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: May 30, 2025
TIME: 11:50 AM

WSR 25-12-072

Agency: Department of Health

Effective date of rule:

Permanent Rules

☐ 31 days after filing.

☒ Other (specify) October 1, 2025 **(If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)** Effective date delayed to allow time for the credentialing system transition.

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

☐ Yes ☒ No If Yes, explain:

Purpose: Hospital at-home services. The Department of Health (department) is adopting rules that establish operating standards and fees for hospital at-home services by creating WAC 246-320-278 and amending WAC 246-320-199. The adopted rules establish operating standards for hospital at-home programs in WAC 246-320-278 for acute care hospitals licensed under chapter 70.41 RCW and chapter 246-320 WAC. WAC 246-320-278 also establishes an application process for hospitals seeking to provide hospital at-home services under the state program. Adopted amendments to WAC 246-320-199 include a one-time application fee. The fee is necessary to cover the costs of the hospital at-home program, including the cost of reviewing hospital at-home applications.

During the coronovirus disease 2019 (COVID-19) pandemic, Washington State and the federal government took steps to allow health care facilities to rapidly expand to meet the demands for acute hospital beds. During this time, the Centers for Medicare and Medicaid Services (CMS) created an Acute Hospital Care at Home program, allowing for hospital at-home services federally. At a state level, hospitals were permitted to participate pursuant to waivers in Governor Inslee's COVID-19 emergency proclamation followed by the department's exercise of regulatory flexibility after those proclamations were rescinded.

In 2024, the legislature passed Substitute House Bill (SHB) 2295 (chapter 259, Laws of 2024), codified as RCW 70.41.550, which authorized the continuation of hospital at-home services and directed the department to establish operating standards for hospital at-home services through rule by December 31, 2025. RCW 70.41.550 directed the department to establish standards that are substantially similar to the provisions of the federal program. The adopted rules support the intent of the statute by establishing enforceable standards at the state level that align closely with the federal provisions for the operation of a hospital at-home program.

Citation of rules affected by this order:

New: WAC 246-320-278
Repealed: None
Amended: WAC 246-320-199
Suspended: None

Statutory authority for adoption: RCW 43.70.110, 43.70.250, 70.41.030, 70.41.100, and SHB 2295 (chapter 259, Laws of 2024), codified as RCW 70.41.550.

Other authority: None

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 25-07-025 on March 10, 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	0	Amended	0	Repealed	0
Federal rules or standards:	New	1	Amended	0	Repealed	0
Recently enacted state statutes:	New	1	Amended	1	Repealed	0

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

	New	0	Amended	0	Repealed	0

The number of sections adopted on the agency's own initiative:

	New	1	Amended	1	Repealed	0

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

	New	0	Amended	0	Repealed	0

The number of sections adopted using:

Negotiated rule making:	New	0	Amended	0	Repealed	0
Pilot rule making:	New	0	Amended	0	Repealed	0
Other alternative rule making:	New	1	Amended	1	Repealed	0

Date Adopted: 5/30/2025	**Signature:**
Name: Kristin Peterson, JD for Jessica Todorovich, MS	
Title: Chief of Policy for Acting Secretary of Health	

AMENDATORY SECTION (Amending WSR 24-16-045, filed 7/30/24, effective 11/1/24)

WAC 246-320-199 Fees. This section establishes the initial licensure and annual fees for hospitals licensed under chapter 70.41 RCW. ((~~The license must be renewed every three years.~~))

(1) Applicants and licensees shall submit to the department:

(a) An initial license fee for each bed space within the authorized bed capacity for the hospital;

(b) An annual fee for each bed space within the authorized bed capacity of the hospital by November 30th of the year;

(c) A renewal application every three years.

(2) As used in this section, a bed space:

(a) Includes all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for 24-hour assigned patient care;

(b) Includes level 2 and 3 bassinet spaces;

(c) Includes bed spaces assigned for less than 24-hour patient use as part of the licensed bed capacity when:

(i) Physical plant requirements of this chapter are met without movable equipment; and

(ii) The hospital currently possesses the required movable equipment and certifies this fact to the department.

(d) Excludes all normal infant bassinets;

(e) Excludes beds banked as authorized by certificate of need under chapter 70.38 RCW.

(3) A licensee shall submit to the department a late fee whenever the annual fee is not paid by November 30th. The total late fee will not exceed $1,200.

(4) Applicants and licensees shall submit to the department a one-time initial application fee if the applicant or licensee is applying to provide hospital at home services as described in WAC 246-320-278.

(5) An applicant may request a refund for initial licensure as follows:

(a) Two-thirds of the initial fee paid after the department has received an application and not conducted an on-site survey or provided technical assistance; or

(b) One-third of the initial fee paid after the department has received an application and conducted either an on-site survey or provided technical assistance but not issued a license.

((~~(5)~~)) (6) The following fees will be charged:

Fee Type	Acute Care - Critical Access* Fee	Acute Care Fee
Initial Licensure Fee per bed	$380.00	$505.00
Renewal Licensure Fee per bed	$380.00	$505.00
Late Fee per day	$100.00	$100.00
One-time Hospital at Home Application fee	$5,800.00	$5,800.00

* Federal designation.

