

WA Cares Fund: Draft for Informal Review 4/2025

General Provisions

WAC 388-116-1000 Purpose and Scope

- (1) This chapter implements the long-term services and supports program identified under [chapter 50B.04 RCW](#).
- (2) This chapter applies to the long-term services and support program administered by the department of social and health services under [RCW 50B.04.020](#).
- (3) Additional rules for the long-term services and supports program administered by the employment security department can be found under [Title 192 WAC](#) as they relate to [chapter 50B.04 RCW](#).
- (4) Additional rules for the long-term services and supports program administered by the health care authority can be found under [Title 182 WAC](#) as they relate to [chapter 50B.04 RCW](#).

WAC 388-116-1010 Definitions

The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise.

- (1) “Activities of daily living” means one or more of the following: bathing, bed mobility, continence, dressing, eating, medication management, mobility, personal hygiene, toileting, or transferring.
 - (a) “Bathing” means how a person washes their body including showers, baths, sponge baths, or bed baths, and how a person gets into and out of a shower or bathtub.
 - (b) “Bed mobility” means how a person moves to and from a lying position, turns side-to-side, and positions their body while in bed, in a recliner, or other furniture used for sleeping.
 - (c) “Continence” means the ability to control bladder and bowel functions, or, when unable to maintain control of bowel or bladder function, the ability to perform associated care and hygiene, including caring for a catheter or colostomy bag.
 - (d) “Dressing” means how a person puts on and takes off all items of clothing including prosthesis, splints, braces, and orthotics.
 - (e) “Eating” means how a person eats and drinks regardless of skill. Eating includes any method of receiving nutrition by mouth, tube, or through a vein. Eating does not include any set-up help received.
 - (f) “Medication management” means how a person organizes and takes prescription medications, over the counter medications, or supplements.
 - (g) “Mobility” means how a person gets from one place to another within their immediate environment and from outside their home to inside their home.
 - (h) “Personal hygiene” means how a person completes self-care activities such as combing hair, brushing teeth, shaving, applying makeup, washing face, drying face, washing hands, nail care, perineum care, and menses care. Personal hygiene does not include hygiene tasks completed during bathing.
 - (i) “Toileting” means how a person uses a toilet, commode, bedpan, or urinal to eliminate, and how they transfer on and off the toilet, perform associated hygiene, and adjust clothing.

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- (j) “Transferring” means how a person moves between surfaces such as to and from a bed, a chair, wheelchair, or standing position. Transferring does not include how a person moves to and from the bath, toilet, or vehicle.
- (2) “Approved services” means long-term services and supports including:
 - (a) “Adaptive equipment and technology” means devices and services that maintain or improve the ability to perform activities of daily living; or maintain or improve functional capabilities; and increase independence, safety, and welfare; and are any of those listed in subsections (i) through (v) of this definition.
 - (i) Assistive technology or adaptive devices that:
 - (A) Increase independence;
 - (B) Substitute for human assistance;
 - (C) Increase safety and welfare;
 - (D) Enhance perception, control and communication;
 - (ii) Assistive technology services to evaluate, consult, train, and provide technical assistance regarding assistive or adaptive devices;
 - (iii) Medical equipment and supplies within one of the following categories:
 - (A) Incontinence supplies such as reusable or disposable briefs, pullups, wipes, and underpads;
 - (B) Personal protective equipment;
 - (C) Bathroom and toileting equipment such as urinals, bedside commodes, raised toilet seats, toilet and tub rails, bath and shower stools; and chairs and benches, including transfer benches and rolling shower chairs;
 - (D) Blood pressure monitoring devices;
 - (E) Over the counter non-custom surgical stockings; and
 - (F) Grab bars for use anywhere in the home;
 - (iv) Specialized equipment and supplies, including non-medical goods that increase the ability to perform activities of daily living that provide remedial benefit; and
 - (v) Vehicle modifications that are necessary to accommodate a disability;
 - (vi) Excluded from adaptive equipment and technology are:
 - (A) Any item purchased for recreational purposes;
 - (B) Software, game applications, or gift cards;
 - (C) Exercise equipment;
 - (D) Pressure reducing support surfaces;
 - (E) Hospital beds, including their accessories and other positioning devices;
 - (F) Patient lifts and transfer devices;
 - (G) Wound care supplies;
 - (H) Diabetic equipment and supplies;
 - (I) Nutrition equipment and supplies;
 - (J) Orthotic equipment and supplies;
 - (K) Ostomy supplies;
 - (L) Respiratory equipment and supplies;
 - (M) Transcutaneous electrical nerve stimulation (TENS) systems;
 - (N) Mobility aids, including but not limited to crutches, canes, gait trainers, and walkers, as well as their accessories and replacement materials;

