and operated by a continuing care retirement community that:
 - (i) Offers services only to contractual members;

6 7

8

9 10

1112

13

14

15

16 17

18

19

2021

22

23

24

25

26

27

28

29

30

31

32

33

- (ii) Provides its members a contractually guaranteed range of services from independent living through skilled nursing, including some assistance with daily living activities;
- (iii) Contractually assumes responsibility for the cost of services exceeding the member's financial responsibility under the contract, so that no third party, with the exception of insurance purchased by the retirement community or its members, but including the medicaid program, is liable for costs of care even if the member depletes his or her personal resources;
- (iv) Has offered continuing care contracts and operated a nursing home continuously since January 1, 1988, or has obtained a certificate of need to establish a nursing home;
- (v) Maintains a binding agreement with the state assuring that financial liability for services to members, including nursing home services, will not fall upon the state;
- (vi) Does not operate, and has not undertaken a project that would result in a number of nursing home beds in excess of one for every four living units operated by the continuing care retirement community, exclusive of nursing home beds; and
- (vii) Has obtained a professional review of pricing and long-term solvency within the prior five years which was fully disclosed to members.
- (b) A continuing care retirement community shall not be exempt under this subsection from obtaining a certificate of need unless:
- (i) It has submitted an application for exemption at least thirty days prior to commencing construction of, is submitting an application for the licensure of, or is commencing operation of a nursing home, whichever comes first; and

p. 67 SHB 2056.PL

- 1 (ii) The application documents to the department that the 2 continuing care retirement community qualifies for exemption.
 - (c) The sale, lease, acquisition, or use of part or all of a continuing care retirement community nursing home that qualifies for exemption under this subsection shall require prior certificate of need approval to qualify for licensure as a nursing home unless the department determines such sale, lease, acquisition, or use is by a continuing care retirement community that meets the conditions of (a) of this subsection.
 - (6) A rural hospital, as defined by the department, reducing the number of licensed beds to become a rural primary care hospital under the provisions of Part A Title XVIII of the Social Security Act Section 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction of beds licensed under chapter 70.41 RCW, increase the number of licensed beds to no more than the previously licensed number without being subject to the provisions of this chapter.
 - (7) A rural health care facility licensed under RCW 70.175.100 formerly licensed as a hospital under chapter 70.41 RCW may, within three years of the effective date of the rural health care facility license, apply to the department for a hospital license and not be subject to the requirements of RCW 70.38.105(4)(a) as the construction, development, or other establishment of a new hospital, provided there is no increase in the number of beds previously licensed under chapter 70.41 RCW and there is no redistribution in the number of beds used for acute care or long-term care, the rural health care facility has been in continuous operation, and the rural health care facility has not been purchased or leased.
 - (8)(a) A nursing home that voluntarily reduces the number of its licensed beds to provide assisted living, licensed ((boarding home)) assisted living facility care, adult day care, adult day health, respite care, hospice, outpatient therapy services, congregate meals, home health, or senior wellness clinic, or to reduce to one or two the number of beds per room or to otherwise enhance the quality of life for residents in the nursing home, may convert the original facility or portion of the facility back, and thereby increase the number of nursing home beds to no more than the previously licensed number of nursing home beds without obtaining a certificate of need under this chapter, provided the facility has been in continuous operation and has

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

- (i) Give notice of its intent to preserve conversion options to the department of health no later than thirty days after the effective date of the license reduction; and
- (ii) Give notice to the department of health and to the department of social and health services of the intent to convert beds back. If construction is required for the conversion of beds back, the notice of intent to convert beds back must be given, at a minimum, one year prior to the effective date of license modification reflecting the restored beds; otherwise, the notice must be given a minimum of ninety days prior to the effective date of license modification reflecting the restored beds. Prior to any license modification to convert beds back to nursing home beds under this section, the licensee must demonstrate that the nursing home meets the certificate of need exemption requirements of this section.

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

- (c) Conversion of beds back under this subsection must be completed no later than four years after the effective date of the license reduction. However, for good cause shown, the four-year period for conversion may be extended by the department of health for one additional four-year period.
- (d) Nursing home beds that have been voluntarily reduced under this section shall be counted as available nursing home beds for the purpose of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the facility retains the ability to convert them back to nursing home use under the terms of this section.
- 37 (e) When a building owner has secured an interest in the nursing 38 home beds, which are intended to be voluntarily reduced by the licensee

- under (a) of this subsection, the applicant shall provide the department with a written statement indicating the building owner's approval of the bed reduction.
 - (9)(a) The department shall not require a certificate of need for a hospice agency if:
 - (i) The hospice agency is designed to serve the unique religious or cultural needs of a religious group or an ethnic minority and commits to furnishing hospice services in a manner specifically aimed at meeting the unique religious or cultural needs of the religious group or ethnic minority;
 - (ii) The hospice agency is operated by an organization that:
 - (A) Operates a facility, or group of facilities, that offers a comprehensive continuum of long-term care services, including, at a minimum, a licensed, medicare-certified nursing home, assisted living, independent living, day health, and various community-based support services, designed to meet the unique social, cultural, and religious needs of a specific cultural and ethnic minority group;
 - (B) Has operated the facility or group of facilities for at least ten continuous years prior to the establishment of the hospice agency;
- 20 (iii) The hospice agency commits to coordinating with existing 21 hospice programs in its community when appropriate;
- 22 (iv) The hospice agency has a census of no more than forty 23 patients;
- 24 (v) The hospice agency commits to obtaining and maintaining 25 medicare certification;
 - (vi) The hospice agency only serves patients located in the same county as the majority of the long-term care services offered by the organization that operates the agency; and
- 29 (vii) The hospice agency is not sold or transferred to another 30 agency.
- 31 (b) The department shall include the patient census for an agency 32 exempted under this subsection (9) in its calculations for future 33 certificate of need applications.
- 34 **Sec. 49.** RCW 70.79.090 and 2009 c 90 s 4 are each amended to read as follows:
- The following boilers and unfired pressure vessels shall be exempt from the requirements of RCW 70.79.220 and 70.79.240 through 70.79.330:

5

6 7

8

9

11 12

13

14

15

16 17

18

19

26

27

1 (1) Boilers or unfired pressure vessels located on farms and used 2 solely for agricultural purposes;

- (2) Unfired pressure vessels that are part of fertilizer applicator rigs designed and used exclusively for fertilization in the conduct of agricultural operations;
- (3) Steam boilers used exclusively for heating purposes carrying a pressure of not more than fifteen pounds per square inch gauge and which are located in private residences or in apartment houses of less than six families;
- (4) Hot water heating boilers carrying a pressure of not more than thirty pounds per square inch and which are located in private residences or in apartment houses of less than six families;
- (5) Approved pressure vessels (hot water heaters, hot water storage tanks, hot water supply boilers, and hot water heating boilers listed by a nationally recognized testing agency), with approved safety devices including a pressure relief valve, with a nominal water containing capacity of one hundred twenty gallons or less having a heat input of two hundred thousand b.t.u.'s per hour or less, at pressure of one hundred sixty pounds per square inch or less, and at temperatures of two hundred ten degrees Fahrenheit or less: PROVIDED, HOWEVER, That such pressure vessels are not installed in schools, child care centers, public and private hospitals, nursing ((and boarding)) homes, assisted living facilities, churches, public buildings owned or leased and maintained by the state or any political subdivision thereof, and assembly halls;
- (6) Unfired pressure vessels containing only water under pressure for domestic supply purposes, including those containing air, the compression of which serves only as a cushion or airlift pumping systems, when located in private residences or in apartment houses of less than six families, or in public water systems as defined in RCW 70.119.020;
 - (7) Unfired pressure vessels containing liquified petroleum gases.
- **Sec. 50.** RCW 70.87.305 and 2004 c 66 s 3 are each amended to read as follows:
- 35 (1) The department shall, by rule, establish licensing requirements 36 for conveyance work performed on private residence conveyances. These 37 rules shall include an exemption from licensing for maintenance work on

