



PROPOSED RULE MAKING

CR-102 (June 2024)
(Implements RCW 34.05.320)
Do NOT use for expedited rule making

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FILED

DATE: July 22, 2025

TIME: 2:21 PM

WSR 25-15-142

Agency: Health Care Authority

☒ **Original Notice**

☐ **Supplemental Notice to WSR** _____

☐ **Continuance of WSR** _____

☒ **Preproposal Statement of Inquiry was filed as WSR 24-15-086 ; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR** _____; or

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW** _____.

Title of rule and other identifying information: (describe subject) WAC 182-551-2010 -Definitions, 182-551-2100 - Skilled nursing services, 182-551-2130 - Noncovered services, 182-553-300 – Home infusion therapy and parenteral nutrition program – Client eligibility and assignment, 182-553-400 Home infusion therapy and parenteral nutrition program – Provider requirements

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
August 26, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_8Nt1PNm-Tf-leJnRVSYXPg If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: Not sooner than August 27, 2025 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email arc@hca.wa.gov

Fax 360-586-9727

Other

Beginning (date and time) July 23, 2025, 8:00 AM

By (date and time) August 26, 2025 by 11:59 PM

Assistance for persons with disabilities:

Contact HCA Rules Coordinator

Phone 360-725-1349

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email arc@hca.wa.gov

Other

By (date) August 9, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is revising these rules to allow for reimbursements of professional services for home infusions and to make other related changes. The proposed rules:

- * Clarify that home health aide services are delegated by a registered nurse
- * Clarify that home health skilled services must be provided by a Medicare-certified home health agency
- * Identify who may receive reimbursement for providing home health skilled nursing services
- * Allow providers with prescribing authority to order home infusions and manage a client's home infusion care
- * Clarify that a person with a functioning gastrointestinal tract is eligible for parenteral nutrition services when the services are medically necessary
- * Clarify that providers must be enrolled with the agency with a signed core provider agreement or as a servicing provider
- * Provide that the client's lab values must be part of the client's file as suggested by accepted standards of care or professional society recommendations.

Reasons supporting proposal: See Purpose			
Statutory authority for adoption: RCW 41.05.021, 41.05.160			
Statute being implemented: RCW 41.05.021, 41.05.160			
Is rule necessary because of a: Federal Law? Federal Court Decision? State Court Decision? ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No			
If yes, CITATION:			
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None			
Name of proponent: (person or organization) Health Care Authority Type of proponent: ☐ Private. ☐ Public. ☒ Governmental.			
Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting	Melinda Froud	PO Box 42716, Olympia, WA 98504-2716	360-725-1408
Implementation	Fawn Ross	PO Box 45502, Olympia, WA 98504-5502	360-725-1611
Enforcement	Fawn Ross	PO Box 45502, Olympia, WA 98504-5502	360-725-1611
Is a school district fiscal impact statement required under RCW 28A.305.135? ☐ Yes ☒ No If yes, insert statement here:			
The public may obtain a copy of the school district fiscal impact statement by contacting: Name Address Phone Fax TTY Email Other			
Is a cost-benefit analysis required under RCW 34.05.328? ☐ Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name Address Phone Fax TTY Email Other ☒ No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.			
Regulatory Fairness Act and Small Business Economic Impact Statement Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.			
(1) Identification of exemptions: This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA . Please check the box for any applicable exemption(s): ☐ This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description: ☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.			

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)

(Internal government operations)

☐ [RCW 34.05.310](#) (4)(c)

(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(d)

(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(e)

(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(f)

(Set or adjust fees)

☐ [RCW 34.05.310](#) (4)(g)

((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW ____.

Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: *Check one.*

☐ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☒ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☒ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The rules primarily clarify information relating to home health skilled nursing services and do not impose more-than-minor costs on small businesses.

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name

Address

Phone

Fax

TTY

Email

Other

Date: July 22, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-551-2010 Definitions. The following definitions and abbreviations and those found in chapter 182-500 WAC apply to subchapter II:

"Acute care" means care provided by a home health agency for clients who are not medically stable or have not attained a satisfactory level of rehabilitation. These clients require frequent intervention by a registered nurse or licensed therapist.

"Authorized practitioner" means:

(a) A physician, nurse practitioner, clinical nurse specialist, or physician assistant who may order and conduct home health services, including face-to-face encounter services; or

(b) A certified nurse midwife under 42 C.F.R. 440.70 when furnished by a home health agency that meets the conditions of participation for medicare who may conduct home health services, including face-to-face encounter services.

