



# EXPEDITED RULE MAKING

**CR-105 (June 2004)**  
(Implements RCW 34.05.353)  
**EXPEDITED RULE MAKING ONLY**

**Agency:** Health Care Authority, Washington Apple Health

**Title of rule and other identifying information:**

WAC 182-553-100 *Home infusion therapy and parenteral nutrition program - General*  
WAC 182-553-400 *Home infusion therapy and parenteral nutrition program – Provider requirements*

### NOTICE

**THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO**

Name: Jason R. P. Crabbe, Rules Coordinator  
Agency: Health Care Authority  
Address: P.O. Box 42716, Olympia, WA 98504-2716  
or deliver to: Cherry Street Plaza, 626 – 8<sup>th</sup> Ave. SE, Olympia, WA 98504  
E-mail: [arc@hca.wa.gov](mailto:arc@hca.wa.gov) Fax: 360-586-9727

**AND RECEIVED BY** July 20, 2015

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The proposed rules replace outdated references to “medical assistance” with “Washington apple health” and replaces a reference to Title 388 WAC with the correct reference to WAC 182-502-0020.

**Reasons supporting proposal:** See purpose.

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Statute being implemented:**

**Is rule necessary because of a:**

|                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Law?                 | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Court Decision?      | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| State Court Decision?        |  |

If yes, CITATION:

### CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: May 08, 2015**

**TIME: 2:26 PM**

**WSR 15-11-014**

**DATE**  
May 8, 2015

**NAME (TYPE OR PRINT)**  
Jason R. P. Crabbe

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**Name of proponent:** Health Care Authority

- Private
- Public
- Governmental

**Name of agency personnel responsible for:**

| Name                             | Office Location                      | Phone          |
|----------------------------------|--------------------------------------|----------------|
| Drafting.....Chantelle Diaz      | PO Box 42716, Olympia, WA 98504-2716 | (360) 725-1842 |
| Implementation....Chantelle Diaz | PO Box 42716, Olympia, WA 98504-2716 | (360) 725-1842 |
| Enforcement.....Chantelle Diaz   | PO Box 42716, Olympia, WA 98504-2716 | (360) 725-1842 |

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None

AMENDATORY SECTION (Amending WSR 15-08-103, filed 4/1/15, effective 5/2/15)

**WAC 182-553-100 Home infusion therapy and parenteral nutrition program—General.** The medicaid agency's home infusion therapy and parenteral nutrition program provides the supplies and equipment necessary for parenteral infusion of therapeutic agents to (~~medical assistance~~) Washington apple health clients. An eligible client receives equipment, supplies, and parenteral administration of therapeutic agents in a qualified setting to improve or sustain the client's health.

AMENDATORY SECTION (Amending WSR 15-08-103, filed 4/1/15, effective 5/2/15)

**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 a signed core provider agreement with the medicaid agency; 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 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 infusion 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 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 (~~388-502-0020~~) 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;
- (II) At least once per month; and
- (III) When the client, the client's lab results, or both, are unstable.