p. 71 SHB 2056.PL

- 1 private residence conveyances performed by an owner or at the direction
- of the owner, provided the owner resides in the residence at which the
- 3 conveyance is located and the conveyance is not accessible to the
- 4 general public. However, maintenance work performed on private
- 5 residence conveyances located in or at adult family homes licensed
- 6 under chapter 70.128 RCW, ((boarding homes)) assisted living facilities
- 7 licensed under chapter 18.20 RCW, or similarly licensed caregiving
- 8 facilities must comply with the licensing requirements of this chapter.
- 9 (2) The rules adopted under this section take effect July 1, 2004.
- 10 **Sec. 51.** RCW 70.97.060 and 2005 c 504 s 408 are each amended to 11 read as follows:
- 12 (1)(a) The department shall not license an enhanced services 13 facility that serves any residents under sixty-five years of age for a 14 capacity to exceed sixteen residents.
 - (b) The department may contract for services for the operation of enhanced services facilities only to the extent that funds are specifically provided for that purpose.
- 18 (2) The facility shall provide an appropriate level of security for 19 the characteristics, behaviors, and legal status of the residents.
 - (3) An enhanced services facility may hold only one license but, to the extent permitted under state and federal law and medicaid requirements, a facility may be located in the same building as another licensed facility, provided that:
 - (a) The enhanced services facility is in a location that is totally separate and discrete from the other licensed facility; and
 - (b) The two facilities maintain separate staffing, unless an exception to this is permitted by the department in rule.
- (4) Nursing homes under chapter 18.51 RCW, ((boarding homes))
 assisted living facilities under chapter 18.20 RCW, or adult family
 homes under chapter 70.128 RCW, that become licensed as facilities
 under this chapter shall be deemed to meet the applicable state and
 local rules, regulations, permits, and code requirements. All other
 facilities are required to meet all applicable state and local rules,
 regulations, permits, and code requirements.
- 35 **Sec. 52.** RCW 70.97.090 and 2005 c 504 s 411 are each amended to read as follows:

17

20

21

22

23

2425

- 1 This chapter does not apply to the following residential 2 facilities:
 - (1) Nursing homes licensed under chapter 18.51 RCW;
- 4 (2) ((Boarding homes)) Assisted living facilities licensed under 5 chapter 18.20 RCW;
 - (3) Adult family homes licensed under chapter 70.128 RCW;
- 7 (4) Facilities approved and certified under chapter 71A.22 RCW;
- 8 (5) Residential treatment facilities licensed under chapter 71.12 9 RCW; and
- 10 (6) Hospitals licensed under chapter 70.41 RCW.

6

29

3031

32

3334

35

- 11 **Sec. 53.** RCW 70.122.020 and 1992 c 98 s 2 are each amended to read 12 as follows:
- Unless the context clearly requires otherwise, the definitions contained in this section shall apply throughout this chapter.
- 15 (1) "Adult person" means a person who has attained the age of 16 majority as defined in RCW 26.28.010 and 26.28.015, and who has the 17 capacity to make health care decisions.
- 18 (2) "Attending physician" means the physician selected by, or 19 assigned to, the patient who has primary responsibility for the 20 treatment and care of the patient.
- 21 (3) "Directive" means a written document voluntarily executed by 22 the declarer generally consistent with the guidelines of RCW 23 70.122.030.
- 24 (4) "Health facility" means a hospital as defined in RCW $70.41.020((\frac{(2)}{(2)}))$ (4) or a nursing home as defined in RCW 18.51.010, a home health agency or hospice agency as defined in RCW 70.126.010, or $((\frac{a \text{ boarding home}}{a \text{ boarding home}}))$ an assisted living facility as defined in RCW 18.20.020.
 - (5) "Life-sustaining treatment" means any medical or surgical intervention that uses mechanical or other artificial means, including artificially provided nutrition and hydration, to sustain, restore, or replace a vital function, which, when applied to a qualified patient, would serve only to prolong the process of dying. "Life-sustaining treatment" shall not include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain.

- 1 (6) "Permanent unconscious condition" means an incurable and 2 irreversible condition in which the patient is medically assessed 3 within reasonable medical judgment as having no reasonable probability 4 of recovery from an irreversible coma or a persistent vegetative state.
- 5 (7) "Physician" means a person licensed under chapters 18.71 or 6 18.57 RCW.
 - (8) "Qualified patient" means an adult person who is a patient diagnosed in writing to have a terminal condition by the patient's attending physician, who has personally examined the patient, or a patient who is diagnosed in writing to be in a permanent unconscious condition in accordance with accepted medical standards by two physicians, one of whom is the patient's attending physician, and both of whom have personally examined the patient.
 - (9) "Terminal condition" means an incurable and irreversible condition caused by injury, disease, or illness, that, within reasonable medical judgment, will cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.
- 20 **Sec. 54.** RCW 70.127.040 and 2011 c 366 s 6 are each amended to 21 read as follows:
- The following are not subject to regulation for the purposes of this chapter:
- 24 (1) A family member providing home health, hospice, or home care 25 services;
 - (2) A person who provides only meal services in an individual's permanent or temporary residence;
- 28 (3) An individual providing home care through a direct agreement 29 with a recipient of care in an individual's permanent or temporary 30 residence;
- 31 (4) A person furnishing or delivering home medical supplies or 32 equipment that does not involve the provision of services beyond those 33 necessary to deliver, set up, and monitor the proper functioning of the 34 equipment and educate the user on its proper use;
- 35 (5) A person who provides services through a contract with a 36 licensed agency;

8

9 10

1112

13

14

15

16 17

18

19

26

1 (6) An employee or volunteer of a licensed agency who provides 2 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)) assisted living facilities 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;
- (8) Local and combined city-county health departments providing services under chapters 70.05 and 70.08 RCW;
- (9) An individual providing care to ill individuals, individuals with disabilities, or vulnerable individuals through a contract with the department of social and health services;
- (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 individual, an individual with a disability, or a vulnerable individual that does not result in regular ongoing care at home;
- (12) Services conducted by and for the adherents of a church or religious denomination that rely upon spiritual means alone through prayer for healing in accordance with the tenets and practices of such church or religious denomination and the bona fide religious beliefs genuinely held by such adherents;
- (13) A medicare-approved dialysis center operating a medicare-approved home dialysis program;
- (14) A person providing case management services. For the purposes of this subsection, "case management" means the assessment, coordination, authorization, planning, training, and monitoring of home health, hospice, and home care, and does not include the direct provision of care to an individual;
- (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

