

Chapter 388-96 WAC
NURSING FACILITY MEDICAID PAYMENT SYSTEM

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-96-015 Phase-in of other definitions. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-015, filed 2/25/81.] Repealed by WSR 81-22-081 (Order 1712), filed 11/4/81. Statutory Authority: RCW 74.09.120.

388-96-023 Conditions of participation. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-023, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 91-22-025 (Order 3270), § 388-96-023, filed 10/29/91, effective 11/29/91; WSR 83-19-047 (Order 2025), § 388-96-023, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-023, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-023, filed 6/1/78; Order 1262, § 388-96-023, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-029 Change of ownership. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-029, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-029, filed 9/16/83; Order 1262, § 388-96-029, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-032 Termination of contract. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-032, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-032, filed 8/19/85. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-032, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-032, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-032, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-032, filed 6/1/78; Order 1262, § 388-96-032, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-100 Standards for funding patient care services in skilled nursing/intermediate care facilities. [Order 1168, § 388-96-100, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.

388-96-101 Reports. [Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-101, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-101, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-101, filed 9/16/83; WSR 79-03-021 (Order 1370), § 388-96-101, filed 2/21/79; Order 1262, § 388-96-101, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-103 Skilled nursing care patients. [Order 1168, § 388-96-103, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.

388-96-104 Due dates for reports. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-104, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-104, filed 9/16/83; WSR 79-03-021 (Order 1370), § 388-96-104, filed 2/21/79; Order 1262, § 388-96-104, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-106 Minimum licensed personnel requirements for skilled nursing facilities. [Order 1168, § 388-96-106, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.

388-96-109 Intermediate care facility patients. [Order 1168, § 388-96-109, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.

388-96-110 Improperly completed or late reports. [Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-110, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-110, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-110, filed 9/16/83; WSR 82-09-033 (Order 1791), § 388-96-110, filed 4/14/82; WSR 80-06-122 (Order 1510), § 388-96-110, filed 5/30/80, effective 7/1/80; Order 1262, § 388-96-110, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-112 Minimum licensed personnel requirements for intermediate care facilities. [Order 1168, § 388-96-112, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.

388-96-113 Completing reports and maintaining records. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-113, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-113, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-113, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-113, filed 8/19/85. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-113, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-113, filed 9/16/83; WSR 83-05-007 (Order 1944), § 388-96-113, filed 2/4/83; WSR 82-11-065 (Order 1808), § 388-96-113, filed 5/14/82; WSR 80-09-083 (Order 1527), §

388-96-113, filed 7/22/80; Order 1262, § 388-96-113, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-116 Provider classification. [Order 1169, § 388-96-116, filed 11/10/76.] Repealed by Order 1257, filed 12/21/77.

388-96-118 Exception to dual contract. [Order 1168, § 388-96-118, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.

388-96-125 Reporting for an abbreviated period. [Statutory Authority: RCW 74.09.120. WSR 79-04-102 (Order 1387), § 388-96-125, filed 4/4/79; Order 1262, § 388-96-125, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-128 Requirements for retention of records by the contractor. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-128, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-128, filed 9/16/83; Order 1262, § 388-96-128, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-131 Requirement for retention of reports by the department. [Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-131, filed 9/16/83; Order 1262, § 388-96-131, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-134 Disclosure of nursing home reports. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-134, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-134, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-134, filed 9/16/83; Order 1262, § 388-96-134, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-200 Condition of qualification for participation in the Washington state cost-related reimbursement system. [Order 1168, § 388-96-200, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.

388-96-201 Desk review. [Order 1262, § 388-96-201, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-202 Scope of audit or department audit. [Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-202, filed 11/30/99, effective 12/31/99. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 8 and RCW 74.46.800. WSR 98-20-023, § 388-96-202, filed 9/25/98, effective 10/1/98.] Repealed by WSR 11-05-068, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958.

388-96-203 Initial financial survey report and budgetary report for new providers. [Order 1168, § 388-96-203, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.

388-96-204 Field audits. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-204, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-204, filed 4/17/90, effective 5/18/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-204, filed 12/23/87. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-204, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-204, filed 12/4/84. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-204, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-204, filed 9/16/83; Order 1262, § 388-96-204, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-206 Prospective daily payment. [Order 1168, § 388-96-206, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.

388-96-207 Preparation for audit by the contractor. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-207, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-207, filed 9/16/83; Order 1262, § 388-96-207, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-209 Flat rate payment system option. [Order 1168, § 388-96-209, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.

388-96-210 Scope of field audits. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-210, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-210, filed 9/14/93, effective 10/15/93; WSR 89-11-100 (Order 2799), § 388-96-210, filed 5/24/89. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-210, filed 9/16/83; Order 1262, § 388-96-210, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-213 Inadequate documentation. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-213, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-213, filed 9/16/83; Order 1262, § 388-96-213, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-216 Deadline for completion of audits. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-216, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-216, filed 9/16/83; Order 1262, § 388-96-216, filed 12/30/77.] Repealed by WSR 95-19-037 (Order 3896), filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18.

388-96-219 Disclosure of audit narratives and summaries. [Order 1262, § 388-96-219, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-220 Principles of settlement. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-220, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-220, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-221 Preliminary settlement. [Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-221, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-221, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-221, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 89-11-100 (Order 2799), § 388-96-221, filed 5/24/89. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-221, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-221, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-222 Settlement. [Statutory Authority: RCW 74.09.120. WSR 83-05-007 (Order 1944), § 388-96-222, filed 2/4/83; WSR 81-22-080 (Order 1716), § 388-96-222, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-222, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 79-12-085 (Order 1461), § 388-96-222, filed 11/30/79; WSR 79-04-059 (Order 1382), § 388-96-222, filed 3/28/79. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-222, filed 6/1/78; Order 1262, § 388-96-222, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-223 Shifting. [Statutory Authority: RCW 74.09.120. WSR 81-15-049 (Order 1669), § 388-96-223, filed 7/15/81; WSR 80-15-114 (Order 1561), § 388-96-223, filed 10/22/80; Order 1262, § 388-96-223, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-224 Final settlement. [Statutory Authority: RCW 74.46.150, [74.46.]160, [74.46.]170 and [74.46.]800. WSR 97-17-040, § 388-96-224, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-224, filed 9/12/95, effective 10/13/95. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-224, filed 12/23/87. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 85-13-060 (Order 2240), § 388-96-224, filed 6/18/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-224, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-225 Date settlement becomes final. [Statutory Authority: RCW 74.09.120. WSR 83-05-007 (Order 1944), § 388-96-225, filed 2/4/83; WSR 81-22-080 (Order 1716), § 388-96-225, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-225, filed 2/25/81; Order 1262, § 388-96-225, filed 12/30/77.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-226 Shifting provisions. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-226, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-226, filed 9/14/93, effective 10/15/93. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-226, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-226, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-227 Interest on settlements. [Statutory Authority: RCW 74.09.120. WSR 83-05-007 (Order 1944), § 388-96-227, filed 2/4/83; WSR 81-22-080 (Order 1716), § 388-96-227, filed 11/4/81.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-228 Cost savings. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-228, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-228, filed 9/14/93, effective 10/15/93. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-228, filed 12/23/87. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-228, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-228, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-229 Procedures for overpayments and underpayments. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-229, filed 9/12/95, effective 10/13/95. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-229, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-229, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-300 Required reports. [Order 1205, § 388-96-300, filed 4/13/77; Order 1114, § 388-96-300, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-302 Report dates. [Order 1205, § 388-96-302, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-303 Uniform reporting forms. [Order 1169, § 388-96-303, filed 11/10/76; Order 1114, § 388-96-303, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-305 Approval required for extensions. [Order 1205, § 388-96-305, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-306 Short-period report procedure. [Order 1114, § 388-96-306, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-308 Late reports. [Order 1205, § 388-96-308, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-309 Incorrect or false report. [Order 1114, § 388-96-309, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-311 Forms. [Order 1205, § 388-96-311, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-312 Amended annual or semiannual report. [Order 1114, § 388-96-312, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-314 Completion of reports. [Order 1205, § 388-96-314, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-315 Flat rate option for providers (flat rate system). [Order 1114, § 388-96-315, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-317 Certification of reports. [Order 1205, § 388-96-317, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-318 Reporting requirements. [Order 1114, § 388-96-318, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-320 False reports. [Order 1205, § 388-96-320, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-321 Extensions. [Order 1114, § 388-96-321, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-323 Amendments. [Order 1205, § 388-96-323, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-324 Delinquent semiannual or annual reports. [Order 1114, § 388-96-324, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-325 Abbreviated reporting period. [Order 1205, § 388-96-325, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-326 Retention of records. [Order 1205, § 388-96-326, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

