

RCW 74.39A.095 Case management services—Contractual requirements—Consumers' plans of care—Notification to consumer directed employer.

(1) In carrying out case management responsibilities established under RCW 74.39A.090 for consumers who are receiving services under programs authorized through the medicaid state plan, medicaid waiver authorities, or similar state-funded in-home care programs, to the extent of available funding, the contracts with each area agency on aging or federally recognized Indian tribe shall require the contracted agency to:

(a) Work with each client to develop a plan of care under this section that identifies and ensures coordination of health and long-term care services and supports. In developing the plan, the area agency on aging or federally recognized Indian tribe shall use and modify as needed any comprehensive plan of care developed by the department as provided in RCW 74.39A.040;

(b) Monitor the implementation of the consumer's plan of care to verify that it adequately meets the needs of the consumer through activities such as home visits, telephone contacts, and responses to information received by the area agency on aging or federally recognized Indian tribe indicating that a consumer may be experiencing problems relating to his or her home care;

(c) Reassess and reauthorize services;

(d) Explain to the consumer that consumers have the right to waive case management services offered by the area agency on aging or federally recognized Indian tribe, except consumers may not waive the reassessment or reauthorization of services, or verification that services are being provided in accordance with the plan of care; and

(e) Document the waiver of any case management services by the consumer.

(2) Each consumer has the right to direct and participate in the development of their plan of care to the maximum extent practicable, and to be provided with the time and support necessary to facilitate that participation.

(3) As authorized by the consumer, a copy of the plan of care may be distributed to: (a) The consumer's individual provider contracted with the department; (b) the entity contracted with the department to provide personal care services; and (c) other relevant providers with whom the consumer has frequent contact.

(4) If an individual provider is employed by a consumer directed employer, the department, area agency on aging, or federally recognized Indian tribe must notify the consumer directed employer if:

(a) There is reason to believe that an individual provider or prospective individual provider is not delivering or will not be able to deliver the services identified in the consumer's plan of care; or

(b) The individual provider's performance is jeopardizing the health, safety, or well-being of a consumer receiving services under this section. [2022 c 255 s 2; 2018 c 278 s 12; 2014 c 40 s 1; 2012 c 164 s 507. Prior: 2011 1st sp.s. c 31 s 14; 2011 1st sp.s. c 21 s 5; 2009 c 580 s 8; 2004 c 141 s 1; 2002 c 3 s 11 (Initiative Measure No. 775, approved November 6, 2001); 2000 c 87 s 5; 1999 c 175 s 3.]

Findings—Intent—2018 c 278: See note following RCW 74.39A.500.

Finding—Intent—Rules—Effective date—2012 c 164: See notes following RCW 18.88B.010.

Effective date—2011 1st sp.s. c 21: See note following RCW 72.23.025.

Findings—1999 c 175: See note following RCW 74.39A.090.