p. 75 SHB 2056.PL

- those necessary to set up and monitor the proper functioning of the equipment and educate the person on its proper use;
- 3 (16) A volunteer hospice complying with the requirements of RCW 70.127.050;
- 5 (17) A person who provides home care services without compensation; 6 and
- 7 (18) Nursing homes that provide telephone or web-based transitional 8 care management services.
- 9 **Sec. 55.** RCW 70.128.030 and 1989 c 427 s 17 are each amended to read as follows:
- 11 The following residential facilities shall be exempt from the 12 operation of this chapter:
 - (1) Nursing homes licensed under chapter 18.51 RCW;
- 14 (2) ((Boarding homes)) <u>Assisted living facilities</u> licensed under 15 chapter 18.20 RCW;
 - (3) Facilities approved and certified under chapter 71A.22 RCW;
- 17 (4) Residential treatment centers for ((the mentally ill))
 18 individuals with mental illness licensed under chapter 71.24 RCW;
- 19 (5) Hospitals licensed under chapter 70.41 RCW;
- 20 (6) Homes for ((the developmentally disabled)) individuals with 21 developmental disabilities licensed under chapter 74.15 RCW.
- 22 **Sec. 56.** RCW 70.128.210 and 1998 c 272 s 3 are each amended to 23 read as follows:
- 24 (1) The department of social and health services shall review, in 25 coordination with the department of health, the nursing care quality 26 assurance commission, adult family home providers, ((boarding home)) assisted living facility providers, in-home personal care providers, 27 28 and long-term care consumers and advocates, training standards for providers, resident managers, and resident caregiving staff. 29 30 departments and the commission shall submit to the appropriate committees of the house of representatives and the senate by December 31 32 1, 1998, specific recommendations on training standards and the delivery system, including necessary statutory changes and funding 33 34 requirements. Any proposed enhancements shall be consistent with this 35 section, shall take into account and not duplicate other training requirements applicable to adult family homes and staff, and shall be 36

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

- (2) The recommendations on training standards and the delivery system developed under subsection (1) of this section shall be based on a review and consideration of the following: Quality of care; availability of training; affordability, including the training costs incurred by the department of social and health services and private providers; portability of existing training requirements; competency testing; practical and clinical course work; methods of delivery of training; standards for management; uniform caregiving staff training; necessary enhancements for special needs populations; and resident rights training. Residents with special needs include, but are not limited to, residents with a diagnosis of mental illness, dementia, or developmental disability. Development of training recommendations for developmental disabilities services shall be coordinated with the study requirements in section 6, chapter 272, Laws of 1998.
 - (3) The department of social and health services shall report to the appropriate committees of the house of representatives and the senate by December 1, 1998, on the cost of implementing the proposed training standards for state-funded residents, and on the extent to which that cost is covered by existing state payment rates.
- **Sec. 57.** RCW 70.129.005 and 1994 c 214 s 1 are each amended to 29 read as follows:

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

It is also the intent of the legislature that long-term care facility residents have the opportunity to exercise reasonable control over life decisions. The legislature finds that choice, participation,

SHB 2056.PL

privacy, and the opportunity to engage in religious, political, civic, recreational, and other social activities foster a sense of self-worth and enhance the quality of life for long-term care residents.

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

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

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

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

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

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

- (1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:
- 33 (a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;
- 35 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the

disabilities.

4

5

6 7

8

9

11

12

13

14

15

16

17

26

31

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

- (c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
- (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.
 - (3) "Child" means a person under the age of eighteen years.
- (4) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:
 - (a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
 - (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
 - (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
- (5) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.
- 31 (6) "Community mental health program" means all mental health 32 services, activities, or programs using available resources.
 - (7) "Community mental health service delivery system" means public or private agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.
- 37 (8) "Community support services" means services authorized, 38 planned, and coordinated through resource management services

- including, at a minimum, assessment, diagnosis, emergency crisis 1 2 intervention available twenty-four hours, seven days a 3 prescreening determinations for persons who are mentally ill being 4 considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential 5 services, diagnosis and treatment for children who are acutely mentally 6 7 ill or severely emotionally disturbed discovered under screening 8 through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential 9 10 services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, 11 12 assuring transfer of relevant patient information between service 13 providers, recovery services, and other services determined by regional 14 support networks.
 - (9) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.
 - (10) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.
 - (11) "Department" means the department of social and health services.
 - (12) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.
 - (13) "Emerging best practice" or "promising practice" means a practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.
 - (14) "Evidence-based" means a program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.
- 37 (15) "Licensed service provider" means an entity licensed according 38 to this chapter or chapter 71.05 RCW or an entity deemed to meet state

16 17

18

19

2021

22

23

24

25

26

27

28

29

30

3132

3334

35

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

- (16) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.
- (17) "Mental health services" means all services provided by regional support networks and other services provided by the state for persons who are mentally ill.
- (18) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (4), (27), and (28) of this section.
- 22 (19) "Recovery" means the process in which people are able to live, 23 work, learn, and participate fully in their communities.
 - (20) "Regional support network" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.
 - (21) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.
 - (22) "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.
 - (23) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who

p. 81 SHB 2056.PL

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

- (24) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.
- (25)"Resource management services" the mean planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a regional support network to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated mental health professionals, evaluation and treatment facilities, and others as determined by the regional support network.
 - (26) "Secretary" means the secretary of social and health services.
- (27) "Seriously disturbed person" means a person who:
- 37 (a) Is gravely disabled or presents a likelihood of serious harm to

16 17

18 19

20

21

22

23

24

2526

27

2829

30

31

32

33

3435

- himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;
 - (b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
 - (c) Has a mental disorder which causes major impairment in several areas of daily living;
 - (d) Exhibits suicidal preoccupation or attempts; or
 - (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.
 - (28) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
 - (a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
 - (b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;
 - (c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
 - (d) Is at risk of escalating maladjustment due to:
- 30 (i) Chronic family dysfunction involving a caretaker who is 31 mentally ill or inadequate;
 - (ii) Changes in custodial adult;
- (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
- 37 (iv) Subject to repeated physical abuse or neglect;
- 38 (v) Drug or alcohol abuse; or

5

6 7

8

9

11 12

13 14

15

16 17

18 19

2021

22

23

24

25

26

27

28

29

1 (vi) Homelessness.

- (29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.
- (30) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others.
- (31) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any regional support network that would present a conflict of interest.
- **Sec. 60.** RCW 74.09.120 and 2011 1st sp.s. c 15 s 9 are each 22 amended to read as follows:
 - (1) The department shall purchase nursing home care by contract and payment for the care shall be in accordance with the provisions of chapter 74.46 RCW and rules adopted by the department. No payment shall be made to a nursing home which does not permit inspection by the authority and the department of every part of its premises and an examination of all records, including financial records, methods of administration, general and special dietary programs, the disbursement of drugs and methods of supply, and any other records the authority or the department deems relevant to the regulation of nursing home operations, enforcement of standards for resident care, and payment for nursing home services.
 - (2) The department may purchase nursing home care by contract in veterans' homes operated by the state department of veterans affairs and payment for the care shall be in accordance with the provisions of