388-96-327 Determination of prospective daily payment rate. [Order 1114, § 388-96-327, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-330 Rate adjustments and payments. [Order 1114, § 388-96-330, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-333 Annual report settlement. [Order 1114, § 388-96-333, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-336 Contested annual settlement. [Order 1114, § 388-96-336, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-339 Final settlement date. [Order 1114, § 388-96-339, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-342 Uniform system of accounting and reporting. [Order 1169, § 388-96-342, filed 11/10/76; Order 1114, § 388-96-342, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-345 Uniform statistical reporting. [Order 1114, § 388-96-345, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-348 Method of accounting. [Order 1114, § 388-96-348, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-351 Nursing home reports. [Order 1239, § 388-96-351, filed 8/23/77; Order 1205, § 388-96-351, filed 4/13/77; Order 1114, § 388-96-351, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-354 Final settlement report. [Order 1114, § 388-96-354, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-357 Provider records. [Order 1114, § 388-96-357, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-360 Audits by the department. [Order 1114, § 388-96-360, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-363 Report certification. [Order 1114, § 388-96-363, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.

388-96-387 Illustration of final settlement form. [Order 1114, § 388-96-387, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-400 The prospective cost-related reimbursement system. [Order 1168, § 388-96-400, filed 11/3/76; Order 1114, § 388-96-400, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-403 Control areas and associated cost centers. [Order 1168, § 388-96-403, filed 11/3/76; Order 1114, § 388-96-403, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-406 Payment of the actual allowable costs by cost center. [Order 1168, § 388-96-406, filed 11/3/76; Order 1114, § 388-96-406, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-409 Discretionary allowance. [Order 1114, § 388-96-409, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-412 Expense allocation procedures. [Order 1114, § 388-96-412, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-415 Expense identification. [Order 1114, § 388-96-415, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-418 Expense recoveries and adjustments. [Order 1114, § 388-96-418, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-421 Allocation of expenses. [Order 1114, § 388-96-421, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-424 Multifacility provider. [Order 1114, § 388-96-424, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-427 Uniform system of accounting. [Order 1114, § 388-96-427, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-430 Separate and distinct SNF and/or ICF. [Order 1114, § 388-96-430, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-433 Combined multifacility. [Order 1114, § 388-96-433, 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-436 Prospective cost reimbursement for combined multifacility. [Order 1114, § 388-96-436, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-439 Payment of the lower of actual costs or prospective per diem rates. [Order 1114, § 388-96-439, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-442 Multifacility flat rate option for providers (flat rate system). [Order 1114, § 388-96-442, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-445 Medical recipient rates. [Order 1114, § 388-96-445, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-448 Medical recipient rates by level of care. [Order 1114, § 388-96-448, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-451 Prospective daily payment rate. [Order 1114, § 388-96-451, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-454 Prospective rate—Inadequate data. [Order 1114, § 388-96-454, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-457 Prospective rate revision. [Order 1114, § 388-96-457, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-458 Prospective rate—Projected (budgeted) cost increases. [Order 1114, § 388-96-458, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-460 Prospective rate—New facility. [Order 1114, § 388-96-460, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-463 Prospective rate—Change in ownership—New provider. [Order 1114, § 388-96-463, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-466 Prospective rate—Change in ownership—Nonarmslength transaction. [Order 1114, § 388-96-466, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-470 Prospective rate—Change in ownership—Armslength transaction. [Order 1114, § 388-96-470, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-473 Final daily settlement rate. [Order 1114, § 388-96-473, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-476 Notification of prospective and final rates. [Order 1114, § 388-96-476, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-479 Adjustments, errors, or omissions. [Order 1114, § 388-96-479, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-500 Provider billing instructions—Nursing home statement. [Order 1114, § 388-96-500, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-501 Allowable costs. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-501, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-501, filed 2/25/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-501, filed 6/1/78; Order 1262, § 388-96-501, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-503 Substance prevails over form. [Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-503, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-503, filed 2/25/81; Order 1262, § 388-96-503, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-507 Costs of meeting standards. [Statutory Authority: RCW 74.09.120. WSR 91-22-025 (Order 3270), § 388-96-507, filed 10/29/91, effective 11/29/91; WSR 81-22-081 (Order 1712), § 388-96-507, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-507, filed 2/25/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-507, filed 6/1/78; Order 1262, § 388-96-507, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-508 Travel expenses for members of trade association boards of directors. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-508, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-508, filed 5/30/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-509 Boards of directors fees. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-509, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-509, filed 5/30/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-510 Billing period. [Order 1114, § 388-96-510, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-513 Limit on costs to related organizations. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-513, filed 9/14/93, effective 10/15/93; WSR 81-06-024 (Order 1613), § 388-96-513, filed 2/25/81; Order 1262, § 388-96-513, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-520 Suspension of reimbursement formula. [Order 1114, § 388-96-520, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-521 Start up costs. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-521, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-521, filed 9/16/83; Order 1262, § 388-96-521, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-523 Organization costs. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-523, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-523, filed 9/16/83. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-523, filed 2/25/81; Order 1262, § 388-96-523, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-529 Total compensation—Owners, relatives, and certain administrative personnel. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-529, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-529, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-529, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-529, filed 2/25/81; Order 1262, § 388-96-529, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

- 388-96-531 Owner or relative—Compensation. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-531, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-531, filed 9/16/83. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-531, filed 2/25/81; Order 1262, § 388-96-531, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-533 Maximum allowable compensation of certain administrative personnel. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-533, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-533, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-533, filed 12/21/88. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-533, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-533, filed 5/7/86, effective 7/1/86; WSR 84-12-039 (Order 2105), § 388-96-533, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-533, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-533, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-533, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 80-06-122 (Order 1510), § 388-96-533, filed 5/30/80, effective 7/1/80. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-533, filed 6/1/78; Order 1262, § 388-96-533, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-534 Joint cost allocation disclosure (JCAD). [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-534, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.270. WSR 97-17-040, § 388-96-534, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-534, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-534, filed 5/26/94, effective 6/26/94. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-534, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-534, filed 9/16/83; WSR 80-09-083 (Order 1527), § 388-96-534, filed 7/22/80.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-537 Temporary contract labor. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-537, filed 2/25/81.] Repealed by WSR 81-22-081 (Order 1712), filed 11/4/81. Statutory Authority: RCW 74.09.120.
- 388-96-539 Allowable interest. [Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-539, filed 9/16/83; WSR 83-05-007 (Order 1944), § 388-96-539, filed 2/4/83; WSR 81-22-081 (Order 1712), § 388-96-539, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-539, filed 2/25/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-539, filed 6/1/78; Order 1262, § 388-96-539, filed 12/30/77.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.
- 388-96-540 Will the department allow the cost of an administrator-in-training? [Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-540, filed 9/25/98, effective 10/1/98.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-541 Offset of interest income. [Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-541, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-541, filed 2/25/81; Order 1262, § 388-96-541, filed 12/30/77.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.
- 388-96-543 Expense for construction interest. [Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-543, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-543, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-543, filed 2/25/81; Order 1262, § 388-96-543, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-545 Operating leases of equipment. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-545, filed 2/25/81.] Repealed by WSR 81-22-081 (Order 1712), filed 11/4/81. Statutory Authority: RCW 74.09.120.
- 388-96-547 Operating leases of facilities and equipment. [Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-547, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-547, filed 2/25/81; Order 1262, § 388-96-547, filed 12/30/77.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.
- 388-96-549 Rental expense paid to related organizations. [Order 1262, § 388-96-549, filed 12/30/77.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.
- 388-96-552 Depreciable assets. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-552, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-553 Capitalization. [Statutory Authority: RCW 74.46.310, [74.46.]320 and [74.46.]330. WSR 97-17-040, § 388-96-553, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-553, filed 9/16/83; WSR 83-05-007 (Order 1944), § 388-96-553, filed 2/4/83; WSR 82-11-065 (Order 1808), § 388-96-553, filed 5/14/82. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-553, filed 2/25/81; Order 1262, § 388-96-553, filed 12/30/77.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-555 Depreciation expense. [Order 1262, § 388-96-555, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-557 Depreciable assets. [Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-557, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-557, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-557, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-557, filed 2/25/81; Order 1262, § 388-96-557, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-558 Depreciation expense. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-558, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-559 Cost basis of land and depreciation base. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-559, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-559, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-559, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.360. WSR 97-17-040, § 388-96-559, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-559, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.09.120. WSR 91-22-025 (Order 3270), § 388-96-559, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-559, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-559, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-559, filed 9/16/83. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-559, filed 2/25/81; Order 1262, § 388-96-559, filed 12/30/77.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-561 Cost basis of land and depreciation base—Donated or inherited assets. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-561, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-561, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-561, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-561, filed 9/16/83. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-561, filed 2/25/81; Order 1262, § 388-96-561, filed 12/30/77.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-562 Depreciable assets—Disposed—Retired. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-562, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-563 Depreciation base of assets previously used in medical care program. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-563, filed 2/25/81.] Repealed by WSR 81-22-081 (Order 1712), filed 11/4/81. Statutory Authority: RCW 74.09.120.