"Brief skilled nursing visit" means a registered nurse, or a licensed practical nurse under the supervision of a registered nurse, performs only one of the following activities during a visit to a client:

- (a) An injection;
- (b) Blood draw; or
- (c) Placement of medications in containers.

"Chronic care" means long-term care for medically stable clients.

"Electronic visit verification (EVV)" means, with respect to home health services, a system under which in-home visits conducted as part of delivery of such services are electronically verified with respect to:

- (a) The type of service performed;
- (b) The individual receiving the service;
- (c) The date of the service;
- (d) The location of service delivery;
- (e) The individual providing the service; and
- (f) The time the service begins and ends.

"Full skilled nursing visit" means a registered nurse, or a licensed practical nurse under the supervision of a registered nurse, performs one or more of the following activities during a visit to a client:

- (a) Observation;
- (b) Assessment;
- (c) Treatment;
- (d) Teaching;
- (e) Training;
- (f) Management; and
- (g) Evaluation.

"Home health agency" means an agency or organization that attests to the satisfaction of the medicaid agency that it meets the requirements for participation in medicare or is certified under the medicare program to provide comprehensive health care on an intermittent or part-time basis to a patient in any setting where the patient's normal life activities take place.

"Home health aide" means a person registered or certified as a nursing assistant under chapter 18.88 RCW who, under the direction and

supervision of a registered nurse or licensed therapist, assists in the delivery of nursing or therapy related activities, or both.

"Home health aide services" means services ~~((provided by a home health aide only when a client has an acute, intermittent, short-term need for the services of a registered nurse, physical therapist, occupational therapist, or speech therapist who is employed by or under contract with a home health agency. These services are provided under the supervision of the previously identified authorized practitioners and include, but are not limited to,))~~ such as ambulation and exercise, bathing, assistance with self-administered medications, reporting changes in a client's condition and needs, ((and)) completing appropriate records, and other duties delegated by a registered nurse.

"Home health skilled services" means skilled health care (nursing, specialized therapy, and home health aide) services provided on an intermittent or part-time basis by a medicare-certified home health agency. See also WAC 182-551-2000. Home health skilled services do not include self-administered services or services provided by a trained caregiver.

"Long-term care" is a generic term referring to various programs and services, including services provided in home and community settings, administered directly or through contract by the department of social and health services' (DSHS) ~~((division of))~~ developmental ((disabilities (DDD) or aging and long-term support administration (AL TSA))) disabilities community services (DDCS) or home and community living administration (HCLA) through home and community services (HCS).

"Medical social services" are services delivered by a medical social worker that are intended to resolve social or emotional problems that are expected to be an impediment to the effective treatment of the client's medical condition or rate of recovery.

"Medical social worker" has the same meaning given for "social worker" in WAC 246-335-510.

"Plan of care (POC)" (also known as **"plan of treatment (POT)"**) means a written plan of care that is established and periodically reviewed and signed by both an authorized practitioner and a home health agency provider. The plan describes the home health care to be provided in any setting where the client's normal life activities take place. See WAC 182-551-2210.

"Review period" means the three-month period the medicaid agency assigns to a home health agency, based on the address of the agency's main office, during which the medicaid agency reviews all claims submitted by that home health agency.

"Specialized therapy" means skilled therapy services provided to clients that include:

- (a) Physical;
- (b) Occupational; or
- (c) Speech/audiology services.

(See WAC 182-551-2110.)

"Telemedicine" - See WAC 182-501-0300 and 182-551-2125.

WAC 182-551-2100 Skilled nursing services. (1) The medicaid agency covers home health skilled nursing services up to service limitations without prior authorization. See WAC 182-501-0169 for information on limitation extension.

(2) The home health skilled nursing services must be furnished by a qualified provider in any setting where normal life activities take place.

(3) The medicaid agency pays for the following home health skilled nursing services, subject to program rules and the provisions in this section:

(a) Full skilled nursing services that require the skills of a registered nurse or a licensed practical nurse under the supervision of a registered nurse, if the services involve one or more of the following:

- (i) Observation;
- (ii) Assessment;
- (iii) Treatment;
- (iv) Teaching;
- (v) Training;
- (vi) Management; and
- (vii) Evaluation.

(b) A brief skilled nursing visit if only one of the following activities is performed during the visit:

- (i) An injection;
- (ii) Blood draw; or

(iii) Placement of medications in containers (e.g., envelopes, cups, medisets).