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

1 2

16 17

18 19

2021

22

2829

3031

32

3334

35

36

- 3 (3) The department may purchase care in institutions for persons with intellectual disabilities, also known as intermediate care 4 facilities for persons with intellectual disabilities. The department 5 shall establish rules for reasonable accounting and reimbursement 6 7 systems for such care. Institutions for persons with intellectual 8 disabilities include licensed nursing homes, public institutions, 9 licensed ((boarding homes)) assisted living facilities with fifteen 10 beds or less, and hospital facilities certified as intermediate care facilities for persons with intellectual disabilities under the federal 11 12 medicaid program to provide health, habilitative, or rehabilitative services and twenty-four hour supervision for persons with intellectual 13 14 disabilities or related conditions and includes in the program "active treatment" as federally defined. 15
 - (4) The department may purchase care in institutions for mental diseases by contract. The department shall establish rules for reasonable accounting and reimbursement systems for such care. Institutions for mental diseases are certified under the federal medicaid program and primarily engaged in providing diagnosis, treatment, or care to persons with mental diseases, including medical attention, nursing care, and related services.
- 23 (5) Both the department and the authority may each purchase all 24 other services provided under this chapter by contract or at rates 25 established by the department or the authority respectively.
- 26 **Sec. 61.** RCW 74.15.020 and 2009 c 520 s 13 are each amended to 27 read as follows:
 - ((For the purpose of)) The definitions in this section apply throughout this chapter and RCW 74.13.031((, and)) unless the context clearly requires otherwise ((clearly indicated by the context thereof, the following terms shall mean:)).
 - (1) "Agency" means any person, firm, partnership, association, corporation, or facility which receives children, expectant mothers, or persons with developmental disabilities for control, care, or maintenance outside their own homes, or which places, arranges the placement of, or assists in the placement of children, expectant mothers, or persons with developmental disabilities for foster care or

- placement of children for adoption, and shall include the following irrespective of whether there is compensation to the agency or to the children, expectant mothers or persons with developmental disabilities for services rendered:
 - (a) "Child-placing agency" means an agency which places a child or children for temporary care, continued care, or for adoption;
 - (b) "Community facility" means a group care facility operated for the care of juveniles committed to the department under RCW 13.40.185. A county detention facility that houses juveniles committed to the department under RCW 13.40.185 pursuant to a contract with the department is not a community facility;
 - (c) "Crisis residential center" means an agency which is a temporary protective residential facility operated to perform the duties specified in chapter 13.32A RCW, in the manner provided in RCW 74.13.032 through 74.13.036;
 - (d) "Emergency respite center" is an agency that may be commonly known as a crisis nursery, that provides emergency and crisis care for up to seventy-two hours to children who have been admitted by their parents or guardians to prevent abuse or neglect. Emergency respite centers may operate for up to twenty-four hours a day, and for up to seven days a week. Emergency respite centers may provide care for children ages birth through seventeen, and for persons eighteen through twenty with developmental disabilities who are admitted with a sibling or siblings through age seventeen. Emergency respite centers may not substitute for crisis residential centers or HOPE centers, or any other services defined under this section, and may not substitute for services which are required under chapter 13.32A or 13.34 RCW;
 - (e) "Foster-family home" means an agency which regularly provides care on a twenty-four hour basis to one or more children, expectant mothers, or persons with developmental disabilities in the family abode of the person or persons under whose direct care and supervision the child, expectant mother, or person with a developmental disability is placed;
 - (f) "Group-care facility" means an agency, other than a foster-family home, which is maintained and operated for the care of a group of children on a twenty-four hour basis;
 - (g) "HOPE center" means an agency licensed by the secretary to provide temporary residential placement and other services to street

- youth. A street youth may remain in a HOPE center for thirty days 1 2 while services are arranged and permanent placement is coordinated. No street youth may stay longer than thirty days unless approved by the 3 department and any additional days approved by the department must be 4 5 based on the unavailability of a long-term placement option. A street youth whose parent wants him or her returned to home may remain in a 6 7 HOPE center until his or her parent arranges return of the youth, not 8 longer. All other street youth must have court approval under chapter 13.34 or 13.32A RCW to remain in a HOPE center up to thirty days; 9
- (h) "Maternity service" means an agency which provides or arranges for care or services to expectant mothers, before or during confinement, or which provides care as needed to mothers and their infants after confinement;
 - (i) "Responsible living skills program" means an agency licensed by the secretary that provides residential and transitional living services to persons ages sixteen to eighteen who are dependent under chapter 13.34 RCW and who have been unable to live in his or her legally authorized residence and, as a result, the minor lived outdoors or in another unsafe location not intended for occupancy by the minor. Dependent minors ages fourteen and fifteen may be eligible if no other placement alternative is available and the department approves the placement;
- 23 (j) "Service provider" means the entity that operates a community facility.
 - (2) "Agency" shall not include the following:

15 16

17

18

19

2021

22

2526

27

2829

30

31

32

- (a) Persons related to the child, expectant mother, or person with developmental disability in the following ways:
 - (i) Any blood relative, including those of half-blood, and including first cousins, second cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;
 - (ii) Stepfather, stepmother, stepbrother, and stepsister;
- (iii) A person who legally adopts a child or the child's parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
- (iv) Spouses of any persons named in (i), (ii), or (iii) of this subsection (2)(a), even after the marriage is terminated;

p. 87 SHB 2056.PL

- 1 (v) Relatives, as named in (i), (ii), (iii), or (iv) of this 2 subsection (2)(a), of any half sibling of the child; or
 - (vi) Extended family members, as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a twenty-four-hour basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4);
 - (b) Persons who are legal guardians of the child, expectant mother, or persons with developmental disabilities;
 - (c) Persons who care for a neighbor's or friend's child or children, with or without compensation, where the parent and person providing care on a twenty-four-hour basis have agreed to the placement in writing and the state is not providing any payment for the care;
 - (d) A person, partnership, corporation, or other entity that provides placement or similar services to exchange students or international student exchange visitors or persons who have the care of an exchange student in their home;
 - (e) A person, partnership, corporation, or other entity that provides placement or similar services to international children who have entered the country by obtaining visas that meet the criteria for medical care as established by the United States citizenship and immigration services, or persons who have the care of such an international child in their home;
 - (f) Schools, including boarding schools, which are engaged primarily in education, operate on a definite school year schedule, follow a stated academic curriculum, accept only school-age children and do not accept custody of children;
 - (g) Hospitals licensed pursuant to chapter 70.41 RCW when performing functions defined in chapter 70.41 RCW, nursing homes licensed under chapter 18.51 RCW and ((boarding homes)) assisted living facilities licensed under chapter 18.20 RCW;
 - (h) Licensed physicians or lawyers;
 - (i) Facilities approved and certified under chapter 71A.22 RCW;
- 36 (j) Any agency having been in operation in this state ten years 37 prior to June 8, 1967, and not seeking or accepting moneys or

assistance from any state or federal agency, and is supported in part by an endowment or trust fund;

3 4

5

6 7

13

14

15

18

19

2021

22

2324

25

26

27

2829

30

33

- (k) Persons who have a child in their home for purposes of adoption, if the child was placed in such home by a licensed child-placing agency, an authorized public or tribal agency or court or if a replacement report has been filed under chapter 26.33 RCW and the placement has been approved by the court;
- 8 (1) An agency operated by any unit of local, state, or federal 9 government or an agency licensed by an Indian tribe pursuant to RCW 10 74.15.190;
- 11 (m) A maximum or medium security program for juvenile offenders 12 operated by or under contract with the department;
 - (n) An agency located on a federal military reservation, except where the military authorities request that such agency be subject to the licensing requirements of this chapter.
- 16 (3) "Department" means the state department of social and health services.
 - (4) "Juvenile" means a person under the age of twenty-one who has been sentenced to a term of confinement under the supervision of the department under RCW 13.40.185.
 - (5) "Performance-based contracts" or "contracting" means the structuring of all aspects of the procurement of services around the purpose of the work to be performed and the desired results with the contract requirements set forth in clear, specific, and objective terms with measurable outcomes. Contracts may also include provisions that link the performance of the contractor to the level and timing of the reimbursement.
 - (6) "Probationary license" means a license issued as a disciplinary measure to an agency that has previously been issued a full license but is out of compliance with licensing standards.
- 31 (7) "Requirement" means any rule, regulation, or standard of care 32 to be maintained by an agency.
 - (8) "Secretary" means the secretary of social and health services.
- (9) "Street youth" means a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his or her parent or at his or her legally authorized residence.

