



PROPOSED RULE MAKING

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

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STATE OF WASHINGTON
FILED

DATE: November 26, 2025

TIME: 8:25 AM

WSR 25-24-044

Agency: Department of Health

Original Notice

Supplemental Notice to WSR

Continuance of WSR

Preproposal Statement of Inquiry was filed as WSR 25-08-070; 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) In-home Services Agencies – Fee updates.

The Department of Health (department) is proposing rule amendments to update and restructure fees for in-home services agencies in WAC 246-335-990.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
1/6/2026	3:00 p.m.	Register in advance for this webinar: https://us02web.zoom.us/webinar/register/WN_U7QaOtTfSR2twN5calm5Q After registering, you will receive a confirmation email containing information about joining the webinar.	The Department of Health will be offering a virtual webinar hearing only. Individuals may attend virtually or submit comments in writing.

Date of intended adoption: 1/9/2026 (Note: This is NOT the effective date)

Submit written comments to:

Name John Hilger
Address PO Box 47850, Olympia, WA 98504-7850
Email HSQAFeeRules@doh.wa.gov
Fax N/A
Other <https://fortress.wa.gov/doh/policyreview/>
Beginning (date and time) The date and time of filing
By (date and time) 1/6/2026 at 11:59 p.m.

Assistance for persons with disabilities:

Contact John Hilger
Phone 360-236-2929
Fax N/A
TTY 711
Email john.hilger@doh.wa.gov
Other doh.wa.gov
By (date) 12/30/2025

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

The department is proposing amendments to WAC 246-335-990 to increase and restructure in-home services fees for initial license, renewal, and other charges. Rulemaking is necessary to comply with RCW 43.70.250, update current rule language, and create an enforceable fee schedule. The department is proposing the following changes:

- Requiring a minimum 2 FTEs per county per service for renewal fees.

- Eliminating the multi-service discount.
- Introducing a county-based surcharge.
- Implementing a discount for accredited and DSHS contracted agencies.
- Increasing fee amounts for initial application, renew, change of ownership and other administrative fees.

Reasons supporting proposal:

RCW 43.70.250 requires that licensure fees fully fund the work of licensing and regulating health care facilities. Current in-home services revenue, including fees for home care, home health, and hospice agencies, is insufficient to cover operating costs for the in-home services regulatory program (program). Current revenue is insufficient to recover operating expenditures for the program. The program ended fiscal year (FY) 2024 with a revenue shortfall of \$(245,000). The department anticipates the current funding gap to widen as costs continue to increase in upcoming years, leading to a projected biennial shortfall of \$(1,229,000) in the 2032-2033 biennium. To ensure the program's financial sustainability and maintain compliance with state statutory requirements, a fee increase is necessary.

Statutory authority for adoption: RCW 43.70.110, 43.70.250, and 70.127.090

Statute being implemented: RCW 43.70.250

Is rule necessary because of a:

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

Type of proponent: Private. Public. Governmental.

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting	John Hilger	111 Israel Road, S.E. Tumwater, WA 98501	360-236-2929
Implementation	John Hilger	111 Israel Road, S.E. Tumwater, WA 98501	360-236-2929
Enforcement	John Hilger	111 Israel Road, S.E. Tumwater, WA 98501	360-236-2929

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: This rule is exempt from analysis according to RCW 34.05.328 (5)(b)(vi) because it is a rule that sets or adjusts fees pursuant to legislative standards.

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:

- | | |
|---|---|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input checked="" type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> 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: The proposed rules set and adjust fees for in-home services agencies, including home care, home health, and hospice agencies, under RCW 34.05.310 (4)(f).

(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.
- 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: November 26, 2025
Name: Kristin Peterson, JD for Dennis E. Worsham
Title: Chief of Policy for Secretary of Health

Signature:


WAC 246-335-990 Fees. (1) Initial license. An applicant shall submit to the department an initial ~~((twelve))~~ 12-month license fee of ~~((three thousand two hundred eighty-three dollars))~~ \$5,000 for each service category (home care, home health, hospice) for persons not currently licensed to provide in-home services in Washington state.

(2) Adding new service categories to existing license. A licensee shall submit to the department an initial ~~((twelve))~~ 12-month license fee of ~~((three thousand two hundred eighty-three dollars))~~ \$5,000 for each new service category (home care, home health, hospice, hospice care center) for licensees not currently licensed in that category to provide in-home services in Washington state.

(3) County surcharge. An applicant or licensee shall submit to the department a service area county surcharge. One county of operation for each applicant or licensee is not subject to a county surcharge. Each additional county of operation is charged at:

- (a) \$500 per urban county; and
- (b) \$100 per rural county.

(4) Renewal license. A licensee shall submit to the department a ~~((twenty-four))~~ 24 month renewal fee for home care, home health and hospice agencies, based on the number of full-time equivalents (FTEs), which is a measurement based on a ~~((forty))~~ 40 hour week and is applicable to paid agency personnel or contractors, according to Tables 1 and 2 of this section. The department will assume a minimum of ~~((1))~~ 1 FTE for each approved service area per service category. The licensee shall submit to the department a ~~((twenty-four))~~ 24 month renewal fee for hospice care centers, based on the number of beds, according to Tables 1 and 2 of this section~~((+))~~.