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- (O) Wheelchairs and their accessories and replacement materials;
 - (P) Eyeglasses and hearing aids;
 - (Q) Therapy or service animals and their related expenses; and
 - (R) Experimental or investigational medical devices or drugs.
- (b) “Adult day services” means adult day care or adult day health.
- (i) “Adult day care” means a program that provides the services under [WAC 388-71-0704](#).
 - (ii) “Adult day health” means a program that provides the services under [WAC 388-71-0706](#).
- (c) “Adult family home services” means services provided in a home-like residential setting where two to eight adults live and receive personal care, special care, room and board under [chapter 70.128 RCW](#) and [chapter 388-76 WAC](#).
- (d) “Assisted living services” means services provided in a residential setting where seven or more adults live and receive basic services for their safety and well-being under [chapter 18.20 RCW](#) and [chapter 388-78A WAC](#).
- (e) “Care transition coordination” means services that provide comprehensive discharge planning and coordination of health care services for up to 60 days after being discharged from a hospital or nursing home with the goal of avoiding preventable poor outcomes as beneficiaries return home.
- (f) “Dementia and behavior supports” means behavioral health services to create a behavior support plan.
- (g) “Education and consultation” means non-medical skills training for eligible beneficiaries and their paid and unpaid caregivers related to an eligible beneficiary’s diagnoses and chronic health issues to support managing their activities of daily living, behavior, health, and wellness.
- (h) “Environmental modification” means alterations to a residence that are medically necessary to accommodate an eligible beneficiary’s disability and promote functional independence, health, welfare, and safety. Environmental modifications include, but are not limited to, installing grab bars, building ramps, widening doorways, and remodeling bathrooms.
- (i) “Home delivered meals” means nutritionally balanced meals prepared and delivered to an eligible beneficiary’s home. Home delivered meals includes, but is not limited to, box meals, pre-packaged meals, and hot meals, and must be from a provider that meets the requirements of [chapter 246-215 WAC](#).
- (j) “Home safety evaluation” means an assessment of a home to identify and reduce potential hazards to minimize or prevent injury and improve accessibility in the home.
- (k) “In-home personal care” means assistance with activities of daily living and instrumental activities of daily living provided to a person in their own home.
- (l) “Memory care” means a service provided in an adult family home or an assisted living facility that provides specialized, long-term care for individuals with memory loss, and where staff have completed specialty training established in [WAC 388-112A-0400](#) through [WAC 388-112A-0495](#) prior to providing services. Memory care may also be provided in a nursing home that has provided initial and ongoing training to staff prior to providing services pursuant to [WAC 388-97-1040](#).
- (m) “Nursing home services” means long-term care or custodial services provided in one of the following settings:

