PROPOSED RULE MAKING



CR-102 (July 2022) (Implements RCW 34.05.320)
Do NOT use for expedited rule making

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DATE: February 07, 2023

TIME: 11:25 AM

WSR 23-05-031

| Agency: Health Car | e Authority | | | | | |
|--|-----------------------------|---|--|---|--|--|
| □ Original Notice | | | | | | |
| ☐ Supplemental No | otice to WSR | | | | | |
| ☐ Continuance of \ | WSR | | | | | |
| □ Preproposal Star | tement of Inq | uiry was filed as WSR 23 | -01-037 | ; or | | |
| ☐ Expedited Rule I | MakingProp | osed notice was filed as | WSR | ; or | | |
| ☐ Proposal is exen | npt under RC | W 34.05.310(4) or 34.05.3 | 30(1); o | r | | |
| ☐ Proposal is exen | npt under RC | ·W | | | | |
| Title of rule and oth requirements | ner identifying | g information: (describe so | ubject) 1 | 82-537-0700, School district documentation | | |
| Hearing location(s) |): | | | | | |
| Date: | Time: | Location: (be specific) | | Comment: | | |
| March 21, 2023 | 10:00 AM | In response to the coronavirus disease 2019 (COVID-19) public health emergency, the Health | | To attend the virtual public hearing, you must register in advance: | | |
| | | Care Authority continues | to hold | https://us02web.zoom.us/webinar/register/WN | | |
| | | public hearings virtually without a physical meeting place. This promotes social distancing and the safety of the residents of Washington State | | KIkQfb4ORnK5hyZi2 3Ddw | | |
| | | | | If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing | | |
| Date of intended ac | doption: Not s | sooner than March 22, 2023 | <u>3</u> (Note: | This is NOT the effective date) | | |
| Submit written comments to: | | | Assis | tance for persons with disabilities: | | |
| Name: HCA Rules Coordinator | | | Conta | Contact Johanna Larson | | |
| Address: PO Box 42716, Olympia WA 98504-2716 | | | Phone | Phone: 360-725-1349 | | |
| Email: arc@hca.wa.gov | | | Fax: 360-586-9727 | | | |
| Fax: 360-586-9727 | | | TTY: Telecommunication Relay Services (TRS): 711 | | | |
| Other: | | | Email: Johanna. <u>Larson@hca.wa.gov</u> | | | |
| By (date) March 21, 2023 by 11:59 PM | | | | Other: | | |
| | | | | By (date) March 10, 2023 | | |
| the electronic record signature log require | and signature ments, and de | e components of WAC 182- ecrease administrative burd | 537-070 | y changes in existing rules: The agency is amending to streamline requirements, eliminate electronic chool districts. | | |
| Reasons supportin | • | · | | | | |
| | | : RCW 41.05.021, 41.05.16 | 0 | | | |
| Statute being imple | emented: RC\ | N 41.05.021, 41.05.160 | | | | |
| Is rule necessary b | ecause of a: | | | | | |
| Federal Law? | | | | ☐ Yes ⊠ No | | |
| Federal Court Decision? | | | | ☐ Yes ⊠ No | | |
| State Court Decision? | | | | ☐ Yes ☒ No | | |
| If yes CITATION: | | | | | | |

| Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None Type of proponent: □ Private □ Public ☒ Governmental Name of proponent: (person or organization) Health Care Authority Name of agency personnel responsible for: | | | | | | | | | | |
|---|---|--|------------------------|--|--|--|-----------|--------------|--------------------------------------|--------------|
| | | | | | | | | Name | Office Location | Phone |
| | | | | | | | Drafting: | Brian Jensen | PO Box 42716, Olympia, WA 98504-2716 | 360-725-0815 |
| Implementation: | Shanna Muirhead | PO Box 45505, Olympia, WA 98504-5505 | 360-725-1153 | | | | | | | |
| Enforcement: | Shanna Muirhead | PO Box 45505, Olympia, WA 98504-5505 | 360-725-1153 | | | | | | | |
| Is a school distr If yes, insert state | | nt required under RCW 28A.305.135? | □ Yes ⊠ No | | | | | | | |
| The public ma Name: Address Phone: Fax: TTY: Email: Other: | | ool district fiscal impact statement by contacting: | | | | | | | | |
| ☐ Yes: A pr Name: Address Phone: Fax: TTY: Email: Other: ☒ No: Plea Administrative | s: ise explain: RCW 34.05.32 Rules Review Committee | ysis may be obtained by contacting: 28 does not apply to Health Care Authority rules unless or applied voluntarily. | requested by the Joint | | | | | | | |
| | | ness Economic Impact Statement Innovation and Assistance (ORIA) provides support in | completing this part. | | | | | | | |
| chapter 19.85 RC | l, or portions of the propos | al, may be exempt from requirements of the Regulato tion on exemptions, consult the exemption guide public (s): | | | | | | | | |
| adopted solely to | conform and/or comply wi e is being adopted to confo | posal, is exempt under <u>RCW 19.85.061</u> because this right federal statute or regulations. Please cite the specific orm or comply with, and describe the consequences to | c federal statute or | | | | | | | |
| defined by RCW | 34.05.313 before filing the osal, or portions of the pro | posal, is exempt because the agency has completed the notice of this proposed rule. posal, is exempt under the provisions of RCW 15.65.5 | | | | | | | | |

