



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017)
(Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 09, 2025

TIME: 10:29 AM

WSR 25-19-039

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

☒ 31 days after filing.

☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

☐ Yes ☒ No If Yes, explain:

Purpose: The agency added a new subchapter III, titled Medical Respite Program, under Chapter 182-565 WAC Health-Related Social Needs (HRSN) program. This program provides medical respite care for individuals with significant health needs. The program serves individuals with significant behavioral health needs and medical issues who do not require hospitalization but are unable to provide adequate self-care for their medical conditions. The program prioritizes services to individuals with complex medical and behavioral health issues who are homeless or who were recently discharged from a hospital setting.

Citation of rules affected by this order:

New: 182-565-0300, 182-565-0310, 182-565-0320, 182-565-0330, 182-565-0340, 182-565-0350, 182-565-0360, 182-565-0370, 182-565-0380, 182-565-0390

Repealed:

Amended:

Suspended:

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160

Other authority: [ESSB 5187, 68th Legislature, 2023, Regular Session, Section 215, \(64\).](#)

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as [WSR 25-15-109](#) on July 17, 2025 (date).

Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted on the agency's own initiative:

New	<u>10</u>	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>10</u>	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>10</u>	Amended	_____	Repealed	_____

Date Adopted: September 9, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



SUBCHAPTER III - MEDICAL RESPITE PROGRAM

NEW SECTION

WAC 182-565-0300 General. Medical respite programs offer a lower-intensity care setting for patients who are homeless or at risk of homelessness and who would otherwise require a hospital stay or lack a safe option for discharge and recovery. Medical respite programs must meet the minimum operating standards and meet the required medical respite standards of the facility through the national institute for medical respite care (NIMRC), offer required services, meet local codes and ordinances for licensing, safety, and occupancy.

NEW SECTION

WAC 182-565-0310 Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter:

"**Behavioral health need**" - See WAC 182-565-0110.

"**Demonstration period**" - See WAC 182-565-0110.

"**Facility**" - The physical location where the medical respite program provides medical respite care services to clients.

"**Homelessness**" or "**at risk of homelessness**" - See WAC 182-565-0110.

"**Medical respite care services**" - Temporary, short-term room and board, health care services and supports.

"**Medical respite program (a.k.a., recuperative care and short-term post-hospitalization housing)**" - A not-for-profit organization that serves clients whose medical and behavioral health need medical respite care services.

NEW SECTION

WAC 182-565-0320 Eligibility. (1) A person must have or be eligible for apple health coverage before entering a medical respite program. If a person does not have coverage and wants to participate in the medical respite program, the program can help them register for coverage.

(2) To receive medical respite care services, a client must have a qualifying acute medical condition that requires treatment and/or care, does not require a hospital inpatient stay, and is too ill or frail to recover from a physical illness or injury while living on the street and is at risk of being homeless or experiencing homelessness.

NEW SECTION

WAC 182-565-0330 Admission. A client is eligible for admission to a medical respite program when the client:

- (1) Is experiencing homelessness or is at risk of becoming homeless;
- (2) Is experiencing medical and behavioral health needs and meets one of the following:
 - (a) Has recently been discharged from a hospital setting including emergency room visits; or
 - (b) Is referred from a medical clinic (e.g., a primary care clinic, federally qualified health center, urgent care facility, mobile medical clinic, street medicine) and both of the following are true:
 - (i) The client has an acute medical condition that can be safely managed in a sheltered outpatient setting; and
 - (ii) Medical respite care is appropriate to provide the conditions to support recovery from the acute medical condition;
- (3) Can perform activities of daily living (ADLs) with minimal or no assistance; and
- (4) Has signed an admission agreement.