388-96-564 Methods of depreciation. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-564, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-565 Lives. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-565, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-565, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.310, [74.46.]320 and [74.46.]330. WSR 97-17-040, § 388-96-565, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-565, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-565, filed 12/21/88. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-565, filed 4/20/87; WSR 86-10-055 (Order 2372), § 388-96-565, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-565, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-565, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-565, filed 2/25/81; Order 1262, § 388-96-565, filed 12/30/77.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-567 Methods of depreciation. [Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-567, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-567, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-567, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-567, filed 2/25/81; Order 1262, § 388-96-567, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-569 Retirement of depreciable assets. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-569, filed 9/14/93, effective 10/15/93; WSR 91-22-025 (Order 3270), § 388-96-569, filed 10/29/91, effective 11/29/91; WSR 81-06-024 (Order 1613), § 388-96-569, filed 2/25/81; Order 1262, § 388-96-569, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-571 Handling of gains and losses upon retirement of depreciable assets settlement periods prior to 1/1/81 and rate periods prior to 7/1/82. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-571, filed 2/25/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-571, filed 6/1/78; Or-

der 1262, § 388-96-571, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

- 388-96-572 Handling of gains and losses upon retirement of depreciable assets—Other periods. [Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-572, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-572, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-572, filed 9/16/83. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-572, filed 2/25/81.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-573 Recovery of excess over straight-line depreciation. [Statutory Authority: RCW 74.09.120. WSR 83-05-007 (Order 1944), § 388-96-573, filed 2/4/83; Order 1262, § 388-96-573, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-574 New or replacement construction—Property tax increases. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-574, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-587 Phase-in of other unallowable costs. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-587, filed 2/25/81.] Repealed by WSR 81-22-081 (Order 1712), filed 11/4/81. Statutory Authority: RCW 74.09.120.
- 388-96-600 Reasonable costs. [Order 1114, § 388-96-600, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-602 Substance of recoverable cost transactions. [Order 1114, § 388-96-602, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-604 Costs due to changes imposed by regulatory agencies. [Order 1114, § 388-96-604, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-606 Nonreimbursable services and expenses. [Order 1114, § 388-96-606, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-608 Recovery of expenses. [Order 1114, § 388-96-608, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-610 Physical property. [Order 1114, § 388-96-610, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-612 Depreciation. [Order 1114, § 388-96-612, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-614 Historical cost depreciation for new providers and for depreciable assets purchased subsequent to July 1, 1974. [Order 1114, § 388-96-614, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-616 Election of depreciation method for depreciable assets purchased prior to July 1, 1974, by providers entering cost reimbursement at its inception. [Order 1169, § 388-96-616, filed 11/10/76; Order 1114, § 388-96-616, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-618 Guideline lives and methods of depreciation. [Order 1114, § 388-96-618, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-620 Disposal of depreciable assets. [Order 1114, § 388-96-620, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-622 Gains or losses on disposition of major-minor equipment. [Order 1114, § 388-96-622, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-624 Historical cost trade-ins. [Order 1114, § 388-96-624, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.]
- 388-96-626 Purchase of facility as an ongoing operations. [Order 1114, § 388-96-626, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-628 Partial change of ownership interest. [Order 1114, § 388-96-628, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-630 Donated assets. [Order 1114, § 388-96-630, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-632 Capitalization vs. expense. [Order 1114, § 388-96-632, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-634 Construction in process. [Order 1114, § 388-96-634, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-636 Amortization expense of leasehold improvements. [Order 1114, § 388-96-636, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-638 Leased facilities and equipment. [Order 1114, § 388-96-638, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-640 Interest expense. [Order 1114, § 388-96-640, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-642 Interest rate. [Order 1114, § 388-96-642, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-644 Recovery of interest income. [Order 1114, § 388-96-644, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-646 Interest expense—Related organization. [Order 1114, § 388-96-646, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-648 Construction interest expense. [Order 1114, § 388-96-648, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-650 In-service educational activities. [Order 1114, § 388-96-650, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-652 Owner-administrator compensation and/or allowances. [Order 1114, § 388-96-652, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-654 Relatives of owner compensation and/or allowances. [Order 1114, § 388-96-654, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-656 Owner-administrator of multiple facilities (groups). [Order 1114, § 388-96-656, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-658 Owner allowances. [Order 1114, § 388-96-658, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-660 Preopening expenses. [Order 1114, § 388-96-660, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-662 Discretionary allowance. [Order 1114, § 388-96-662, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-664 Costs of related organization. [Order 1114, § 388-96-664, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-666 Rentals or leases from related organization. [Order 1114, § 388-96-666, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-668 Service charges from related organization. [Order 1114, § 388-96-668, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-700 Appeals [Order 1114, § 388-96-700, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

388-96-701 Reimbursement principles. [Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-701, filed 1/9/78.] Repealed by WSR 81-15-049 (Order 1669), filed 7/15/81. Statutory Authority: RCW 74.09.120.

388-96-707 Program services not covered by the reimbursement rate. [Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-707, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-707, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-707, filed 1/9/78.] Repealed by WSR 94-12-043 (Order 3737), filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800.

388-96-708 Beds removed from service under chapter 70.38 RCW, new beds approved under chapter 70.38 RCW, and beds permanently relinquished—Effect on prospective payment rate. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-708, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-708, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-708, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-708, filed 11/30/99, effective 12/31/99. Statutory Authority: 1998 c 322 § 19(11). WSR 98-20-023, § 388-96-708, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-708, filed 7/16/96, effective 8/16/96.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-709 Prospective rate revisions—Reduction in licensed beds by means other than "banking" pursuant to chapter 70.38 RCW. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-709, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-709, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-709, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-709, filed 11/30/99, effective 12/31/99. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(11) and RCW 74.46.800. WSR 98-20-023, § 388-96-709, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.510. WSR 97-17-040, § 388-96-709, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-709, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-709, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-709, filed 5/26/93, effective 6/26/93.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-714 Nursing facility medicaid rate allocations—Economic trends and conditions adjustment factors. [Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-714, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-714, filed 11/30/99, effective 12/31/99.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-716 Cost areas or cost centers. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-716, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-716, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-716, filed 7/23/92, effective 8/23/92. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-716, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-716, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-716, filed 9/16/83; WSR 81-15-049 (Order 1669), § 388-96-716, filed 7/15/81; WSR 80-06-122 (Order 1510), § 388-96-716, filed 5/30/80, effective 7/1/80; WSR 78-02-013 (Order 1264), § 388-96-716, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-717 Desk review adjustments. [Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-717, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-717, filed 9/16/83.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-719 Method of rate determination. [Statutory Authority: RCW 74.46.430. WSR 97-17-040, § 388-96-719, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-719, filed 9/12/95, effective