(a) ~~((For licenses with a single service category))~~ Unless eligible under (b) of this subsection, a licensee shall submit to the department applicable fees under Table 1:

Table 1 - Standard Renewal Fees

# of FTEs	Home Care	Home Health	Hospice	# of Beds	Hospice Care Center
5 or less	(((\$1,530.00)) <u>\$2,400.00</u>	(((\$3,283.00)) <u>\$5,100.00</u>	(((\$1,642.00)) <u>\$2,500.00</u>	5 or less	(((\$1,642.00)) <u>\$2,500.00</u>
6 to 15	(((\$1,783.00)) <u>\$2,800.00</u>	(((\$4,618.00)) <u>\$7,200.00</u>	(((\$1,856.00)) <u>\$2,900.00</u>	6 to 10	(((\$2,190.00)) <u>\$3,400.00</u>
16 to 50	(((\$1,916.00)) <u>\$3,000.00</u>	(((\$5,256.00)) <u>\$8,100.00</u>	(((\$2,383.00)) <u>\$3,700.00</u>	11 to 15	(((\$3,283.00)) <u>\$5,100.00</u>
51 to 100	(((\$2,244.00)) <u>\$3,500.00</u>	(((\$6,623.00)) <u>\$10,300.00</u>	(((\$4,120.00)) <u>\$6,400.00</u>	16 to 20	(((\$4,378.00)) <u>\$6,800.00</u>
101 or more	(((\$2,408.00)) <u>\$3,700.00</u>	(((\$6,820.00)) <u>\$10,600.00</u>	(((\$4,335.00)) <u>\$6,700.00</u>		

(b) ~~((For licenses with multiple service categories:~~

~~(i) One hundred percent of the home health category fee and seventy-five percent of the appropriate service category fee for each additional service category (home care, hospice, hospice care center); or~~

~~(ii) One hundred percent of the hospice category fee and seventy-five percent of the appropriate service category fee for each additional service category (home care, hospice care center).~~

~~(4))~~ A licensee shall submit to the department applicable fees under Table 2 when a licensee has satisfied the substantial equivalency requirements of WAC 246-335-350 and:

(i) Is medicare certified (home health and hospice agencies only);

(ii) Is accredited by an accrediting organization recognized by the department (home health and hospice agencies only); or

(iii) Is under contract with and monitored by DSHS or the AAA (home care agencies only).

Table 2 - Renewal Fees for Facilities Certified by Medicare, Accredited, or Contracted by DSHS or AAA

<u># of FTEs</u>	<u>Home Care</u>	<u>Home Health</u>	<u>Hospice</u>	<u># of Beds</u>	<u>Hospice Care Center</u>
<u>5 or less</u>	<u>\$1,700.00</u>	<u>\$3,600.00</u>	<u>\$1,800.00</u>	<u>5 or less</u>	<u>\$1,800.00</u>
<u>6 to 15</u>	<u>\$2,000.00</u>	<u>\$5,000.00</u>	<u>\$2,000.00</u>	<u>6 to 10</u>	<u>\$2,400.00</u>
<u>16 to 50</u>	<u>\$2,100.00</u>	<u>\$5,700.00</u>	<u>\$2,600.00</u>	<u>11 to 15</u>	<u>\$3,600.00</u>
<u>51 to 100</u>	<u>\$2,500.00</u>	<u>\$7,200.00</u>	<u>\$4,500.00</u>	<u>16 to 20</u>	<u>\$4,800.00</u>
<u>101 or more</u>	<u>\$2,600.00</u>	<u>\$7,400.00</u>	<u>\$4,700.00</u>		

(5) Change of ownership. A change of ownership fee of (~~three hundred fifty dollars~~) \$500 for each licensed service category (home care, home health, hospice, hospice care center). A new license will be issued and valid for the remainder of the current license period.

~~((5))~~ (6) The department may charge and collect from a licensee a fee of (~~one thousand five hundred thirty dollars~~) \$5,000 for:

(a) An on-site follow-up compliance survey deemed necessary in order to complete the survey process;

(b) An on-site compliance survey deemed necessary due to failure of the licensee to adequately respond to a statement of deficiencies or a directed plan of correction;

(c) An on-site compliance survey deemed necessary due to a substantiated complaint investigation; or

(d) State licensing surveys conducted during renewal periods that require on-site survey time beyond two days.

~~((6))~~ (7) A licensee that is not subject to the state survey requirement according to WAC 246-335-350 shall pay fees according to this section.

~~((7))~~ (8) A licensee shall submit an additional late fee in the amount of (~~fifty dollars~~) \$50 per day. The additional late fee will not exceed (~~six hundred fifty dollars~~) \$1,000, from the renewal date, which is (~~thirty~~) 30 days before the current license expiration date, until the date of mailing the fee, as evidenced by the postmark, or electronic submission.

~~((8))~~ (9) Refunds. The department shall refund fees paid by the applicant for initial licensure as follows:

(a) If an application has been received but no on-site survey or technical assistance has been performed or provided by the department, two-thirds of the fees paid, less a (~~fifty dollar~~) \$50 processing fee; or

(b) If an application has been received and an on-site survey or technical assistance has been performed or provided by the department, one-third of the fees paid, less a (~~fifty dollar~~) \$50 processing fee.

~~((9))~~ (10) The department may not refund applicant fees if:

(a) The department has performed more than one on-site visit for any purpose;

(b) Nine months has elapsed since an initial licensure application is received by the department, but no license has been issued due to applicant's failure to complete the requirements for licensure; or

(c) The amount to be refunded as calculated by subsection ~~((8))~~ (9)(a) or (b) of this section is ten dollars or less.