NEW SECTION

WAC 246-320-278 Hospital at home. The purpose of this section is to guide the management and care of patients receiving hospital at home services as defined in RCW 70.41.550 (5)(a). Hospitals are not required to provide these services in order to be licensed. Hospitals must meet all inpatient service requirements in this chapter unless specified within this section. If providing hospital at home services, the hospital must:

(1) Provide or contract for the following services:

(a) Pharmacy;

(b) Infusion;

(c) Respiratory care including oxygen delivery;

(d) Diagnostics like laboratory and radiology services;

(e) Patient monitoring with at least two sets of patient vitals daily;

(f) Transportation;

(g) Food and dietician services including meal availability as needed by the patient;

(h) Durable medical equipment;

(i) Physical, occupational, and speech therapy;

(j) Social work and care coordination;

(2) Adopt and implement detailed policies and procedures for:

(a) Meeting the pharmaceutical needs of each patient;

(b) Performing IV push and IV piggyback infusions;

(c) Providing respiratory care to patients including response times, the availability of oxygen delivery and treatment, nebulizer treatment, and any other respiratory services;

(d) Providing diagnostic studies including which laboratory studies, radiology tests, or other diagnostics are available, the expected time between the order placement and results, which diagnostic studies are unavailable in home, and how the hospital will provide services;

(e) Obtaining and delivering at least two sets of patient vital signs daily to an individual credentialed by the department of health that is working within the scope of their license and is part of the hospital team. Vital signs must include, at a minimum, heart rate, blood pressure, respiratory rate, oxygen saturation, and temperature;

(f) Transporting patients between the emergency department and their homes, and back to the hospital if needed. Policies and procedures must include whether transport is provided by ambulance, nonambulance medical transport, or other means as medically appropriate;

(g) Providing meal services to patients to ensure the availability of meals as needed by the patient;

(h) Delivering the range of durable medical equipment that may be required during an acute hospital care at home admission;

(i) Delivering physical, occupational, and speech therapists to the home, including the ability to provide these services on same-day basis and during the course of an acute hospital care at home admission;

(j) Social work and care coordination teams. Policies and procedures must describe how these services will interact with patients and the discharge process;

(k) Selecting patients for acute hospital care at home. The policy must explain:

(i) If a published selection criteria is used or has been adapted or if criteria has been developed by the hospital;

(ii) All inclusion and exclusion criteria; and

(iii) A description of how the hospital ensures that only patients requiring an acute level of care are treated in the program;

(l) Staffing models that explain how the minimum level of oversight and care described in subsection (3)(c) and (e) of this section will be met;

(m) Technology and device use, staffing, and any limitations based on time of day or weekend;

(n) Meeting a 30 minute in-person response time with appropriate emergency personnel. The policy must:

(i) Include the algorithm and timing of each step in the process, including how to identify and correct response times that have not been met;

(ii) Describe which personnel will travel to the home;

(iii) Describe any partnerships with local paramedic groups or other professionals who will improve this response time; and

(iv) Detail equipment that will travel with this team;

(3) Ensure that:

(a) Each patient is admitted to acute hospital care at home from an emergency room or inpatient hospital;

(b) A provider with admitting privileges performs a history and physical exam in-person on each patient prior to admitting to the acute hospital care at home program;

(c) A physician, physician assistant, or advanced practice registered nurse must examine, remotely or in-person, each patient at least daily;

(d) There are at least two in-person visits by clinicians each day for each patient;

(e) There must be at least one in-person or remote visit with a registered nurse who develops and documents an individualized nursing plan;

(f) Each patient must be able to remotely connect to a hospital team member at all times;

(g) The hospital must meet a 30 minute in-person response time with appropriate emergency personnel;

(h) A minimum emergency response time can be met for each patient by providing:

(i) Immediate, on-demand remote audio connection with an acute hospital care at home team member who can immediately connect a registered nurse, physician, physician assistant, or advanced practice registered nurse to the patient; and

(ii) In-home appropriate emergency personnel team that can arrive at the patient's home within 30 minutes. This can be provided by 911 or emergency paramedics;

(4) Track and report data. Hospitals must:

(a) Track all data metrics required by the Centers for Medicare and Medicaid Services for hospital at home programs and must track, at a minimum, the following:

(i) Unanticipated mortality during the acute episode of care;

(ii) Escalation rate which for the purpose of this section is considered the transfer back to the traditional hospital setting during the acute episode;

(iii) Volume of patients treated in this program;

(b) Submit to the department, on request, all required hospital at home data;

(c) Establish a hospital safety committee to review required hospital at home data metrics or incorporate the review of hospital at home data into an existing safety or quality committee;

(5) Inform the department that the hospital intends to provide acute care hospital at home services. Hospitals must complete and submit application forms provided by the department and the application fee listed in WAC 246-320-199.