| | proposal, or portions of the proposal, is exempt u | ınder <u>R</u> (| CW 19.85.025(3). Check all that apply: | | | | |
|---|---|------------------|---|--|--|--|--|
| \boxtimes | RCW 34.05.310 (4)(b) | | RCW 34.05.310 (4)(e) | | | | |
| | (Internal government operations) | | (Dictated by statute) | | | | |
| | RCW 34.05.310 (4)(c) | | RCW 34.05.310 (4)(f) | | | | |
| | (Incorporation by reference) | | (Set or adjust fees) | | | | |
| | RCW 34.05.310 (4)(d) | | RCW 34.05.310 (4)(g) | | | | |
| | (Correct or clarify language) | | ((i) Relating to agency hearings; or (ii) process | | | | |
| | | | requirements for applying to an agency for a license or permit) | | | | |
| | proposal, or portions of the proposal, is exempt u | ınder <u>R(</u> | CW 19.85.025(4) (does not affect small businesses). | | | | |
| | proposal, or portions of the proposal, is exempt u | | | | | | |
| Explanation of how the above exemption(s) applies to the proposed rule: This rule applies to government entities, specifically Washington State school districts, and thus is not subject to violation by a nongovernment party. | | | | | | | |
| | f exemptions: Check one. | | | | | | |
| | ☐ The rule proposal is fully exempt (skip section 3). Exemptions identified above apply to all portions of the rule proposal. | | | | | | |
| | | | emptions 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: | | | | | | | |
| Na | ame: | | | | | | |
| Address: | | | | | | | |
| | Phone: | | | | | | |
| | Fax: | | | | | | |
| TTY: Email: | | | | | | | |
| | her: | | | | | | |
| | | Signatu | re: | | | | |
| | Date: February 7, 2023 | | 10.10 | | | | |
| Name: Wendy Barcus | | | MUSIUCI JURIUM | | | | |
| Title: HCA Rules Coordinator | | | \wedge | | | | |

WAC 182-537-0700 School district documentation requirements.

- (1) Providers must document all school-based health care services as required in this section and the medicaid agency's school-based health care services (SBHS) billing guide.
- (2) Documentation to justify billed claims must be maintained for at least six years from the date of service.
- (3) Records for each student must include, but are not limited to:
- (a) A referral or prescription for services by a physician or other licensed health care provider within their scope of practice;
 - (b) Assessment reports;
 - (c) Evaluation and reevaluation reports;
- (d) Individualized education program (IEP) or individualized family service plan (IFSP);
 - (e) Attendance records; and
 - (f) Treatment notes. Treatment notes must include the:
 - (i) Child's name;
 - (ii) Child's ProviderOne client ID;
 - (iii) Child's date of birth;
 - (iv) Date of service, and for each date of service:
 - (A) Time-in;
 - (B) Time-out;
- (C) A procedure code for and description of each service provided;
 - (D) The child's progress related to each service;
- (E) Whether the occupational therapy, speech-language therapy, physical therapy or counseling service described in the note was individual or group therapy;
- (F) The licensed provider's printed name, handwritten or electronic signature, and title; and
- (G) Assistants and nonlicensed people, as defined in WAC 182-537-0350, who provide early intervention or health care-related services under supervision, must have a licensed provider review and cosign all treatment notes.
- (4) The agency accepts electronic records and <u>electronic</u> signatures <u>under chapter 1.80 RCW</u>. ((<u>Maintaining the records in an electronic format is acceptable only if the original records are available to the agency for program integrity activities for up to six years after the date of service.)) Each school district is responsible for determining what standards are consistent with state and federal electronic record and <u>electronic</u> signature requirements.</u>
- (5) For a signature to be valid, it must be handwritten or electronic. Signature by stamp is acceptable only if the provider is unable to sign by hand due to a physical disability.
- (((6) School districts must maintain a signature log to support the provider's signature identity.
 - (7) The signature log must include the provider's:
 - (a) Printed name;
 - (b) Handwritten signature;
 - (c) Initials;
 - (d) Credentials;
 - (e) License number; and
 - (f) National provider identifier (NPI).

- (8) Each school district must establish policies and procedures to ensure complete, accurate, and authentic records. These policies and procedures must include:
- (a) Security provisions to prevent the use of an electronic signature by anyone other than the licensed provider to whom the electronic signature belongs;
- (b) Procedures that correspond to recognized standards and laws and protect against modifications;
 - (c) Protection of the privacy and integrity of the documentation;
- (d) A list of which documents will be maintained and signed electronically; and
- (e) Verification of the signer's identity at the time the signature was generated.))

[2] OTS-4281.1