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- (i) A setting that operates or maintains facilities providing convalescent or chronic care, or both, consistent with [chapter 18.51 RCW](#), for a period in excess of 24 consecutive hours for three or more patients who are not related by blood or marriage to the operator; and who, by reason of illness or infirmity, are unable to properly care for themselves; or
- (ii) A swing bed in a critical access hospital to provide post-acute nursing services, where "swing bed" is defined under [WAC 246-310-410](#) and "critical access hospital" is defined under [WAC 182-550-2598](#).
- (iii) Excluded from nursing home services is medically necessary care provided in a skilled nursing facility that requires a licensed medical practitioner to perform, including, but not limited to:
 - (A) Rehabilitation services such as physical or occupational therapy; and
 - (B) Skilled nursing services such as wound care, intravenous injections and catheter care.
- (n) "Personal emergency response system" means a service to secure help in an emergency through an electronic device programmed to signal a response center that is staffed by trained professionals who immediately summon help. Personal emergency response systems are limited to basic systems, global positioning systems, medication reminders, and fall detections.
- (o) "Professional nursing services" means one or more of the following services:
 - (i) "Skilled nursing" means a short-term intermittent treatment of a chronic condition, or the treatment of chronic, stable, long-term conditions where the treatment cannot be delegated or self-directed. Excluded from skilled nursing services are medically necessary treatments for acute care.
 - (ii) "Nurse delegation" means specific nursing tasks assigned by a registered nurse to a nursing assistant certified pursuant to [chapter 18.88A RCW](#) or home care aide certified pursuant to [chapter 18.88B RCW](#). Nurse delegation must be performed pursuant to [RCW 18.79.260](#).
 - (iii) "Private duty nursing" means in-home skilled nursing care to a person who would otherwise be served in a medical institution. A person receiving private duty nursing is dependent on a technology modality, including mechanical ventilation, complex respiratory support, tracheostomy, intravenous or parenteral, administration of medication, or intravenous administration of nutritional substances.
- (p) "Respite for family caregivers" means a short-term service that allows family caregivers time for self-care while the eligible beneficiary is cared for by an in-home service provider, or in the community by an adult day service provider, adult family home, assisted living facility, or nursing home.
- (q) "Services that assist paid and unpaid family members caring for eligible individuals" means chore-like tasks typically done by family members, including housework, errands, yardwork, and snow removal.
- (r) "Transportation" means services that support the ability to travel to the grocery store; medical appointments; social services; and therapeutic activities that support mental health, physical health, or well-being. Services include, but are not limited to, trip or mileage reimbursement, bus passes, taxi scripts, and ferry tickets.

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- (3) “Area agency on aging” means an agency, other than a state agency, designated by the department to carry out programs or services approved by the department in a designated geographical area of the state.
- (4) “Benefit unit” has the same meaning as defined in [RCW 50B.04.010](#).
- (5) “Care needs assessment” means an evaluation of a person’s ability to complete activities of daily living by the department or its designee.
- (6) “Custodial services” means long-term, non-medical care for individuals who need assistance with activities of daily living due to aging, disability, or chronic medical condition.
- (7) “Department” means the department of social and health services.
- (8) “Eligible beneficiary” has the same meaning as defined in [RCW 50B.04.010](#).
- (9) “Eligibility determination” means the results of determining whether a person is an eligible beneficiary.
- (10) “Evidence-based program provider” means a type of entity that provides the approved service of care transition coordination or education and consultation, and whose programs have been rigorously tested in controlled settings, proven effective, and translated into practical models.
- (11) “In-state applicant” means an individual who resides in Washington state, is applying to become an eligible beneficiary, and is expected to receive services in Washington state.
- (12) “Instrumental activities of daily living” means one or more of the following: essential shopping, meal preparation, ordinary housework, telephone use, travel to medical services, and wood supply.
 - (a) “Essential shopping” means how brief, occasional trips in the local area to shop for food, medical necessities, and household items required for health, maintenance, or well-being was completed to meet health and nutritional needs occurred.
 - (b) “Meal preparation” means how meal planning, cooking, assembling ingredients, setting out food or utensils, and cleaning up after meals occurred;
 - (c) “Ordinary housework” means how routine household chores were performed;
 - (d) “Telephone use” means how dialing, answering, and comprehending spoken information on the telephone occurred;
 - (e) “Travel to medical services” means travel by vehicle to a physician's office or clinic in the local area to obtain medical diagnosis or treatment. This travel includes driving a vehicle or traveling as a passenger in a vehicle; and
 - (f) “Wood supply” means how wood or pellets are prepared when the eligible beneficiary uses wood, pellets, or both, as the only source of fuel for heating or cooking.
- (13) “Level of assistance” means the amount and type of care a person needs to perform activities of daily living.
- (14) “Licensed practical nurse” means an individual licensed pursuant to [chapter 18.79 RCW](#) and meets the definition of licensed practical nurse pursuant to [RCW 18.79.060](#).
- (15) “Long-term services and supports” means services and goods purchased which support quality of life and the ability to perform activities of daily living and instrumental activities of daily living at an eligible beneficiary’s own home, in the community, in residential settings, and nursing homes; and
 - (a) Supports the eligible beneficiary’s welfare, independence, and wellbeing; and
 - (b) Does not replace services and goods otherwise available under medical insurance.