p. 89 SHB 2056.PL

- 1 (10) "Supervising agency" means an agency licensed by the state 2 under RCW 74.15.090 or an Indian tribe under RCW 74.15.190 that has 3 entered into a performance-based contract with the department to 4 provide child welfare services.
 - (11) "Transitional living services" means at a minimum, to the extent funds are available, the following:
 - (a) Educational services, including basic literacy and computational skills training, either in local alternative or public high schools or in a high school equivalency program that leads to obtaining a high school equivalency degree;
 - (b) Assistance and counseling related to obtaining vocational training or higher education, job readiness, job search assistance, and placement programs;
 - (c) Counseling and instruction in life skills such as money management, home management, consumer skills, parenting, health care, access to community resources, and transportation and housing options;
 - (d) Individual and group counseling; and
 - (e) Establishing networks with federal agencies and state and local organizations such as the United States department of labor, employment and training administration programs including the workforce investment act which administers private industry councils and the job corps; vocational rehabilitation; and volunteer programs.
- 23 **Sec. 62.** RCW 74.34.020 and 2011 c 170 s 1 and 2011 c 89 s 18 are each reenacted and amended to read as follows:
 - ((Unless the context clearly requires otherwise,)) The definitions in this section apply throughout this chapter <u>unless the context</u> clearly requires otherwise.
 - (1) "Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.
- 32 (2) "Abuse" means the willful action or inaction that inflicts 33 injury, unreasonable confinement, intimidation, or punishment on a 34 vulnerable adult. In instances of abuse of a vulnerable adult who is 35 unable to express or demonstrate physical harm, pain, or mental 36 anguish, the abuse is presumed to cause physical harm, pain, or mental

6 7

8

10

11 12

13

14

15

16 17

18

19 20

21

22

25

26

27

2829

30

anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult, which have the following meanings:

- (a) "Sexual abuse" means any form of nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.
- (b) "Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.
- (c) "Mental abuse" means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.
- (d) "Exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- (3) "Consent" means express written consent granted after the vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.
- 34 (4) "Department" means the department of social and health services.
- 36 (5) "Facility" means a residence licensed or required to be 37 licensed under chapter 18.20 RCW, ((boarding homes)) assisted living 38 facilities; chapter 18.51 RCW, nursing homes; chapter 70.128 RCW, adult

- family homes; chapter 72.36 RCW, soldiers' homes; or chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department.
 - (6) "Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:
 - (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
 - (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
 - (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.
 - (7) "Financial institution" has the same meaning as in RCW 30.22.040 and 30.22.041. For purposes of this chapter only, "financial institution" also means a "broker-dealer" or "investment adviser" as defined in RCW 21.20.005.
- 30 (8) "Incapacitated person" means a person who is at a significant risk of personal or financial harm under RCW 11.88.010(1) (a), (b), 32 (c), or (d).
- 33 (9) "Individual provider" means a person under contract with the 34 department to provide services in the home under chapter 74.09 or 35 74.39A RCW.
- 36 (10) "Interested person" means a person who demonstrates to the 37 court's satisfaction that the person is interested in the welfare of 38 the vulnerable adult, that the person has a good faith belief that the

6 7

8

10

1112

13

14

15 16

17

18 19

2021

22

2324

25

2627

28

court's intervention is necessary, and that the vulnerable adult is unable, due to incapacity, undue influence, or duress at the time the petition is filed, to protect his or her own interests.

- (11) "Mandated reporter" is an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.
- (12) "Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.
- (13) "Permissive reporter" means any person, including, but not limited to, an employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.
- (14) "Protective services" means any services provided by the department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has been abandoned, abused, financially exploited, neglected, or in a state of self-neglect. These services may include, but are not limited to case management, social casework, home care, placement, arranging for medical evaluations, psychological evaluations, day care, or referral for legal assistance.
- (15) "Self-neglect" means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care

p. 93 SHB 2056.PL

- agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.
 - (16) "Social worker" means:

14

- (a) A social worker as defined in RCW 18.320.010(2); or
- 5 (b) Anyone engaged in a professional capacity during the regular 6 course of employment in encouraging or promoting the health, welfare, 7 support, or education of vulnerable adults, or providing social 8 services to vulnerable adults, whether in an individual capacity or as 9 an employee or agent of any public or private organization or 10 institution.
- 11 (17) "Vulnerable adult" includes a person:
- 12 (a) Sixty years of age or older who has the functional, mental, or 13 physical inability to care for himself or herself; or
 - (b) Found incapacitated under chapter 11.88 RCW; or
- 15 (c) Who has a developmental disability as defined under RCW 16 71A.10.020; or
 - (d) Admitted to any facility; or
- (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
- 21 (f) Receiving services from an individual provider; or
- 22 (g) Who self-directs his or her own care and receives services from 23 a personal aide under chapter 74.39 RCW.
- 24 **Sec. 63.** RCW 74.39A.009 and 2009 c 580 s 1 are each amended to 25 read as follows:
- ((Unless the context clearly requires otherwise,)) <u>The definitions</u>
 in this section apply throughout this chapter <u>unless the context</u>
 clearly requires otherwise.
- 29 (1) "Adult family home" means a home licensed under chapter 70.128 30 RCW.
- 31 (2) "Adult residential care" means services provided by ((a 32 boarding home)) an assisted living facility that is licensed under 33 chapter 18.20 RCW and that has a contract with the department under RCW 34 74.39A.020 to provide personal care services.
- 35 (3) "Assisted living services" means services provided by ((a 36 boarding home)) an assisted living facility that has a contract with

the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services, and the resident is housed in a private apartment-like unit.

- (4) "((Boarding home)) <u>Assisted living facility</u>" means a facility licensed under chapter 18.20 RCW.
- (5) "Core competencies" means basic training topics, including but not limited to, communication skills, worker self-care, problem solving, maintaining dignity, consumer directed care, cultural sensitivity, body mechanics, fall prevention, skin and body care, long-term care worker roles and boundaries, supporting activities of daily living, and food preparation and handling.
- (6) "Cost-effective care" means care provided in a setting of an individual's choice that is necessary to promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice, in an environment that is appropriate to the care and safety needs of the individual, and such care cannot be provided at a lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his or her desired quality of life.
- 20 (7) "Department" means the department of social and health 21 services.
- 22 (8) "Developmental disability" has the same meaning as defined in 23 RCW 71A.10.020.
 - (9) "Direct care worker" means a paid caregiver who provides direct, hands-on personal care services to persons with disabilities or the elderly requiring long-term care.
 - (10) "Enhanced adult residential care" means services provided by ((a boarding home)) an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.
 - (11) "Functionally disabled person" or "person who is functionally disabled" is synonymous with chronic functionally disabled and means a person who because of a recognized chronic physical or mental condition or disease, or developmental disability, including chemical dependency, is impaired to the extent of being dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of daily living", in this context, means