10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-719, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-719, filed 9/14/93, effective 10/15/93; WSR 90-09-061 (Order 2970), § 388-96-719, filed 4/17/90, effective 5/18/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-719, filed 12/23/87. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-719, filed 8/19/85. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-719, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-719, filed 9/16/83; WSR 82-17-071 (Order 1867), § 388-96-719, filed 8/18/82; WSR 82-12-068 (Order 1820), § 388-96-719, filed 6/2/82; WSR 82-04-073 (Order 1756), § 388-96-719, filed 2/3/82; WSR 81-15-049 (Order 1669), § 388-96-719, filed 7/15/81; WSR 80-06-122 (Order 1510), § 388-96-719, filed 5/30/80, effective 7/1/80; WSR 79-12-085 (Order 1461), § 388-96-719, filed 11/30/79; WSR 78-11-043 (Order 1353), § 388-96-719, filed 10/20/78. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-719, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-719, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-720 Redistribution pool. [Statutory Authority: RCW 74.09.120. WSR 82-11-065 (Order 1808), § 388-96-720, filed 5/14/82.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-721 Priorities in establishing rates and responding to appeals of desk-review adjustments. [Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-721, filed 5/30/84.] Repealed by WSR 94-12-043 (Order 3737), filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800.

388-96-722 Nursing services cost area rate. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-722, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-722, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-722, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-722, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 91-22-025 (Order 3270), § 388-96-722, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 91-12-026 (Order 3185), § 388-96-722, filed 5/31/91, effective 7/1/91. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-722, filed 12/21/88. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-722, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-722, filed 4/20/87; WSR 86-10-055 (Order 2372), § 388-96-722, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-722, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-722, filed 9/16/83; WSR 82-11-065 and 82-13-050 (Orders 1808 and 1808A), § 388-96-722, filed 5/14/82 and 6/14/82; WSR 81-15-049 (Order 1669), § 388-96-722, filed 7/15/81; WSR 81-06-024 (Order 1613), § 388-96-722, filed 2/25/81; WSR 80-06-122 (Order 1510), § 388-96-722, filed 5/30/80, effective 7/1/80; WSR 79-12-085 (Order 1461), § 388-96-722, filed 11/30/79. Statutory Authority: RCW 18.51.310 and 74.09.120. WSR 78-11-013 (Order 1349), § 388-96-722, filed 10/9/78. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-722, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-722, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-727 Food cost area rate. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-727, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-727, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-727, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-727, filed 9/16/83; WSR 81-15-049 (Order 1669), § 388-96-727, filed 7/15/81; WSR 79-12-085 (Order 1461), § 388-96-727, filed 11/30/79; WSR 78-02-013 (Order 1264), § 388-96-727, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-728 How will the nursing facility's "hold harmless" direct care rate be determined? [Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-728, filed 9/25/98, effective 10/1/98.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-729 When will the department use the "hold harmless rate" to pay for direct care services? [Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-729, filed 9/25/98, effective 10/1/98.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-732 How will the department determine whether its notice pursuant to WAC 388-96-724 was timely? [Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-732, filed 5/29/01, effective 6/29/01.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-735 Administrative cost area rate. [Statutory Authority: RCW 74.46.800. WSR 97-17-040, § 388-96-735, filed 8/14/97, effective 9/14/97; WSR 96-15-056, § 388-96-735, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-735, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-735, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-735, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-735, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-735, filed 9/16/83; WSR 82-11-065 (Order 1808), § 388-96-735, filed 5/14/82; WSR 81-15-049 (Order 1669), § 388-96-735, filed 7/15/81; WSR 80-06-122 (Order 1510), § 388-96-735, filed 5/30/80, effective 7/1/80; WSR 79-12-085 (Order 1461), §

- 388-96-735, filed 11/30/79; WSR 78-02-013 (Order 1264), § 388-96-735, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-737 Operational cost area rate. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-737, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-737, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-737, filed 9/14/93, effective 10/15/93.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-740 Medicaid case mix index—When a facility does not meet the ninety percent minimum data set (MDS) threshold as identified in RCW 74.46.501. [Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-740, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-740, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 22, 24 and 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-740, filed 9/25/98, effective 10/1/98.] Repealed by WSR 11-05-068, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958.
- 388-96-741 When the nursing facility does not have facility average case mix indexes for the four quarters specified in RCW 74.46.501 (7)(b) for determining the cost per case mix unit, what will the department use to determine the nursing facility's cost per case mix unit? [Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 22, 24 and 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-741, filed 9/25/98, effective 10/1/98.] Repealed by WSR 11-05-068, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958.
- 388-96-742 Licensed beds to compute the ninety percent minimum data set (MDS) threshold rather than a nursing facility's quarterly average census. [Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-742, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 22, 24 and 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-742, filed 9/25/98, effective 10/1/98.] Repealed by WSR 11-05-068, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958.
- 388-96-743 Property cost area rate. [Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-743, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-743, filed 10/13/82; WSR 81-15-049 (Order 1669), § 388-96-743, filed 7/15/81; WSR 80-06-122 (Order 1510), § 388-96-743, filed 5/30/80, effective 7/1/80; WSR 79-12-085 (Order 1461), § 388-96-743, filed 11/30/79; WSR 78-02-013 (Order 1264), § 388-96-743, filed 1/9/78.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.
- 388-96-744 How will the department set the therapy care rate and determine the median cost limit per unit of therapy? [Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 26 and RCW 74.46.800. WSR 98-20-023, § 388-96-744, filed 9/25/98, effective 10/1/98.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-745 Property cost area reimbursement rate. [Statutory Authority: RCW 74.46.800 and 74.46.530. WSR 97-17-040, § 388-96-745, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-745, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-745, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-745, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-745, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-745, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-745, filed 4/17/90, effective 5/18/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-745, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-745, filed 4/20/87. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-745, filed 12/4/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.
- 388-96-746 How much therapy consultant expense for each therapy type will the department allow to be added to the total allowable one-on-one therapy expense? [Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 26 and RCW 74.46.800. WSR 98-20-023, § 388-96-746, filed 9/25/98, effective 10/1/98.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-747 Constructed, remodeled or expanded facilities. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-747, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(12) and RCW 74.46.800. WSR 98-20-023, § 388-96-747, filed 9/25/98, effective 10/1/98.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-748 Financing allowance component rate allocation. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-748, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-748, filed 11/30/99, effective 12/31/99.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).
- 388-96-749 Variable return—Quartiles and percentages. [Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-749, filed 10/13/04, effective 11/13/04.] Repealed by WSR 11-05-068, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958.
- 388-96-750 Return on investment. [Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-750, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order

2025), § 388-96-750, filed 9/16/83; WSR 81-22-080 (Order 1716), § 388-96-750, filed 11/4/81; WSR 80-15-114 (Order 1561), § 388-96-750, filed 10/22/80; WSR 80-06-122 (Order 1510), § 388-96-750, filed 5/30/80, effective 7/1/80; WSR 79-04-061 (Order 1381), § 388-96-750, filed 3/28/79.] Repealed by WSR 84-24-050 (Order 2172), filed 12/4/84. Statutory Authority: RCW 74.09.120.

388-96-752 Documentation of leased assets. [Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-752, filed 12/4/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-753 Return on investment—Effect of funding granted under WAC 388-96-774, 388-96-776, and 388-96-777. [Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-753, filed 5/26/94, effective 6/26/94.] Repealed by WSR 95-19-037 (Order 3896), filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18.

388-96-754 A contractor's return on investment. [Statutory Authority: RCW 74.46.530. WSR 97-17-040, § 388-96-754, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-754, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-754, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-754, filed 9/14/93, effective 10/15/93; WSR 91-22-025 (Order 3270), § 388-96-754, filed 10/29/91, effective 11/29/91; WSR 90-09-061 (Order 2970), § 388-96-754, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-754, filed 12/21/88. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-754, filed 4/20/87; WSR 86-10-055 (Order 2372), § 388-96-754, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-754, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-754, filed 12/4/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-756 Enhancement cost area rate. [Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-756, filed 12/23/87.] Repealed by WSR 93-19-074 (Order 3634), filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800 and 74.09.120.