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- (16) “Long-term services and supports provider applicant” means any individual, firm, partnership, corporation, company, association, joint stock association, or any other legal or commercial entity that is applying to become a long-term services and supports provider.
- (17) “Long-term services and supports provider” has the same meaning as defined in [RCW 50B.04.010](#).
- (18) “Own home” means the present or intended place of residence for the eligible beneficiary:
 - (a) In a building that is rented and the rental is not contingent upon the purchase of services for assistance with activities of daily living and instrumental activities of daily living;
 - (b) In a building that is owned by the eligible beneficiary;
 - (c) In an established residence of a relative of the eligible beneficiary; or
 - (d) In the home of another where rent is not charged and residence is not contingent upon the purchase of services for assistance with activities of daily living and instrumental activities of daily living.
- (19) “Qualified individual” has the same meaning as defined in [RCW 50B.04.010](#).
- (20) “Registered nurse” means an individual licensed pursuant to [chapter 18.79 RCW](#) and meets the definition of registered nursing practice pursuant to [RCW 18.79.040](#).

Beneficiary Eligibility Determinations

WAC 388-116-2010 Application for benefits

- (1) To apply for benefits, an in-state applicant must submit an application to the department and undergo a care needs assessment.
- (2) When an in-state applicant applies for benefits, they must provide information sufficient for the department to determine the identity of the in-state applicant and to schedule a care needs assessment, including but not limited to:
 - (a) Legal name;
 - (b) Date of birth;
 - (c) Residential city and state;
 - (d) Documentation of identity; and
 - (e) Contact information.

WAC 388-116-2020 Eligibility determination for in-state applicants

- (1) For the purposes of this section “activities of daily living” means bathing, bed mobility, eating, medication management, mobility, toileting, and transferring.
- (2) Levels of assistance for in-state applicants for the purposes of eligibility means supervision, limited assistance, extensive assistance, or total dependence. A person’s performance of bed mobility, eating, medication management, mobility, toileting, and transferring will be evaluated using a seven-day look back period from the date of the care needs assessment. Each activity of daily living is evaluated based on functional or cognitive limitations using the following levels of assistance:
 - (a) Bathing, bed mobility, eating, mobility, toileting, transferring:
 - (i) No assistance: The person required no assistance to complete the activity of daily living;
 - (ii) Supervision: The person completed the activity of daily living and required monitoring, cueing, or set-up assistance;

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- (iii) Limited assistance: The person completed the activity of daily living, was involved in the activity of daily living; and received guided (non-weight bearing) assistance from their provider;
 - (iv) Extensive assistance: The person completed the activity of daily living and performed only part of the activity and received physical assistance (weight bearing) from their provider to complete the activity;
 - (v) Total Dependence: The person did not participate at all in the completion of the activity and relied on their provider to complete the activity;
 - (vi) Did not occur or no provider: The activity of daily living did not occur because no provider was available to assist, support, or cue the person; or the activity was completed with great difficulty without a provider;
 - (vii) Declined to answer: The person chose not to provide information about their activities of daily living; or
 - (viii) Unable to answer: The person was unable to provide information about their activities of daily living during.
- (b) For medication management:
- (i) No assistance: The person required no assistance with medication management;
 - (ii) Assistance required: The person required reminding or prompting to take medication, opening the container, or placing the medication in the person's hand.
 - (iii) Must be administered: the person required the medication to be placed in their mouth, applied or instilled to the skin or mucous membrane. Administration must be performed by a licensed professional or be delegated by a registered nurse to a qualified caregiver as specified in [WAC 246-840-910](#). Administration may also be done by a family member or an unpaid caregiver;
 - (iv) Declined to answer: The person chose not to provide information about their medication management; or
 - (v) Unable to answer: The person was unable to provide information about their medication management.
- (3) In-state applicants are determined eligible for the receipt of benefits when they:
- (a) Are age 18 or older;
 - (b) Have not exhausted lifetime limit of benefit units;
 - (c) Have been determined to be a qualified individual by the employment security department;
 - (d) Complete a care needs assessment that indicates they need assistance with at least three activities of daily living, and their need for assistance with at least three activities of daily living is expected to last for at least 90 days.
- (4) The assessor will consider the following factors to predict whether an individual's need for assistance is expected to last at least 90 days. The factors below could indicate a person's need for assistance is ongoing, and not temporary:
- (a) Diagnosis of a chronic condition or prognosis of a condition impacting activities of daily living that is likely to last longer than 90 days;
 - (b) Terminal illness, hospice, or palliative care;
 - (c) Home-based assistance received from family, friends, or paid providers within the last month; or
 - (d) Care in a residential setting.