p. 95 SHB 2056.PL

- self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities as they are related to the mental capacity to perform activities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.
 - (12) "Home and community services" means adult family homes, inhome services, and other services administered or provided by contract by the department directly or through contract with area agencies on aging or similar services provided by facilities and agencies licensed by the department.
 - (13) "Home care aide" means a long-term care worker who has obtained certification as a home care aide by the department of health.
 - (14) "Individual provider" is defined according to RCW 74.39A.240.
 - (15) "Long-term care" is synonymous with chronic care and means care and supports delivered indefinitely, intermittently, or over a sustained time to persons of any age disabled by chronic mental or physical illness, disease, chemical dependency, or a medical condition that is permanent, not reversible or curable, or is long-lasting and severely limits their mental or physical capacity for self-care. The use of this definition is not intended to expand the scope of services, care, or assistance by any individuals, groups, residential care settings, or professions unless otherwise expressed by law.
 - (16)(a) "Long-term care workers for the elderly or persons with disabilities" or "long-term care workers" includes all persons who are long-term care workers for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care employees of home care agencies, providers of home care services to persons with developmental disabilities under Title 71 RCW, all direct care workers in state-licensed ((boarding homes,)) assisted living facilities, and adult family homes, respite care providers, community residential service providers, and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.
- 36 (b) "Long-term care workers" do not include: (i) Persons employed 37 by the following facilities or agencies: Nursing homes subject to 38 chapter 18.51 RCW, hospitals or other acute care settings, residential

8

10

11

12

13

14

15

16 17

18

19

20

21

22

2324

25

26

2728

29

30

3132

3334

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

13

14

15 16

17

18

19

2021

24

25

26

27

- 6 (17) "Nursing home" means a facility licensed under chapter 18.51 7 RCW.
- 8 (18) "Personal care services" means physical or verbal assistance 9 with activities of daily living and instrumental activities of daily 10 living provided because of a person's functional disability.
 - (19) "Population specific competencies" means basic training topics unique to the care needs of the population the long-term care worker is serving, including but not limited to, mental health, dementia, developmental disabilities, young adults with physical disabilities, and older adults.
 - (20) "Qualified instructor" means a registered nurse or other person with specific knowledge, training, and work experience in the provision of direct, hands-on personal care and other assistance services to the elderly or persons with disabilities requiring long-term care.
 - (21) "Secretary" means the secretary of social and health services.
- 22 (22) "Secretary of health" means the secretary of health or the 23 secretary's designee.
 - (23) "Training partnership" means a joint partnership or trust that includes the office of the governor and the exclusive bargaining representative of individual providers under RCW 74.39A.270 with the capacity to provide training, peer mentoring, and workforce development, or other services to individual providers.
- 29 (24) "Tribally licensed ((boarding home)) assisted living facility"
 30 means ((a boarding home)) an assisted living facility licensed by a
 31 federally recognized Indian tribe in which ((home)) a facility provides
 32 services similar to ((boarding homes)) assisted living facilities
 33 licensed under chapter 18.20 RCW.
- 34 **Sec. 64.** RCW 74.39A.010 and 1995 1st sp.s. c 18 s 14 are each 35 amended to read as follows:
- 36 (1) To the extent of available funding, the department of social 37 and health services may contract with licensed ((boarding homes))

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

18

19

2021

22

23

24

25

2627

- 7 (a) Facility service standards consistent with the principles in RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW;
- 9 (b) Standards for resident living areas consistent with RCW 10 74.39A.030;
- 11 (c) Training requirements for providers and their staff.
- 12 (2) The department's rules shall provide that services in assisted 13 living and enhanced adult residential care:
 - (a) Recognize individual needs, privacy, and autonomy;
- 15 (b) Include, but not be limited to, personal care, nursing 16 services, medication administration, and supportive services that 17 promote independence and self-sufficiency;
 - (c) Are of sufficient scope to assure that each resident who chooses to remain in the assisted living or enhanced adult residential care may do so, to the extent that the care provided continues to be cost-effective and safe and promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice;
 - (d) Are directed first to those persons most likely, in the absence of enhanced adult residential care or assisted living services, to need hospital, nursing facility, or other out-of-home placement; and
 - (e) Are provided in compliance with applicable facility and professional licensing laws and rules.
- 29 (3) When a facility contracts with the department for assisted 30 living services or enhanced adult residential care, only services and 31 facility standards that are provided to or in behalf of the assisted 32 living services or enhanced adult residential care client shall be 33 subject to the department's rules.
- 34 **Sec. 65.** RCW 74.39A.020 and 2004 c 142 s 15 are each amended to read as follows:
- 36 (1) To the extent of available funding, the department of social 37 and health services may contract for adult residential care.

- 1 (2) The department shall, by rule, develop terms and conditions for 2 facilities that contract with the department for adult residential care 3 to establish:
 - (a) Facility service standards consistent with the principles in RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW; and
 - (b) Training requirements for providers and their staff.

5

7

10

1112

18

19

2021

22

2324

25

26

27

- 8 (3) The department shall, by rule, provide that services in adult 9 residential care facilities:
 - (a) Recognize individual needs, privacy, and autonomy;
 - (b) Include personal care and other services that promote independence and self-sufficiency and aging in place;
- 13 (c) Are directed first to those persons most likely, in the absence 14 of adult residential care services, to need hospital, nursing facility, 15 or other out-of-home placement; and
- 16 (d) Are provided in compliance with applicable facility and 17 professional licensing laws and rules.
 - (4) When a facility contracts with the department for adult residential care, only services and facility standards that are provided to or in behalf of the adult residential care client shall be subject to the adult residential care rules.
 - (5) To the extent of available funding, the department may also contract under this section with a tribally licensed ((boarding home)) assisted living facility for the provision of services of the same nature as the services provided by adult residential care facilities. The provisions of subsections (2)(a) and (b) and (3)(a) through (d) of this section apply to such a contract.
- 28 **Sec. 66.** RCW 74.39A.030 and 2002 c 3 s 10 are each amended to read 29 as follows:
- 30 (1) To the extent of available funding, the department shall expand 31 cost-effective options for home and community services for consumers 32 for whom the state participates in the cost of their care.
- (2) In expanding home and community services, the department shall:
 (a) Take full advantage of federal funding available under Title XVIII
 and Title XIX of the federal social security act, including home
 health, adult day care, waiver options, and state plan services; and
 (b) be authorized to use funds available under its community options

p. 99 SHB 2056.PL

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

- (3)(a) The department shall by rule establish payment rates for home and community services that support the provision of cost-effective care. In the event of any conflict between any such rule and a collective bargaining agreement entered into under RCW 74.39A.270 and 74.39A.300, the collective bargaining agreement prevails.
- (b) The department may authorize an enhanced adult residential care rate for nursing homes that temporarily or permanently convert their bed use for the purpose of providing enhanced adult residential care under chapter 70.38 RCW, when the department determines that payment of an enhanced rate is cost-effective and necessary to foster expansion of contracted enhanced adult residential care services. As an incentive for nursing homes to permanently convert a portion of its nursing home bed capacity for the purpose of providing enhanced adult residential care, the department may authorize a supplemental add-on to the enhanced adult residential care rate.
- (c) The department may authorize a supplemental assisted living services rate for up to four years for facilities that convert from nursing home use and do not retain rights to the converted nursing home beds under chapter 70.38 RCW, if the department determines that payment of a supplemental rate is cost-effective and necessary to foster expansion of contracted assisted living services.