388-96-761 Home office, central office, and other off-premises assets. [Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-761, filed 5/30/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-762 Allowable land. [Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-762, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-762, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-762, filed 5/30/84.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-763 Rates for recipients requiring exceptionally heavy care. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-763, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-763, filed 5/26/94, effective 6/26/94; WSR 92-16-013 (Order 3424), § 388-96-763, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-763, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-763, filed 12/21/88. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-763, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-763, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-763, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-764 Activities assistants. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-764, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-764, filed 5/30/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-765 Ancillary care. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-765, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-765, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-765, filed 5/30/84.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-767 Appraisal values. [Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-767, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-767, filed 5/30/84.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-768 Minimum wage. [Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-768, filed 9/14/93, effective 10/15/93; WSR 90-09-061 (Order 2970), § 388-96-768, filed 4/17/90, effective 5/18/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-768, filed 12/23/87.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-769 Adjustments required due to errors or omissions. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-769, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-769, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120. WSR 82-11-065 (Order 1808), § 388-96-769, filed 5/14/82; WSR 81-22-081 (Order 1712), § 388-96-769, filed 11/4/81; WSR 78-02-013 (Order 1264), § 388-96-769, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-772 Requests for revision of a prospective rate. [Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-772, filed 11/4/81; WSR 78-02-013 (Order 1264), § 388-96-772, filed 1/9/78.] Repealed by WSR 83-19-047 (Order 2025), filed 9/16/83. Statutory Authority: RCW 74.09.120.

388-96-773 Adjustments to prospective rates. [Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 85-13-065 (Order 2245), § 388-96-773, filed 6/18/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-773, filed 9/16/83.] Repealed by WSR 90-09-061 (Order 2970), filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800.

388-96-774 Add-ons to the prospective rate—Staffing. [Statutory Authority: RCW 74.46.460. WSR 97-17-040, § 388-96-774, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-774, filed 7/16/96, effective 8/16/96; WSR 94-12-043 and 94-14-016 (Order 3737 and 3737A), § 388-96-774, filed 5/26/94 and 6/23/94, effective 6/26/94 and 7/24/94; WSR 93-17-033 (Order 3615), § 388-96-774, filed 8/11/93, effective 9/11/93. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-774, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-774, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-774, filed 12/21/88. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-774, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-774, filed 4/20/87. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-774, filed 8/19/85.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-775 Public review of rate-setting methods and standards. [Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-775, filed 1/9/78.] Repealed by WSR 93-19-074 (Order 3634), filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800 and 74.09.120.

388-96-776 Add-ons to the property and financing allowance payment rate—Capital improvements. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-776, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-776, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-776, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-776, filed 11/30/99, effective 12/31/99. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(12) and RCW 74.46.800. WSR 98-20-023, § 388-96-776, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.465. WSR 97-17-040, § 388-96-776, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-776, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-776, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-776, filed 5/26/94, effective 6/26/94.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-778 Public disclosure of rate-setting methodology. [Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-778, filed 1/9/78.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-779 Exceptional therapy care—Designated nursing facilities. [Statutory Authority: RCW 74.46.800, 74.46.508. WSR 00-12-098, § 388-96-779, filed 6/7/00, effective 7/8/00.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-780 Exceptional therapy care—Covered medicaid residents. [Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-780, filed 5/29/01, effective 6/29/01. Statutory Authority: RCW 74.46.800, 74.46.508. WSR 00-12-098, § 388-96-780, filed 6/7/00, effective 7/8/00.] Repealed by WSR 04-21-027, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8.

388-96-783 Certificate of capital authorization (CCA). [Statutory Authority: RCW 74.46.807, 74.46.431, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-783, filed 10/13/04, effective 11/13/04.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-784 Expense for construction interest. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-784, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-786 Pay for performance add-on. [Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-786, filed 2/14/11, effective 2/26/11.] Repealed by WSR 17-22-037, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800, 74.46.561(1).

388-96-801 Billing period. [Order 1262, § 388-96-801, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-804 Billing procedures. [Statutory Authority: RCW 74.09.120. WSR 82-20-024 and 82-20-036 (Orders 1883 and 1883A), § 388-96-804, filed 9/29/82 and 9/30/82; Order 1262, § 388-96-804, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-807 Charges to patients. [Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-807, filed 12/21/88. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-807, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-807, filed 10/13/82; Order 1262, § 388-96-807, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-810 Payment. [Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-810, filed 7/16/96, effective 8/16/96; Order 1262, § 388-96-810, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-813 Suspension of payment. [Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-813, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-813, filed 9/16/83; Order

1262, § 388-96-813, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-816 Termination of payments. [Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-816, filed 9/16/83; Order 1262, § 388-96-816, filed 12/30/77.] Repealed by WSR 98-20-023, filed 9/25/98, effective 10/1/98.

388-96-900 Definitions. [Order 1169, § 388-96-900, filed 11/10/76.] Repealed by Order 1262, filed 12/30/77.

388-96-902 Recoupment of undisputed overpayments. [Statutory Authority: RCW 74.09.120. WSR 82-11-065 (Order 1808), § 388-96-902, filed 5/14/82.] Repealed by WSR 95-19-037 (Order 3896), filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18.

WAC 388-96-010 Definitions. Unless the context indicates otherwise, the following definitions apply in this chapter.

"Accounting" means activities providing information, usually quantitative and often expressed in monetary units, for:

- (1) Decision making;
- (2) Planning;
- (3) Evaluating performance;
- (4) Controlling resources and operations; and
- (5) External financial reporting to investors, creditors, regulatory authorities, and the public.

"Accrual method of accounting" is a method of accounting in which revenues are reported in the period when they are earned, regardless of when they are collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

"Administration and management" means activities used to maintain, control, and evaluate the efforts and resources of an organization for the accomplishment of the objectives and policies of that organization.

"Allowable costs" are documented costs that are necessary, ordinary, reasonable, and related to the care of medicaid recipients, and are not expressly declared nonallowable by this chapter or chapter 74.46 RCW. Costs are ordinary if they are of the nature and magnitude that prudent and cost conscious management would pay.

"Assignment of contract" means:

- (1) A new nursing facility licensee has elected to care for medicaid residents;
- (2) The department finds no good cause to object to continuing the medicaid contract at the facility; and
- (3) The new licensee accepts assignment of the immediately preceding contractor's contract at the facility.

"Bad debts" are amounts considered to be uncollectible from accounts and notes receivable.

"Banked beds" are beds removed from service under chapter 246-310 WAC.

"Beneficial owner" is any one or more of the following:

(1) Any person who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise has or shares one or more of the following:

- (a) Voting power which includes the power to vote, or to direct the voting of such ownership interest; or
- (b) Investment power which includes the power to dispose, or to direct the disposition of such ownership interest.

(2) Any person who, directly or indirectly, creates or uses a trust, proxy, power of attorney, pooling arrangement, or any other contract, arrangement, or device with the effect of divesting himself or herself of beneficial ownership of an ownership interest or pre-

venting the vesting of such beneficial ownership as part of a plan or scheme to evade the reporting requirements of this chapter;

(3) Any person who, subject to (b) of this subsection, has the right to acquire beneficial ownership of such ownership interest within sixty days, including but not limited to any right to acquire:

(a) Through the exercise of any option, warrant, or right;

(b) Through the conversion of an ownership interest;

(c) Pursuant to the power to revoke a trust, discretionary account, or similar arrangement; or

(d) Pursuant to the automatic termination of a trust, discretionary account, or similar arrangement; except that, any person who acquires an ownership interest or power specified in (a), (b), or (c) of this subsection with the purpose or effect of changing or influencing the control of the contractor, or in connection with or as a participant in any transaction having such purpose or effect, immediately upon such acquisition shall be deemed to be the beneficial owner of the ownership interest which may be acquired through the exercise or conversion of such ownership interest or power;

(4) Any person who in the ordinary course of business is a pledgee of ownership interest under a written pledge agreement shall not be deemed to be the beneficial owner of such pledged ownership interest until the pledgee has taken all formal steps necessary which are required to declare a default and determines that the power to vote or to direct the vote or to dispose or to direct the disposition of such pledged ownership interest will be exercised; except that:

(a) The pledgee agreement is bona fide and was not entered into with the purpose nor with the effect of changing or influencing the control of the contractor, nor in connection with any transaction having such purpose or effect, including persons meeting the conditions set forth in (b) of this subsection; and

(b) The pledgee agreement, prior to default, does not grant to the pledgee:

(i) The power to vote or to direct the vote of the pledged ownership interest; or

(ii) The power to dispose or direct the disposition of the pledged ownership interest, other than the grant of such power(s) pursuant to a pledge agreement under which credit is extended and in which the pledgee is a broker or dealer.