(c) Home infusion (~~(therapy only if the client:~~

~~(i) Is willing and capable of learning and managing the client's infusion care; or~~

~~(ii) Has a volunteer caregiver willing and capable of learning and managing the client's infusion care))~~ of medications or parenteral nutrition by providers appropriately trained to provide the services and acting within the scope of their license.

(d) Infant phototherapy for an infant diagnosed with hyperbilirubinemia:

(i) When provided by a medicaid agency-approved home health agency with an infant phototherapy provider; and

(ii) For up to five skilled nursing visits per infant.

(e) Limited high-risk obstetrical services:

(i) For a medical diagnosis that complicates pregnancy and may result in a poor outcome for the birth parent, unborn, or newborn;

(ii) For up to three home health visits per pregnancy if enrolled in or referred to a first steps maternity support services (MSS) provider. The visits are provided by a registered nurse who has either:

(A) National perinatal certification; or

(B) A minimum of one year of labor, delivery, and postpartum experience at a hospital within the last five years.

(4) The medicaid agency pays for up to two skilled nursing visits, per client, per day.

(5) Home health skilled nursing services do not include self-administered services and services administered by a trained caregiver.

(6) The agency does not reimburse for self-administered services or services administered by a trained caregiver, except for:

(a) Covered outpatient drugs, devices, and drug-related supplies, as described in WAC 182-530-2000; and

(b) Other supplies used to administer a drug.

AMENDATORY SECTION (Amending WSR 23-24-026, filed 11/29/23, effective 1/1/24)

WAC 182-551-2130 Noncovered services. (1) The medicaid agency does not cover the following home health services under the home health program:

(a) Chronic long-term care skilled nursing visits or specialized therapy visits for a medically stable client when a long-term care skilled nursing plan or specialized therapy plan is in place through the department of social and health services' ~~((aging and long-term support administration (ALTSA)))~~ home and community living administration (HCLA).

(i) Prior to ~~((ALTSA))~~ HCLA implementing a long-term care skilled nursing plan or specialized therapy plan, the medicaid agency may consider a short-term authorization of these services as an exception to rule (ETR); and

(ii) Any services authorized are subject to the provisions in this section and other applicable WAC.

(b) Social work services that are not "medical social services" as defined in WAC 182-551-2010 or listed as covered in WAC 182-551-2115.

(c) Psychiatric skilled nursing services.

(d) Prenatal and postpartum skilled nursing services, except as listed under WAC 182-551-2100.

(e) Well-baby follow-up care.

(f) Services performed in hospitals, correctional facilities, skilled nursing facilities, or a residential facility with skilled nursing services available.

(g) Health care for a medically stable client.

(h) Home health specialized therapies and home health aide visits for alien emergency medical (AEM) clients in the following programs:

(i) Categorically needy - Emergency medical only; and

(ii) Medically needy - Emergency medical only.

(2) The medicaid agency evaluates a request for home health services that are listed as noncovered, as defined by WAC 182-500-0020 and 182-500-0075:

(a) For a person age 21 and older, under WAC 182-501-0160;

(b) For a person age 20 and younger, under the early ~~((and))~~ periodic screening, diagnosis, and treatment (EPSDT) ~~((provisions in))~~ program; see chapter 182-534 WAC; and

(c) For a person age 19 or older that is under emergency related services only, under WAC 182-507-0120.

WAC 182-553-300 Home infusion therapy(~~(/)~~) and parenteral nutrition program—Client eligibility and assignment. (1) To receive home infusion therapy and parenteral nutrition, subject to the limitations and restrictions in this section and other applicable WAC, a person must be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060.

(2) Persons enrolled in an agency-contracted managed care organization (MCO) are eligible for home infusion therapy and parenteral nutrition through that plan.

(3) Persons eligible for home health program services may receive home infusion related services according to WAC 182-551-2000 through 182-551-3000.

(4) To receive home infusion therapy, a person must meet all the following requirements:

(a) Have a prescription written (~~((physician order))~~) by a provider with prescribing authority for all solutions and medications to be administered.

(b) (~~((Be able to manage their infusion in one of the following ways~~;

~~((i) Independently;~~

~~((ii) With a volunteer caregiver who can manage the infusion; or~~

~~((iii) By choosing to self-direct the infusion with a paid caregiver (see WAC 388-71-0580).~~

~~((e)))~~ Be clinically stable and have a condition that does not warrant hospitalization.

~~((d)))~~ (c) Agree to comply with the protocol established by the infusion therapy provider for home infusions. If the person is not able to comply, the person's caregiver may comply.