Sec. 67. RCW 74.39A.320 and 2006 c 260 s 1 are each amended to read as follows:

- (1) To the extent funds are appropriated for this purpose, the department shall establish a capital add-on rate, not less than the July 1, 2005, capital add-on rate established by the department, for those assisted living facilities contracting with the department that have a medicaid occupancy percentage of sixty percent or greater.
- (2) Effective for July 1, 2006, and for each July 1st rate-setting period thereafter, the department shall determine the facility's medicaid occupancy percentage using the last six months' medicaid resident days from the preceding calendar year divided by the product of all its licensed ((boarding home)) assisted living facility beds irrespective of use, times calendar days for the six-month period. For the purposes of this section, medicaid resident days include those clients who are enrolled in a medicaid managed long-term care program, including but not limited to the program for all inclusive care and the medicaid integration project.
- (3) The medicaid occupancy percentage established beginning on July 1, 2006, and for each July 1st thereafter, shall be used to determine whether an assisted living facility qualifies for the capital add-on rate under this section. Those facilities that qualify for the capital add-on rate shall receive the capital add-on rate throughout the applicable fiscal year.
- Sec. 68. RCW 74.41.040 and 2008 c 146 s 2 are each amended to read as follows:

The department shall administer this chapter and shall establish such rules and standards as the department deems necessary in carrying out this chapter. The department shall not require the development of plans of care or discharge plans by nursing homes or adult family homes providing respite care service under this chapter. ((Boarding homes)) Assisted living facilities providing respite care services shall comply with the assessment and plan of care provisions of RCW 18.20.350.

The department shall develop standards for the respite program in conjunction with the selected area agencies on aging. The program standards shall serve as the basis for soliciting bids, entering into subcontracts, and developing sliding fee scales to be used in

p. 101

- determining the ability of eligible participants to participate in paying for respite care.
 - Sec. 69. RCW 74.42.055 and 2004 c 34 s 1 are each amended to read as follows:
 - (1) The purpose of this section is to prohibit discrimination against medicaid recipients by nursing homes which have contracted with the department to provide skilled or intermediate nursing care services to medicaid recipients.
 - (2) A nursing facility shall readmit a resident, who has been hospitalized or on therapeutic leave, immediately to the first available bed in a semiprivate room if the resident:
 - (a) Requires the services provided by the facility; and
 - (b) Is eligible for medicaid nursing facility services.
- 14 (3) It shall be unlawful for any nursing home which has a medicaid 15 contract with the department:
 - (a) To require, as a condition of admission, assurance from the patient or any other person that the patient is not eligible for or will not apply for medicaid;
 - (b) To deny or delay admission or readmission of a person to a nursing home because of his or her status as a medicaid recipient;
 - (c) To transfer a patient, except from a private room to another room within the nursing home, because of his or her status as a medicaid recipient;
 - (d) To transfer a patient to another nursing home because of his or her status as a medicaid recipient;
 - (e) To discharge a patient from a nursing home because of his or her status as a medicaid recipient; or
 - (f) To charge any amounts in excess of the medicaid rate from the date of eligibility, except for any supplementation permitted by the department pursuant to RCW 18.51.070.
 - (4) Any nursing home which has a medicaid contract with the department shall maintain one list of names of persons seeking admission to the facility, which is ordered by the date of request for admission. This information shall be retained for one year from the month admission was requested. However, except as provided in subsection (2) of this section, a nursing facility is permitted to give preferential admission to individuals who seek admission from ((a

- boarding home)) an assisted living facility, licensed under chapter 1 2 18.20 RCW, or from independent retirement housing, provided the nursing 3 facility is owned by the same entity that owns the ((boarding home)) assisted living facility or independent housing which are located 4 within the same proximate geographic area; and provided further, the 5 purpose of such preferential admission is to allow continued provision 6 7 of: (a) Culturally or faith-based services, or (b) services provided by a continuing care retirement community as defined in RCW 70.38.025. 8
- 9 (5) The department may assess monetary penalties of a civil nature, 10 not to exceed three thousand dollars for each violation of this 11 section.

13

14

15

16 17

18

26

27

2829

30

- (6) Because it is a matter of great public importance to protect senior citizens who need medicaid services from discriminatory treatment in obtaining long-term health care, any violation of this section shall be construed for purposes of the application of the consumer protection act, chapter 19.86 RCW, to constitute an unfair or deceptive act or practice or unfair method of competition in the conduct of trade or commerce.
- 19 (7) It is not an act of discrimination under this chapter to refuse 20 to admit a patient if admitting that patient would prevent the needs of 21 the other patients residing in that facility from being met at that 22 facility, or if the facility's refusal is consistent with subsection 23 (4) of this section.
- 24 **Sec. 70.** RCW 82.04.2908 and 2005 c 514 s 302 are each amended to 25 read as follows:
 - (1) Upon every person engaging within this state in the business of providing room and domiciliary care to residents of ((a boarding home)) an assisted living facility licensed under chapter 18.20 RCW, the amount of tax with respect to such business shall be equal to the gross income of the business, multiplied by the rate of 0.275 percent.
- 31 (2) For the purposes of this section, "domiciliary care" has the 32 meaning provided in RCW 18.20.020.
- 33 **Sec. 71.** RCW 82.04.4264 and 2005 c 514 s 301 are each amended to read as follows:
 - (1) This chapter does not apply to amounts received by a nonprofit

- 1 ((boarding home)) assisted living facility licensed under chapter 18.20 2 RCW for providing room and domiciliary care to residents of the 3 ((boarding home)) assisted living facility.
 - (2) As used in this section:

5

14

15 16

17

18

19

2526

27

28

29

30

31

3233

34

35

- (a) "Domiciliary care" has the meaning provided in RCW 18.20.020.
- (b) "Nonprofit ((boarding home)) assisted living facility" means ((a boarding home)) an assisted living facility that is operated as a religious or charitable organization, is exempt from federal income tax under 26 U.S.C. Sec. 501(c)(3), is incorporated under chapter 24.03 RCW, is operated as part of a nonprofit hospital, or is operated as part of a public hospital district.
- 12 **Sec. 72.** RCW 82.04.4337 and 2004 c 174 s 7 are each amended to 13 read as follows:
 - (1) ((A boarding home)) An assisted living facility licensed under chapter 18.20 RCW may deduct from the measure of tax amounts received as compensation for providing adult residential care, enhanced adult residential care, or assisted living services under contract with the department of social and health services authorized by chapter 74.39A RCW to residents who are medicaid recipients.
- 20 (2) For purposes of this section, "adult residential care," 21 "enhanced adult residential care," and "assisted living services" have 22 the same meaning as in RCW 74.39A.009.
- 23 **Sec. 73.** RCW 84.36.381 and 2011 c 174 s 105 are each amended to 24 read as follows:

A person is exempt from any legal obligation to pay all or a portion of the amount of excess and regular real property taxes due and payable in the year following the year in which a claim is filed, and thereafter, in accordance with the following:

(1) The property taxes must have been imposed upon a residence which was occupied by the person claiming the exemption as a principal place of residence as of the time of filing. However, any person who sells, transfers, or is displaced from his or her residence may transfer his or her exemption status to a replacement residence, but no claimant may receive an exemption on more than one residence in any year. Moreover, confinement of the person to a hospital, nursing home,

- 1 ((boarding home)) assisted living facility, or adult family home does 2 not disqualify the claim of exemption if:
 - (a) The residence is temporarily unoccupied;