"Building" means the basic structure, shell, structures, or shells of a facility and additions thereto. All allowable sections of a building are enclosed on all sides with a roof and are permanent.

"Building improvements" are betterments and additions made by a building owner to the building.

"Capital" means the component of the rate that uses a fair market rental system to set a price per bed.

"Capitalized lease" means a lease required to be recorded as an asset and associated liability in accordance with generally accepted accounting principles.

"Cash method of accounting" means a method of accounting in which revenues are recorded when cash is received, and expenditures for expense and asset items are not recorded until cash is disbursed for those expenditures and assets.

"Change of ownership" means a substitution, elimination, or withdrawal of the individual operator or operating entity contracting with the department to deliver care services to medical care recipients in a nursing facility and ultimately responsible for the daily operational decisions of the nursing facility.

(1) Events which constitute a change of ownership include, but are not limited to, the following:

(a) Changing the form of legal organization of the contractor, such as a sole proprietor forms a partnership or corporation;

(b) Transferring ownership of the nursing facility business enterprise to another party, regardless of whether ownership of some or all of the real property or personal property assets of the facility are also transferred;

(c) Dissolving of a partnership;

(d) Dissolving the corporation, merging the corporation with another corporation, which is the survivor, or consolidating with one or more other corporations to form a new corporation;

(e) Transferring, whether by a single transaction or multiple transactions within any continuous twenty-four-month period, fifty percent or more of the stock to one or more:

(i) New or former stockholders; or

(ii) Present stockholders each having held less than five percent of the stock before the initial transaction;

(f) Substituting of the individual operator or the operating entity by any other event or combination of events that results in a substitution or substitution of control of the individual operator or the operating entity contracting with the department to deliver care services; or

(g) A nursing facility ceases to operate.

(2) Ownership does not change when the following, without more, occurs:

(a) A party contracts with the contractor to manage the nursing facility enterprise as the contractor's agent, i.e., subject to the contractor's general approval of daily operating and management decisions; or

(b) The real property or personal property assets of the nursing facility change ownership or are leased, or a lease of them is terminated, without a substitution of individual operator or operating entity and without a substitution of control of the operating entity contracting with the department to deliver care services.

"Charity allowance" means a reduction in charges made by the contractor because of the indigence or medical indigence of a patient.

"Component rate allocation" means the initial component rate allocation of the rebased rate for a rebase period effective July 1st. If a month and a day, other than July 1st with a year precedes "component rate allocation," it means the initial component rate allocation of the rebased rate of the rebase period has been amended or updated effective the date that precedes it, e.g., October 1, 1999 direct care component rate allocation.

"Contract" means an agreement between the department and a contractor for the delivery of nursing facility services to medical care recipients.

"Cost report" means all schedules of a nursing facility's cost report submitted according to the department's instructions.

"Courtesy allowances" are reductions in charges in the form of an allowance to physicians, clergy, and others, for services received from the contractor. Employee fringe benefits are not considered courtesy allowances.

"Department" means department of social and health services and its employees.

"Direct care supplies or "DCS" means:

(1) Those supplies:

- (a) Used by staff providing direct care to residents;
- (b) Consumed during a single accounting period; and
- (c) Expensed in that accounting period.

(2) Supplies excluded from DCS include but are not limited to the following:

- (a) Medical equipment (such as IV poles);
- (b) Items covered by medicaid fee-for-service system; and
- (c) Administrative supplies used by direct care staff (such as pencils, pens, paper, and office supplies).

"Donated asset" means an asset the contractor acquired without making any payment for the asset either in cash, property, or services. An asset is not a donated asset if the contractor:

- (1) Made even a nominal payment in acquiring the asset; or
- (2) Used donated funds to purchase the asset.

"Equity capital" means total tangible and other assets that are necessary, ordinary, and related to patient care from the most recent provider cost report minus related total long-term debt from the most recent provider cost report plus working capital defined as current assets minus current liabilities.

"Fiscal year" means the operating or business year of a contractor. All contractors report on the basis of a twelve month fiscal year, but provision is made in this chapter for reports covering abbreviated fiscal periods. As determined by context or otherwise, "fiscal year" may also refer to a state fiscal year extending from July 1st through June 30th of the following year and comprising the first or second half of a state fiscal biennium.

"Fixed equipment" means attachments to buildings including, but not limited to, wiring, electrical fixtures, plumbing, elevators, heating system, and air conditioning system. Generally, fixed equipment is permanently attached to the building and not subject to transfer.

"Goodwill" means the excess of the price paid for a nursing facility business over the fair market value of all net identifiable tangible and intangible assets acquired, as measured in accordance with generally accepted accounting principles.

"Imprest fund" means a fund that is regularly replenished in exactly the amount expended from it.

"Intangible asset" is an asset that lacks physical substance but possesses economic value.

"Interest" means the cost incurred for the use of borrowed funds, generally paid at fixed intervals by the user.

"Joint facility costs" are any costs that benefit more than one facility, or one facility and any other entity.

"Leasehold improvements" are betterments and additions made by the lessee to the leased property that become the property of the lessor after the expiration of the lease.

"Licensed beds" means the adjusted reported beds from the cost report associated with the cost year of the component being set. This is the number of licensed beds in a facility on December 31st of the cost report year according to the department of health.

"Nonadministrative wages and benefits" are wages, benefits, and corresponding payroll taxes paid for nonadministrative personnel, not including the administrator, assistant administrator, or administrator-in-training.

"Nonallowable costs" are the same as "unallowable costs."

"Nonrestricted funds" are funds that are not restricted to a specific use by the donor, such as general operating funds.

"Nursing facility occupancy percentage" is a percentage determined by multiplying the number of calendar days for the cost report period by the number of licensed beds, regardless of how many beds are set up, in use, or banked under chapter 246-310 WAC, for the same cost report period. Then, the product is divided into the nursing facility's actual resident days for the same cost report period. Banked beds are not counted as licensed beds for nursing facility occupancy percentage calculation.

"Operating lease" means a lease under which rental or lease expenses are included in current expenses in accordance with generally accepted accounting principles.

"Ownership interest" means all interests beneficially owned by a person, calculated in the aggregate, regardless of the form the beneficial ownership takes.

"Per diem costs," or "per patient day costs," or "per patient days costs" mean total allowable costs for a fiscal period divided by total patient or resident days for the same period.

"Prospective daily payment rate" means the rate assigned by the department to a contractor for providing service to medical care recipients prior to the application of settlement principles.

"Real property," whether leased or owned by the contractor, means the building, allowable land, land improvements, and building improvements associated with a nursing facility.

"Recipient" means a medicaid recipient.

"Related care" means only those services that are directly related to providing direct care to nursing facility residents including but not limited to:

- (1) The director of nursing services;
- (2) Nursing direction and supervision;
- (3) Activities and social services programs;
- (4) Medical and medical records specialists; and
- (5) Consultation provided by:
 - (a) Medical directors; and
 - (b) Pharmacists.

"Relative" includes:

- (1) Spouse;
- (2) Natural parent, child, or sibling;
- (3) Adoptive child, parent, or sibling;
- (4) Stepparent, stepchild, stepbrother, stepsister;
- (5) Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law;
- (6) Grandparent and grandchild; and
- (7) Uncle, aunt, nephew, niece, and cousin.

"Related organization" means an entity under common ownership or common control with, or has control of or is controlled by the contractor.

(1) "Common ownership" exists when an entity or person is the beneficial owner of five percent or more ownership interest in the contractor and any other entity.

(2) "Control" exists where an entity or person has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution, whether or not it is legally enforceable and however it is exercisable and exercised.