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- (5) The in-state applicant or their legal representative is responsible for providing information required to determine eligibility.
- (6) The in-state applicant or their legal representative may request the department obtain medical records with written consent.
- (7) A beneficiary must receive a new eligibility determination if there have been no claims paid from the person's benefit balance for twelve consecutive months to keep the account active.
- (8) The department will provide in-state applicants with a notice of benefit determination in writing within 45 days from the date the department received the contribution determination completed under [Title 192 WAC](#) by employment security department.

Requirements to Provide Approved Services

WAC 388-116-3010 Registration and operational standards

Prior to delivering approved services to an eligible beneficiary and receiving payment for services delivered under this chapter, the provider must:

- (1) Be registered by the department pursuant to the requirements of this chapter; and
- (2) Be contracted for WA Cares payment by the department or an Area Agency on Aging pursuant to [chapter 39.26 RCW](#).
- (3) Receive a beneficiary approved pre-authorization for services from a department authorized payment system.

WAC 388-116-3020 Minimum qualifications

To become a long-term services and supports provider who provides services in Washington state, a person or entity seeking to provide long-term services and supports under this chapter must meet the following minimum qualifications:

- (1) Comply with [chapter 50B.04 RCW](#), this chapter, and other applicable federal, state, and local laws and regulations, including, but not limited to, [chapter 74.34 RCW](#), [chapter 70.129 RCW](#), and [chapter 49.60 RCW](#).
- (2) Comply with background check requirements under WAC 388-116-3030.
- (3) Have not had a DSHS contract terminated for default.
- (4) Hold all current licenses, certifications, credentials, trainings, and authorizations identified for the following types of approved services they are seeking to provide or are registered to provide, which are not suspended or revoked. Providers seeking to furnish multiple types of approved services must meet the requirements applicable to each approved service:
 - (a) Adaptive equipment and technology: Business license pursuant to [chapter 19.02 RCW](#).
 - (b) Adult day services:
 - (i) Adult day care providers: Providers must meet the requirements applicable to private pay providers as described under [WAC 388-71-0702\(2\)](#). The requirements include:
 - (a) [WAC 388-71-0704](#), but the services do not need to meet the level of care needed by the client as assessed by the department case manager;

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- (b) [WAC 388-71-0723](#);
 - (c) [WACs 388-71-0736 through 388-71-0740](#);
 - (d) [WAC 388-71-0744](#), but the individual client file does not need to include the department-authorized service plan and service authorization;
 - (e) [WAC 388-71-0746](#), but the provider does not need to comply with documentation requirements under [WAC 182-502-0020](#);
 - (f) [WAC 388-71-0748 through 388-71-0752](#);
 - (g) [WAC 388-71-0754](#), except subsections (6) and (7); and
 - (h) [WACs 388-71-0760 through 388-71-0774](#).
- (ii) Adult day health providers: Providers must meet the requirements applicable to private pay providers as described under [WAC 388-71-0702\(2\)](#). The requirements include:
- (a) [WAC 388-71-0704](#), but the services do not need to meet the level of care needed by the client as assessed by the department case manager;
 - (b) [WAC 388-71-0706](#);
 - (c) [WAC 388-71-0714](#);
 - (d) [WAC 388-71-0723](#);
 - (e) [WACs 388-71-0736 through 388-71-0740](#);
 - (f) [WAC 388-71-0744](#), but the individual client file does not need to include the department-authorized service plan and service authorization;
 - (g) [WAC 388-71-0746](#), but the provider does not need to comply with documentation requirements under [WAC 182-502-0020](#);
 - (h) [WAC 388-71-0748 through 388-71-0752](#);
 - (i) [WAC 388-71-0754](#), except subsections (6) and (7); and
 - (j) [WACs 388-71-0760 through 388-71-0774](#).
- (c) Adult family home service providers:
- (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Adult family home license pursuant to [chapter 70.128 RCW](#) and [chapter 388-76 WAC](#).
- (d) Assisted living facility service providers:
- (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Assisted living facility license pursuant to [chapter 18.20 RCW](#) and [chapter 388-78A WAC](#).
- (e) Care transition coordination service providers:
- (i) Must be a:
 - (A) Government agency; or
 - (B) Organization approved as a non-profit [501\(c\)\(3\)](#) by the Internal Revenue Service; or
 - (C) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Be a:
 - (A) Health home care coordination organization contracted with a health home lead entity that employs nurses with the applicable license; or
 - (B) Home health agency license pursuant to [chapter 70.127 RCW](#); or
 - (C) Evidence-based program provider that meets the affiliated organization's requirements to provide care transition coordination including, but not limited to, Care Transitions Interventions®, Transitional Care Model, and Project RED (Re-engineered Discharge).
- (f) Dementia and Behavioral supports service providers:

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- (i) Business license pursuant to [chapter 19.02 RCW](#); and
- (ii) Have one of the following:
 - (A) Certified behavioral health agency license pursuant to [chapter 71.24 RCW](#); or
 - (B) Agency affiliated counselor license pursuant to [chapter 18.19 RCW](#); or
 - (C) Certified advisor license pursuant to [chapter 18.19 RCW](#); or
 - (D) Certified counselor license pursuant to [chapter 18.19 RCW](#); or
 - (E) Hypnotherapist license pursuant to [chapter 18.19 RCW](#); or
 - (F) Licensed behavior analyst license pursuant to [chapter 18.380 RCW](#); or
 - (G) Licensed assistant behavior analyst license pursuant to [chapter 18.380 RCW](#); or
 - (H) Certified behavior technician license pursuant to [chapter 18.380 RCW](#); or
 - (I) Licensed marriage and family therapist license pursuant to [chapter 18.225 RCW](#); or
 - (J) Licensed marriage and family therapist associate license pursuant to [chapter 18.225 RCW](#); or
 - (K) Licensed mental health counselor license pursuant to [chapter 18.225 RCW](#); or
 - (L) Licensed mental health counselor associate license pursuant to [chapter 18.225 RCW](#); or
 - (M) Licensed social worker license pursuant to [chapter 18.225 RCW](#); or
 - (N) Licensed social worker associate license pursuant to [chapter 18.225 RCW](#); or
 - (O) Licensed psychologist license pursuant to [chapter 18.83 RCW](#).
- (g) Education and consultation service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have or be one of the following:
 - (A) Registered nurse license pursuant to [chapter 18.79 RCW](#); or
 - (B) Licensed practical nurse license pursuant to [chapter 18.79 RCW](#); or
 - (C) Certified dietician license pursuant to [chapter 18.138 RCW](#); or
 - (D) Certified nutritionist license pursuant to [chapter 18.138 RCW](#); or
 - (E) Licensed physical therapist license pursuant to [chapter 18.74 RCW](#); or
 - (F) Licensed occupational therapist license pursuant to [chapter 18.59 RCW](#); or
 - (G) Licensed home health agency license pursuant to [chapter 70.127 RCW](#); or
 - (H) Licensed home care agency license pursuant to [chapter 70.127 RCW](#); or
 - (I) Community college programs license pursuant to [chapter 28B.50 RCW](#); or
 - (J) Behavioral health agency license pursuant to [chapter 71.24 RCW](#); or
 - (K) Licensed pharmacist license pursuant to [chapter 18.64 RCW](#); or
 - (L) Evidence-based program provider that meets the affiliated organization's requirements to provide education and consultation services including, but not limited to, Chronic Disease Self-Management Programs, EnhanceWellness, EnhanceFitness, Program to Encourage Active and Rewarding Lives for Seniors, Star-C Program, Powerful Tools for Caregivers, and Community Aging in Place—Advancing Better Living for Elders; or
 - (M) Recognized centers for independent living pursuant to [45 CFR Part 1329](#); or
 - (N) Licensed music therapist license pursuant to [chapter 18.233 RCW](#); or
 - (O) Registered recreational therapist license pursuant to [chapter 18.230 RCW](#); or