- (b) The residence is occupied by a spouse or a domestic partner and/or a person financially dependent on the claimant for support; or
- (c) The residence is rented for the purpose of paying nursing home, hospital, ((boarding home)) assisted living facility, or adult family home costs;
- (2) The person claiming the exemption must have owned, at the time of filing, in fee, as a life estate, or by contract purchase, the residence on which the property taxes have been imposed or if the person claiming the exemption lives in a cooperative housing association, corporation, or partnership, such person must own a share therein representing the unit or portion of the structure in which he or she resides. For purposes of this subsection, a residence owned by a marital community or state registered domestic partnership or owned by cotenants is deemed to be owned by each spouse or each domestic partner or each cotenant, and any lease for life is deemed a life estate;
 - (3)(a) The person claiming the exemption must be:
- (i) Sixty-one years of age or older on December 31st of the year in which the exemption claim is filed, or must have been, at the time of filing, retired from regular gainful employment by reason of disability; or
- (ii) A veteran of the armed forces of the United States entitled to and receiving compensation from the United States department of veterans affairs at a total disability rating for a service-connected disability.
- (b) However, any surviving spouse or surviving domestic partner of a person who was receiving an exemption at the time of the person's death will qualify if the surviving spouse or surviving domestic partner is fifty-seven years of age or older and otherwise meets the requirements of this section;
- (4) The amount that the person is exempt from an obligation to pay is calculated on the basis of combined disposable income, as defined in RCW 84.36.383. If the person claiming the exemption was retired for two months or more of the assessment year, the combined disposable income of such person must be calculated by multiplying the average

p. 105 SHB 2056.PL

monthly combined disposable income of such person during the months such person was retired by twelve. If the income of the person claiming exemption is reduced for two or more months of the assessment year by reason of the death of the person's spouse or the person's domestic partner, or when other substantial changes occur in disposable income that are likely to continue for an indefinite period of time, the combined disposable income of such person must be calculated by multiplying the average monthly combined disposable income of such person after such occurrences by twelve. If it is necessary to estimate income to comply with this subsection, the assessor may require confirming documentation of such income prior to May 31 of the year following application;

- (5)(a) A person who otherwise qualifies under this section and has a combined disposable income of thirty-five thousand dollars or less is exempt from all excess property taxes; and
- (b)(i) A person who otherwise qualifies under this section and has a combined disposable income of thirty thousand dollars or less but greater than twenty-five thousand dollars is exempt from all regular property taxes on the greater of fifty thousand dollars or thirty-five percent of the valuation of his or her residence, but not to exceed seventy thousand dollars of the valuation of his or her residence; or
- (ii) A person who otherwise qualifies under this section and has a combined disposable income of twenty-five thousand dollars or less is exempt from all regular property taxes on the greater of sixty thousand dollars or sixty percent of the valuation of his or her residence;
- (6)(a) For a person who otherwise qualifies under this section and has a combined disposable income of thirty-five thousand dollars or less, the valuation of the residence is the assessed value of the residence on the later of January 1, 1995, or January 1st of the assessment year the person first qualifies under this section. If the person subsequently fails to qualify under this section only for one year because of high income, this same valuation must be used upon requalification. If the person fails to qualify for more than one year in succession because of high income or fails to qualify for any other reason, the valuation upon requalification is the assessed value on January 1st of the assessment year in which the person requalifies. If the person transfers the exemption under this section to a different

residence, the valuation of the different residence is the assessed value of the different residence on January 1st of the assessment year in which the person transfers the exemption.

- (b) In no event may the valuation under this subsection be greater than the true and fair value of the residence on January 1st of the assessment year.
- (c) This subsection does not apply to subsequent improvements to the property in the year in which the improvements are made. Subsequent improvements to the property must be added to the value otherwise determined under this subsection at their true and fair value in the year in which they are made.
- **Sec. 74.** RCW 84.36.383 and 2010 c 106 s 307 are each amended to 13 read as follows:
- 14 As used in RCW 84.36.381 through 84.36.389, except where the context clearly indicates a different meaning:
 - (1) The term "residence" means a single family dwelling unit whether such unit be separate or part of a multiunit dwelling, including the land on which such dwelling stands not to exceed one acre, except that a residence includes any additional property up to a total of five acres that comprises the residential parcel if this larger parcel size is required under land use regulations. The term also includes a share ownership in a cooperative housing association, corporation, or partnership if the person claiming exemption can establish that his or her share represents the specific unit or portion of such structure in which he or she resides. The term also includes a single family dwelling situated upon lands the fee of which is vested in the United States or any instrumentality thereof including an Indian tribe or in the state of Washington, and notwithstanding the provisions of RCW 84.04.080 and 84.04.090, such a residence is deemed real property.
 - (2) The term "real property" also includes a mobile home which has substantially lost its identity as a mobile unit by virtue of its being fixed in location upon land owned or leased by the owner of the mobile home and placed on a foundation (posts or blocks) with fixed pipe, connections with sewer, water, or other utilities. A mobile home located on land leased by the owner of the mobile home is subject, for

p. 107 SHB 2056.PL

tax billing, payment, and collection purposes, only to the personal property provisions of chapter 84.56 RCW and RCW 84.60.040.

- (3) "Department" means the state department of revenue.
- (4) "Combined disposable income" means the disposable income of the person claiming the exemption, plus the disposable income of his or her spouse or domestic partner, and the disposable income of each cotenant occupying the residence for the assessment year, less amounts paid by the person claiming the exemption or his or her spouse or domestic partner during the assessment year for:
- (a) Drugs supplied by prescription of a medical practitioner authorized by the laws of this state or another jurisdiction to issue prescriptions;
- 13 (b) The treatment or care of either person received in the home or 14 in a nursing home, ((boarding home)) assisted living facility, or adult 15 family home; and
- 16 (c) Health care insurance premiums for medicare under Title XVIII 17 of the social security act.
 - (5) "Disposable income" means adjusted gross income as defined in the federal internal revenue code, as amended prior to January 1, 1989, or such subsequent date as the director may provide by rule consistent with the purpose of this section, plus all of the following items to the extent they are not included in or have been deducted from adjusted gross income:
 - (a) Capital gains, other than gain excluded from income under section 121 of the federal internal revenue code to the extent it is reinvested in a new principal residence;
 - (b) Amounts deducted for loss;
 - (c) Amounts deducted for depreciation;
 - (d) Pension and annuity receipts;
- 30 (e) Military pay and benefits other than attendant-care and 31 medical-aid payments;
 - (f) Veterans benefits, other than:
 - (i) Attendant-care payments;
- 34 (ii) Medical-aid payments;
- 35 (iii) Disability compensation, as defined in Title 38, part 3, 36 section 3.4 of the code of federal regulations, as of January 1, 2008; 37 and

3

4

5

6 7

8

10

1112

18

1920

21

22

23

24

25

2627

28

29

32

- 1 (iv) Dependency and indemnity compensation, as defined in Title 38, 2 part 3, section 3.5 of the code of federal regulations, as of January 3 1, 2008;
 - (g) Federal social security act and railroad retirement benefits;
 - (h) Dividend receipts; and

5

6

- (i) Interest received on state and municipal bonds.
- 7 (6) "Cotenant" means a person who resides with the person claiming 8 the exemption and who has an ownership interest in the residence.
- 9 (7) "Disability" has the same meaning as provided in 42 U.S.C. Sec. 10 423(d)(1)(A) as amended prior to January 1, 2005, or such subsequent 11 date as the department may provide by rule consistent with the purpose of this section.
- NEW SECTION. Sec. 75. All department of social and health services rules that apply to licensed boarding homes on the effective date of this section continue in effect and apply to licensed assisted living facilities, as defined in RCW 18.20.020.

--- END ---