



**Chapter 246-335 WAC - In-Home Services**  
**Rule updating topics – preliminary list**  
**December 2015**

- Background Checks
  - Requiring background checks for key individuals every two years when renewing license
  - Requiring background checks for employees annually
  - Clarify the background check process
  - Clarify when finger prints are required
  - Require P&Ps around suitability assessments for non-disqualifying convictions / actions (example: old DUI)
- “Clinical judgment”
  - “Clinical judgment” is a key component when determining if a nursing / medical task can be delegated.
  - Should we define “clinical judgement?”
- CPR
  - Clarification that classroom can be on-line but demonstration of skills must be hands on
  - Should the Heimlich maneuver also is required?
  - Should CPR be required for Home Care agencies?
  - Should CPR be required for Home Care agencies utilizing Nurse Delegation?
  - Consider adding a new definition for “CPR”
- Delinquent Plan of Care (POCs)

- Adding enforcement language for POCs that are not submitted to the department by the date specified in the Statement of Deficiency (SOD).
- Durable Medical Equipment warehouse inspections
  - Should we add specific inspection requirements for DME equipment warehouses?
- Electronic records
  - Adding language that clarifies that electronic communication must be kept confidential
  - Must be able to print electronic records if requested
  - Are voicemails records?
- Enforcement
  - Adding language that enforcement steps may be taken if applicable laws are not followed
- Exempt workers
- Food safety
  - Adding language around safely preparing and storing food
- Hepatitis B testing
  - Requiring Hep B testing for Home Care agencies
  - Occupational exposure is the main concern
  - Requiring testing if employee cannot prove they've been vaccinated
  - Agencies should offer employees vaccination or employee signs a letter that they decline vaccination for "X" reason
  - Clarifying steps to take if employee tests positive?
- Home Health licensing
  - By definition, Home Health agencies provide two or more Home Health related services – should one of the two services include nursing services?
  - Is it ok to have a Home Health agency that does not provide general nursing services? For example: PT / OT only Home Health agency?
- Hours of operation

- Clarify that agency must have support services available for employees that are out in field caring for clients / patients
- Hospice volunteers
  - Adding language that Hospice volunteers are mandatory reporters
- Key Individuals (Administrators, Direct Care Supervisors, Director of Clinical Care)
  - Should minimum credentialing be required of agency Administrators, Direct Care Supervisors, and Directors of Clinical Care if they intend to provide hands-on backup care when employees are unable to provide client care? Employee calls in sick and supervisor cannot find a replacement worker so they go and assist the client
- NARs
  - Currently, agencies can hire an NAR and there is no requirement that they become a NAC – they can stay an NAR indefinitely
  - Adding language that requires NARs to become NACs within “X” number of days after hire (similar to DSHS / Nursing facility rules)
- Non-direct care worker
  - Should we add language that agencies can employ non-credentialed individuals to provide clients / patients with hands-off services (e.g. house cleaning, yard maintenance)?
  - If so, require these employees to pass the same background checks as credentialed employees
- Non-medical services in Home Health agencies
  - Clarifying that Home Health only agencies can provide non-medical only services to patients (e.g. Home Health Aide services) without having a Home Care service category
- Nursing Delegation in Home Care agencies
  - Adding language that Home Care agencies utilizing Nurse Delegation must contract (not hire) with an RN
- Orientation classes
  - Requiring new applicants to complete a department hosted In-Home Services Orientation class prior to licensure

- Completion of an orientation class may assist new licensees in becoming more successful in their first year of operation
- Some applicants may choose to withdraw their application after they learn what is expected of them
- Plan of Care (POC) for Home Care agencies
  - Adding “resuscitation status” on Home Care POCs
- Policies and Procedures
  - Requiring new applicant to submit their completed P&Ps along with application and fee
  - Historically, many applicants have not completed their P&Ps when DOH conducts their initial on-site licensing survey. This results in a significant delay in the licensing process and often requires a second on-site survey.
- Professional Insurance limits
  - What should the new minimum insurance limits be?
- Range of Motion (ROM)
  - Clarifying what ROM activities are permissible in a Home Care setting
  - Active vs passive
  - Hands on vs reminders
  - Home exercise program developed by a Physical Therapist and Home Care Aide is reminding client
- Restraints
  - Adding language regarding the use of client / patient restraints. Patients should be free from the use of unlawful restraints
  - Side rails on beds?
- RN Director of Clinical Services
  - Should the Director of Clinical Services in a Home Health agency be required to be an RN?
- Skills verification

- TB testing
  - Contact Local Health Jurisdiction (LHJ) annually to verify if testing is needed and document LHJ's response
  - What type of testing is recommended?
  - Developing P&Ps around TB risk assessments
- Definition of "Therapist" currently includes the following professionals: physical therapist, occupational therapist, respiratory therapist, and speech therapist.
  - Should we include additional therapists such as Acupuncture and Massage?
- Vital signs in Home Care agencies
  - Define what constitutes vital signs and clarify what Home Care agencies employees can and cannot do