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- (P) Health home care coordination organization contracted with a health home lead entity with the applicable license and is recognized pursuant to the [Social Security Act §1945](#); or
- (Q) Learning management systems and community instructors that meet department training and continuing education requirements pursuant to [chapter 388-112A WAC](#).
- (h) Environmental modification service providers:
 - (i) Must be a:
 - (A) Non-profit [501\(c\)\(3\)](#) organization approved by the Internal Revenue Service and is bonded and insured; or
 - (B) Business licensed pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have a contractor registration pursuant to [chapter 18.27 RCW](#).
- (i) Home delivered meals service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Food establishment permit pursuant to [chapter 43.20 RCW](#).
- (j) Home safety evaluation service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have one of the following:
 - (A) Home health agency license pursuant to [chapter 70.127 RCW](#); or
 - (B) Occupational therapist license pursuant to [chapter 18.59 RCW](#), or
 - (C) Physical therapist license pursuant to [chapter 18.74 RCW](#).
- (k) In-home personal care providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Consumer directed employer contract pursuant to [chapter 74.39A RCW](#); or
 - (iii) Home care agency license pursuant to [chapter 70.127 RCW](#) for a minimum of three consecutive years, providing long-term services and supports to in-home clients, as well as:
 - (A) Have no significant licensing deficiencies during the three-year period prior to registration. For the purposes of this requirement, significant means deficiencies related to standards of care, and beneficiary or client health and safety that result in enforcement action by the department of health; and
 - (B) Use electronic visit verification to document in-home visits.
- (l) Memory care service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have one of the following:
 - (A) Adult family home license pursuant to [chapter 70.128 RCW](#); or
 - (B) Assisted living facility license pursuant to [chapter 18.20 RCW](#); or
 - (C) Nursing home license pursuant to [chapter 18.51 RCW](#).
- (m) Nursing home service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have one of the following:
 - (A) Nursing home license pursuant to [chapter 18.51 RCW](#) and [chapter 388-97 WAC](#); or
 - (B) Critical access hospital license pursuant to [42 U.S.C. 1895i-4](#) and [chapter 70.38 RCW](#).
- (n) Personal emergency response system providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and

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- (ii) System must be approved by the Federal Communications Commission. Approval will be determined by the system's FCC ID label being documented in the FCC Equipment Authorization database;
- (iii) System must meet the Underwriters Laboratories solutions or Intertek Electronic Testing Laboratories standards for home health care signaling equipment. The UL or ETL listing mark on the equipment will be accepted as evidence of the equipment's compliance with UL or ETL standards.
- (o) Professional nursing service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have one of the following:
 - (A) Registered nurse license pursuant to [chapter 18.79 RCW](#); or
 - (B) Licensed practical nurse license pursuant to [chapter 18.79 RCW](#); or
 - (C) Home health agency license pursuant to [chapter 70.127 RCW](#); or
 - (D) Health home care coordination organization contract with a health home lead entity that employs nurses with the applicable license.
- (p) Respite for family caregivers service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Have or be one of the following:
 - (A) Adult family home license pursuant to [chapter 70.128 RCW](#); or
 - (B) Assisted living facility license pursuant to [chapter 18.20 RCW](#); or
 - (C) Consumer directed employer contract pursuant to [chapter 74.39A RCW](#); or
 - (D) Home care agency license pursuant to [chapter 70.127 RCW](#), and meet the minimum qualifications identified in (k)(iii); or
 - (E) Nursing home license pursuant to [chapter 18.51 RCW](#); or
 - (F) Adult day care provider under (3)(b)(1) of this section.
- (q) Services that assist paid and unpaid family caregivers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) One year legally operating as a business in the State of Washington.
- (r) Transportation service providers:
 - (i) Business license pursuant to [chapter 19.02 RCW](#); and
 - (ii) Driver license pursuant to [chapter 46.20 RCW](#); and
 - (iii) Have one of the following:
 - (A) Auto transportation company certification pursuant to [chapter 81.68 RCW](#); or
 - (B) Private, non-profit transportation provider certification pursuant to [chapter 81.66 RCW](#).