"Renovations" means the cost of the building, building improvements, leasehold improvements, and fixed equipment used to calculate a facility's age. In order to be used to calculate a facility's age, the

cost of renovations in a calendar year must be two thousand dollars or greater per licensed bed.

"Restricted fund" means those funds in which either the principal or income, or both, is limited by agreement with or direction of the donor to a specific purpose.

"Significant renovations" are renovations that exceed two thousand dollars per licensed bed in a calendar year as reported on the adjusted annual cost report.

"Start up costs" are the one-time preopening costs incurred from the time preparation begins on a newly constructed or purchased building until the first patient is admitted. Start up costs include:

- (1) Administrative and nursing salaries;
- (2) Utility costs;
- (3) Taxes;
- (4) Insurance;
- (5) Repairs and maintenance; and
- (6) Training costs.

Start up costs do not include expenditures for capital assets.

"Total rate allocation" means the initial rebased rate for a rebase period effective July 1st. If a month and a day, other than July 1st, with a year precedes "total rate allocation," it means the initial rebased rate of the rebase period has been amended or updated effective the date that precedes it, such as October 1, 1999 direct care component rate allocation.

"Unallowable costs" are costs that do not meet every test of an allowable cost.

"Uniform chart of accounts" are account titles identified by code numbers established by the department for contractors to use in reporting costs.

"Vendor number" means a number assigned to each contractor delivering care services to medical care recipients.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-010, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-010, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-010, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-010, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-010, filed 9/25/98, effective 10/1/98; WSR 97-17-040, § 388-96-010, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-010, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-010, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-010, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120. WSR 91-22-025 (Order 3270), § 388-96-010, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-010, filed 4/17/90, effective 5/18/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-010, filed 12/23/87. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 85-13-060 (Order 2240), § 388-96-010, filed 6/18/85. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-010, filed 12/4/84. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-010, filed

5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-010, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-010, filed 10/13/82; WSR 81-22-081 (Order 1712), § 388-96-010, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-010, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 80-09-083 (Order 1527), § 388-96-010, filed 7/22/80; WSR 79-04-061 (Order 1381), § 388-96-010, filed 3/28/79. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-010, filed 6/1/78; Order 1262, § 388-96-010, filed 12/30/77.]

WAC 388-96-011 Conditions of participation. In order to participate in the nursing facility medicaid payment system established by this chapter and chapter 74.46 RCW, the person or legal entity responsible for operation of a facility shall:

- (1) Obtain a state certificate of need and/or federal capital expenditure review (section 1122) approval pursuant to chapter 70.38 RCW and Part 100, Title 42 C.F.R. where required;
- (2) Hold the appropriate current license;
- (3) Hold current Title XIX certification;
- (4) Hold a current contract to provide services under this chapter and chapter 74.46 RCW;
- (5) Comply with all provisions of the contract and all applicable statutes and regulations, including but not limited to the provisions of this chapter and chapter 74.46 RCW; and
- (6) Obtain and maintain medicare certification, under Title XVIII of the Social Security Act, 42 U.S.C. Sec. 1395, as amended, for a portion of the facility's licensed beds.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-011, filed 2/14/11, effective 2/26/11.]

WAC 388-96-012 Public disclosure. (1) Cost reports and final audit reports filed by the contractor shall be subject to public disclosure pursuant to chapter 42.56 RCW.

(2) Subsection (1) of this section does not prevent a contractor from having access to its own records or from authorizing an agent or designee to have access to the contractor's records.

(3) Regardless of whether any document or report submitted to the department pursuant to this chapter is subject to public disclosure, copies of such documents or reports shall be provided by the department, upon written request, to the legislature and to federal, state, or local agencies or law enforcement officials who have an official interest in the contents thereof.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-012, filed 2/14/11, effective 2/26/11.]

WAC 388-96-020 Prospective cost-related payment. The nursing facility medicaid payment system is the system used by the department to pay for nursing facility services provided to medical care recipients. Payment for nursing facility care shall be determined in accord-

ance with this chapter and chapter 74.46 RCW. The provisions of chapter 74.46 RCW are incorporated by reference in this chapter as if fully set forth.

[Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-020, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 85-13-065 (Order 2245), § 388-96-020, filed 6/18/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-020, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-020, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-020, filed 6/1/78; Order 1262, § 388-96-020, filed 12/30/77.]

WAC 388-96-022 Due dates for cost reports. (1) The contractor must submit annually a complete report of costs and financial conditions of the contractor that is prepared and presented in a standardized manner and in accordance with this chapter and chapter 74.46 RCW.

(2) The department will review the contractor's costs and financial conditions in accordance with the methodology effective at the time the contractor incurred the costs as described in chapters 388-96 WAC and 74.46 RCW.

(3) Not later than March 31st of each year, each contractor must submit to the department an annual cost report for the period from January 1st through December 31st of the preceding year.

(4) Cost reports for new contractors must be submitted in accordance with WAC 388-96-026.

(5) To properly complete the cost report, the contractor must submit the entire cost report, including the certification page to the document electronically. A cost report is not complete until the department receives both documents.

(6) Not later than one hundred twenty days following the termination or assignment of a contract, the terminating or assigning contractor must submit to the department a cost report for the period from January 1st through the date the contract was terminated or assigned.

(7) If the contractor does not properly complete the cost report or the department does not receive it by the due date established in this section, the department may withhold all or part of any payments due under the contract until the department receives the contractor's properly completed cost report.

(8) The department may impose civil fines or take adverse rate action against contractors and former contractors who do not submit properly completed cost reports by the applicable due date established in this section.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-022, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-022, filed 2/14/11, effective 2/26/11.]

WAC 388-96-026 New contractors. (1) For purposes of administering the payment system, the department shall consider a "new contractor" as one who receives a new vendor number and:

(a) Builds from the ground-up a new facility; and operates the new facility with completely new staff, administration and residents. If the "new contractor" operated a nursing facility immediately before the opening of the new facility, then the "new contractor" must operate the new facility with:

(i) Staff and administration that are substantially to completely different than the previous operation of the "new contractor"; and

(ii) A resident population that is substantially to completely different than the residents residing in the previous nursing facility; or

(b) Currently operates, acquires, or assumes responsibility for operating an existing nursing facility that was not operated under a medicaid contract immediately prior to the effective date of the new medicaid contract; or

(c) Purchases or leases a nursing facility that, at the time of the purchase or lease, was operated under a medicaid contract.

(2) A new contractor shall submit:

(a) At least sixty days before the effective date of the contract or assignment, a statement disclosing the identity of individuals or organizations who:

(i) Have a beneficial ownership interest in the current operating entity or the land, building, or equipment of the facility; or

(ii) Have a beneficial ownership interest in the purchasing or leasing entity.

(b) By March 31st of the following year, a cost report for the period from the effective date of the contract or assignment through December 31st of year the contract or assignment was effective.

[Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(11) and RCW 74.46.800. WSR 98-20-023, § 388-96-026, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-026, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-026, filed 7/23/92, effective 8/23/92. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-026, filed 12/21/88. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-026, filed 9/16/83; Order 1262, § 388-96-026, filed 12/30/77.]

WAC 388-96-099 Completing cost reports and maintaining records.

(1) To determine reported costs, nursing facility contractors shall use generally accepted accounting principles, the provisions of this chapter, and chapter 74.46 RCW. In the event of conflict, chapter 74.46 RCW, this chapter, and instructions issued by the department take precedence over generally accepted accounting principles.

(2) A nursing facility's records shall be maintained on the accrual method of accounting and agree with or be reconcilable to the cost report. All revenue and expense accruals shall be reversed against the appropriate accounts unless they are received or paid, respectively, within one hundred twenty days after the accrual is made. However, if the contractor can document a good faith billing dispute with the supplier or vendor, the period may be extended, but only for those portions of billings subject to good faith dispute. Accruals for vacation, holiday, sick pay, payroll, and real estate taxes may be carried for longer periods, provided the contractor follows generally accepted accounting principles and pays this type of accrual when due.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-099, filed 2/14/11, effective 2/26/11.]