NEW SECTION

WAC 182-565-0340 Discharge. (1) The medical respite program will discharge the client when the client meets one of the following:

- (a) No longer benefits from medical respite care services;
 - (b) Reaches the 90-day utilization limit for their current admission or the six-month utilization during the demonstration period; or
 - (c) An appropriate alternative service becomes available.
- (2) The six-month utilization period limit is shared amongst other housing support services including, but not limited to, housing transition navigation services, and rent/temporary housing.
- (3) The medical respite program must begin discharge planning upon the client's admission and maintain discharge planning throughout the client's stay at the facility.
- (4) To discharge a client, the program must provide a referral tailored to client needs, to include:
- (a) Potential housing options;
 - (b) Referrals to appropriate health care providers;
 - (c) Supportive services; and
 - (d) Provide advance and written notice of discharge to the client, and as applicable, the client's health care provider, managed care organization, and caregivers.
- (5) Upon admission and discharge, the program must provide an admission or discharge summary to the client, the health care provider, the managed care organization if applicable, and other persons or entities requested by the client. The admission or discharge summary must include the following:
- (a) Written medication list and medication refill information;
 - (b) Admitting primary diagnosis following discharge from the hospital or referral from a medical clinic;
 - (c) Estimated or documented length of stay in the medical respite program;

- (d) Ongoing medical needs or conditions;
 - (e) Instructions for accessing relevant resources within the community including shelters or other housing options;
 - (f) A list of follow-up appointments and contact information for treating providers;
 - (g) Special medical instructions (e.g., weight-bearing limitations, dietary precautions, allergies, wound orders);
 - (h) Pain management plan; and
 - (i) A point of contact for the client.
- (6) The medical respite program must ensure adequate protocols are in place for the transfer of client information and access to electronic records to appropriate providers and, if applicable, the client's managed care organization.

NEW SECTION

- WAC 182-565-0350 Program requirements.** (1) Medical respite programs must provide or arrange for the provision of the following services:
- (a) Room and board which must include, at a minimum:
 - (i) A dedicated bed that is available to the client 24 hours a day, seven days a week;
 - (ii) Three meals a day in accordance with medical respite standards;
 - (iii) Laundry services;
 - (iv) Secured storage for personal belongings and medications;
 - (v) Compliance with standards set by NIMRC; and
 - (vi) Compliance with local codes and ordinances for licensing, safety, and occupancy.
 - (b) The medical respite provider must notify the agency if they no longer meet the requirements to provide medical respite care.
- (2) The agency may conduct a post pay review to ensure medical respite care requirements are met. If requirements are not met at the time services are provided, the agency may recoup payment.

NEW SECTION

- WAC 182-565-0360 Coordination and services.** The medical respite program must provide coordination such that the client can access the following services:
- (1) Clinical assessments;
 - (2) Behavioral health screenings for psychosocial needs;
 - (3) Medical case management;
 - (4) Case management support in accessing benefits and housing;
 - (5) Twenty-four hour wellness checks;
 - (6) Medical oversight to include:
 - (a) Medication monitoring; and
 - (b) Ongoing assessments to determine effectiveness of care plan and/or treatments;
 - (7) Minor clinical interventions (e.g., wound care, infection control, nonpharmacological pain management);

(8) Arrangement for transportation for the client to and from appointments that are not covered by nonemergency transportation as defined in WAC 182-546-5500; and

(9) Access to equipment for telehealth services and communication related to medical needs or care.

NEW SECTION

WAC 182-565-0370 Duration of services. Medical respite care services are short-term, limited to 90 consecutive days and no more than six months (180 days) during the demonstration period. See WAC 182-565-0340.

NEW SECTION

WAC 182-565-0380 Provider requirements. A medical respite program may provide medical respite care services when the medical respite program:

(1) Is enrolled as a Washington apple health medicaid provider for claims to be paid and be able to provide documentation of proof of service;

(2) Meets the standards for medical respite care programs set by NIMRC;

(3) Completes all necessary agency forms and attestation and receives agency approval; and

(4) Meets local codes and ordinances for licensing, safety, and occupancy.

NEW SECTION

WAC 182-565-0390 Grievance and appeals. Grievance and appeals related to medical respite care services follow the process described in chapter 182-526 WAC.