WAC 388-116-3030 Background checks for long-term services and supports provider applicants

- (1) Subsection (2) of this section applies to the following long-term services and supports provider applicants of these approved services:
 - (a) Adaptive equipment and technology;
 - (b) Adult day services (adult day care and adult day health);

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- (c) Care transition coordination;
 - (d) Dementia supports;
 - (e) Education and consultation;
 - (f) Environmental modifications;
 - (g) Home delivered meals;
 - (h) Home safety evaluation;
 - (i) In-home personal care – (home care agencies and the consumer directed employer);
 - (j) Personal emergency response system;
 - (k) Professional services;
 - (l) Services that assist paid and unpaid family members caring for eligible individuals; and
 - (m) Transportation.
- (2) Entity owners and contract signatories for the approved services listed under subsection (1) of this section must pass a DSHS background check as required under:
- (a) [RCW 43.20A.710](#) subsection (1)(c) or (1)(d) as applicable; and
 - (b) [Chapter 388-113 WAC](#). Notwithstanding any limitations to provider type or program, this chapter applies to long-term services and supports provider applicants.
- (3) Adult family home services long-term services and supports provider applicants must pass a background check as required under chapters [70.128 RCW](#) and [388-76 WAC](#).
- (4) Assisted living facility services long-term services and supports provider applicants must pass a background check as required under [chapters 18.20 RCW](#) and [388-78A WAC](#).
- (5) Memory care long-term services and supports provider applicants must pass a background check under the applicable licensing statutes and regulations:
- (a) Adult family home – subsection (3) of this section;
 - (b) Assisted living facility – subsection (4) of this section; or
 - (c) Nursing home – subsection (6) of this section.
- (6) Nursing home services long-term services and supports provider applicants must pass a background check as required under chapters [18.51 RCW](#) and [388-97 WAC](#).
- (7) Respite for family caregiver long-term services and supports provider applicants must pass a background check applicable to their provider type:
- (a) Home care agency – subsection (2) of this section;
 - (b) Individual provider – subsection (8) of this section;
 - (c) Adult family home – subsection (3) of this section;
 - (d) Assisted living facility – subsection (4) of this section;
 - (e) Nursing home – subsection (6) of this section; or
 - (f) Adult day care – subsection (1)(b) of this section.
- (10) If any individual required to complete a background check under this section provides verification that an equivalent background check was completed within 90 days before the date of application and it is non-disqualifying, that individual is not required to complete another background check under this section.

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WAC 388-116-3040 Provider registration application

- (1) A long-term services and supports provider applicant must:
 - (a) Complete and submit a registration application as directed and required by the department;
 - (b) Submit additional application information requested by the department or the area agency on aging within 30 calendar days of the first request for information; and
 - (c) Complete the registration process within 90 calendar days of the initial application submission date or have made good faith effort to complete the registration process within 90 days.
- (2) Long-term services and supports provider applicants must be responsive to the department or the area agency on aging assigned to process the application.
- (3) Long-term services and supports provider applicants may withdraw their application at any time for any reason prior to the department issuing a registration. If a long-term services and supports provider applicant chooses to withdraw a registration application, the withdrawal is not subject to appeal under [chapter 34.05 RCW](#).
- (4) Long-term services and supports provider applicants will receive notice of a registration determination by the department in writing.

WAC 388-116-3050 Provider registration application denial

- (1) The department may deny a registration application when the department determines the long-term services and supports provider applicant does not:
 - (a) Meet the requirements of WAC 388-116-3010; or
 - (b) Meet the requirements in WAC 388-116-3020.
- (2) The department will notify the long-term services and supports provider applicant in writing when a denial decision has been made and include the following in the notification:
 - (a) Date of denial;
 - (b) Reason for denial;
 - (c) How to contact the department with questions; and
 - (d) Instructions on how to appeal the denial decision.

WAC 388-116-3060 Discontinuing provider registration

The department may discontinue a long-term services and supports provider's registration when:

- (1) The long-term services and supports provider submits a written request to discontinue their registration;
- (2) The department determines the provider no longer meets operational standards required under WAC 388-116-3010; or
- (3) The department determines the provider no longer meets minimum qualifications required under WAC 388-116-3020.