~~((e)))~~ (d) Consent, if necessary, to receive solutions and medications administered in the home through intravenous, enteral, epidural, subcutaneous, or intrathecal routes. If the person is not able to consent, the person's legal representative may consent.

~~((f)))~~ (e) Reside in a residence that has adequate accommodations for administering infusion therapy including:

(i) Running water;

(ii) Electricity;

(iii) Telephone access; and

(iv) Receptacles for proper storage and disposal of drugs and drug products.

(5) To receive parenteral nutrition, a person must meet the conditions in subsection (4) of this section and:

(a) Have one of the following that prevents oral or enteral intake to meet the person's nutritional needs:

(i) Hyperemesis gravidarum; or

(ii) An impairment involving the gastrointestinal tract that lasts three months or longer.

(b) Be unresponsive to medical interventions other than parenteral nutrition; and

(c) Be unable to maintain weight or strength.

(6) A person who has a functioning gastrointestinal tract is ~~((not))~~ eligible for parenteral nutrition program services when ~~((the need for parenteral nutrition is only due to~~;

~~(a) A swallowing disorder;~~
~~(b) Gastrointestinal defect that is not permanent unless the person meets the criteria in subsection (7) of this section;~~
~~(c) A psychological disorder (such as depression) that impairs food intake;~~
~~(d) A cognitive disorder (such as dementia) that impairs food intake;~~
~~(e) A physical disorder (such as cardiac or respiratory disease) that impairs food intake;~~
~~(f) A side effect of medication; or~~
~~(g) Renal failure or dialysis, or both))~~ those services are medically necessary.

(7) A person with a gastrointestinal impairment that is expected to last less than three months is eligible for parenteral nutrition only ~~((if))~~ when documented by a medical provider and when:

~~(a) ((The person's physician or appropriate medical provider has documented in the person's medical record the gastrointestinal impairment is expected to last less than three months;~~

~~(b))~~ The person meets all the criteria in subsection (4) of this section;

~~((e))~~ (b) The person has a written ~~((physician))~~ provider order that documents the person is unable to receive oral or tube feedings; ~~((and))~~ or

~~((d))~~ (c) It is medically necessary for the gastrointestinal tract to be totally nonfunctional for a period of time.

(8) A person is eligible to receive intradialytic parenteral nutrition (IDPN) solutions when:

(a) The parenteral nutrition is not solely supplemental to deficiencies caused by dialysis; and

(b) The person meets the criteria in subsection (4) and (5) of this section and other applicable WAC.

AMENDATORY SECTION (Amending WSR 15-15-152, filed 7/21/15, effective 8/21/15)

WAC 182-553-400 Home infusion therapy and parenteral nutrition program—Provider requirements. (1) Eligible providers of home infusion supplies and equipment and parenteral nutrition solutions must:

(a) ~~((Have))~~ Be enrolled with the agency with a signed core provider agreement ((with the medicaid agency)) or as a servicing provider; and

(b) Be one of the following provider types:

(i) Pharmacy provider;

(ii) Durable medical equipment (DME) provider; or

(iii) Infusion therapy provider.

(2) The agency pays eligible ~~((providers for))~~ home infusion providers for supplies and equipment and parenteral nutrition solutions only when the providers:

(a) Are able to provide home infusion therapy within their scope of practice;

(b) Have evaluated each client ~~((in collaboration with the client's physician, pharmacist, or nurse))~~ to determine whether home in-

fusion therapy and parenteral nutrition is an appropriate course of action;

(c) Have determined that the therapies prescribed and the client's needs for care can be safely met;

(d) Have assessed the client and obtained a written ((physician)) provider order for all solutions and medications administered to the client in the client's residence or in a dialysis center through intravenous, epidural, subcutaneous, or intrathecal routes;

(e) Meet the requirements in WAC 182-502-0020, including keeping legible, accurate, and complete client charts, and providing the following documentation in the client's medical file:

(i) For a client receiving infusion therapy, the file must contain:

(A) A copy of the written prescription for the therapy;

(B) The client's age, height, and weight; and

(C) The medical necessity for the specific home infusion service.

(ii) For a client receiving parenteral nutrition, the file must contain:

(A) All the information listed in (e)(i) of this subsection;

(B) Oral or enteral feeding trials and outcomes, if applicable;

(C) Duration of gastrointestinal impairment; and

(D) The monitoring and reviewing of the client's lab values:

(I) ((~~At the initiation of therapy~~)) As suggested by accepted standards of care or professional society recommendations; and

(II) ((~~At least once per month; and~~

~~+(III))~~)) When the client, the client's lab results, or both, are unstable.