WAC 388-96-102 Requirements for retention of records by the contractor. (1) The contractor shall specify a location in the state of Washington at which the contractor shall retain all records supporting the cost reports for a period of four years following the filing of the required cost reports. Also, at the same location, for a period of four years, for each calendar year, the contractor shall retain all records supporting trust funds established under WAC 388-96-366(2) and account receivables. For example, supporting records for 2009 trust funds and accounts receivables must be kept through 2013.

(2) When there is (are) an unresolved issue(s) on a cost report, the department may direct supporting records to be retained for a longer period. All such records shall be made available upon demand to authorized representatives of the department, the office of the state auditor, and the Centers for Medicare and Medicaid Services (CMS).

(3) When a contract is terminated or assigned, all payments due the terminating or assigning contractor will be withheld until accessibility and preservation of the records within the state of Washington are assured.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-102, filed 2/14/11, effective 2/26/11.]

WAC 388-96-105 Retention of cost reports and resident assessment information by the department. The department will retain cost reports for one year after final settlement or reconciliation, or the period required under chapter 40.14 RCW, whichever is longer. Resident assessment information and records shall be retained as provided in statute or by department rule.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-105, filed 2/14/11, effective 2/26/11.]

WAC 388-96-107 Requests for extensions. (1) A contractor may request in writing an extension for submitting cost reports. Contractor requests must:

- (a) Be addressed to the manager, nursing facility rates program;
- (b) State the circumstances prohibiting compliance with the report due date; and
- (c) Be received by the department at least ten days prior to the due date of the report.

(2) The department may grant two extensions of up to thirty days each, only if the circumstances, stated clearly, indicate the due date cannot be met and the following conditions are present:

- (a) The circumstances were not foreseeable by the provider; and
- (b) The circumstances were not avoidable by advance planning.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-107, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-107, filed 12/21/88. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-107, filed 9/16/83; Order 1262, § 388-96-107, filed 12/30/77.]

WAC 388-96-108 Failure to submit final reports. (1) If a nursing facility's contract is terminated or assigned, and the nursing facility does not submit a final cost report as required by WAC 388-96-022, the nursing facility shall return to the department all payments made to the terminating or assigning contractor relating to the period for which a report has not been received within sixty days after the terminating or assigning contractor receives a written demand from the department.

(2) Effective sixty days after the terminating or assigning contractor receives a written demand for payment, interest will begin to accrue payable to the department on any unpaid balance at the rate of one percent per month.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-108, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.040 and 74.46.050 as amended by 1998 c 322 §§ 3 and 4. WSR 98-20-023, § 388-96-108, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-108, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-108, filed 9/16/83. Statutory Authority: RCW 74.08.090. WSR 82-21-025 (Order 1892), § 388-96-108, filed 10/13/82.]

WAC 388-96-117 Certification requirement. The contractor as defined in RCW 74.46.020(13) must certify under penalty of perjury that the cost report or an amendment to it is a true, correct, and complete representation of actual costs related to patient care prepared in accordance with applicable instructions provided by the department, chapter 388-96 WAC, and chapter 74.46 RCW. Further, where other costs not related to patient care are shown, they are classified as unallowable.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-117, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-117, filed 8/19/85; Order 1262, § 388-96-117, filed 12/30/77.]

WAC 388-96-119 Reports—False information. (1) If a contractor knowingly or with reason to know files a report containing false information, such action constitutes good cause for termination of its contract with the department.

(2) In accordance with RCW 74.46.531, the department will make adjustments to payment rates because a false report was filed.

(3) Contractors filing false reports may be referred for prosecution under applicable statutes.

[Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 19(11) and 31 and RCW 74.46.800. WSR 98-20-023, § 388-96-119, filed 9/25/98, effective 10/1/98; Order 1262, § 388-96-119, filed 12/30/77.]

WAC 388-96-122 Amendments to reports. (1) For the purpose of determining allowable costs, the department must consider an amendment to an annual report only if filed by the provider before the receipt by the provider of the notification scheduling the department's audit. The contractor may file an amendment subsequent to such notification and pursuant to the provisions of RCW 74.46.531 to adjust a payment rate allocation because of an error or omission. When the provider files an amendment, the department must consider it only if significant errors or omissions are discovered. The department must deem errors or omissions "significant" when the errors or omissions would mean a net difference of two cents or more per patient day or one thousand dollars or more in reported costs, whichever is higher, in any component rate allocation.

(2) To file an amendment, the provider must submit the amended cost report and amended cost report certification page to the department electronically. An amended cost report is not complete until the department receives both documents.

(3) If an amendment is filed, a contractor shall also submit with the amendment an account of the circumstances relating to and the reasons for the amendment, along with supporting documentation. The department must refuse to consider an amendment resulting in a more favorable settlement or payment rate allocation to a contractor if the amendment is not the result of circumstances beyond the control of the contractor or the result of good-faith error under the system of cost allocation and accounting in effect during the reporting period in question.

(4) Acceptance or use by the department of an amendment to a cost report is not a release of applicable civil or criminal liability.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-122, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 as amended by 1998 c 322 §§ 19(11) and 31 and RCW 74.46.800. WSR 98-20-023, § 388-96-122, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-122, filed 5/7/86, effective 7/1/86; WSR 84-12-039 (Order 2105), § 388-96-122, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 82-11-065 (Order 1808), § 388-96-122, filed 5/14/82; WSR 79-03-021 (Order 1370), § 388-96-122, filed 2/21/79; Order 1262, § 388-96-122, filed 12/30/77.]

WAC 388-96-205 Purposes of department audits—Examination—Incomplete or incorrect reports—Contractor's duties—Access to facility—Fines—Adverse rate actions. (1) The purposes of department audits and examinations under this chapter and chapter 74.46 RCW are to ascertain that:

(a) Allowable costs for each year for each medicaid nursing facility are accurately reported;

(b) Cost reports accurately reflect the true financial condition, revenues, expenditures, equity, beneficial ownership, related party status, and records of the contractor;

(c) The contractor's revenues, expenditures, building, building square footage, building improvements, leasehold improvements, fixed equipment, and age are recorded in compliance with department requirements, instructions, and generally accepted accounting principles;

(d) The contractor is in compliance with the direct care staffing requirements found in this chapter and chapter 74.42 RCW;

(e) The responsibility of the contractor has been met in the maintenance and disbursement of patient trust funds; and

(f) The contractor has reported and maintained accounts receivable in compliance with this chapter and chapter 74.46 RCW.

(2) The department must examine the submitted cost report, or a portion thereof, of each contractor for each nursing facility for each report period to determine whether the information is correct, complete, and reported in conformance with department instructions and generally accepted accounting principles, the requirements of this chapter, and chapter 74.46 RCW. The department must determine the scope of the examination.

(3) When the department finds that the cost report is incorrect or incomplete, the department may make adjustments to the reported information for purposes of establishing component rate allocations or in determining amounts to be recovered in direct care under WAC 388-96-218 or in any component rate resulting from undocumented or misreported costs. A schedule of the adjustments must be provided to the contractor, including dollar amount and explanations for the adjustments. Adjustments are subject to review under WAC 388-96-901 and 388-96-904.

(4) Audits of resident trust funds and receivables must be reported separately and in accordance with the provisions of this chapter and chapter 74.46 RCW.

(5) The contractor must:

(a) Provide access to the nursing facility, all financial and statistical records, and all working papers that are in support of the cost report, receivables, and resident trust funds. To ensure accuracy, the department may require the contractor to submit for departmental review any underlying financial statements or other records, including income tax returns, relating to the cost report directly or indirectly;

(b) Make available to the department staff an individual or individuals to respond to questions and requests for information from department staff. The designated individual or individuals must have sufficient knowledge of the issues, operations, or functions to provide accurate and reliable information; and

(c) Prepare a reconciliation of the cost report with:

(i) Applicable federal income and federal and state payroll tax returns; and

(ii) The records for the period covered by the cost report.

(6) If an examination discloses material discrepancies, undocumented costs, or mishandling of resident trust funds, the department may open or reopen one or both of the two preceding cost reports or resident trust fund periods, whether examined or unexamined, for indication of similar discrepancies, undocumented costs, or mishandling of resident trust funds.

(7) Any assets, liabilities, revenues, or expenses reported as allowable that are not supported by adequate documentation in the con-

tractor's records must be disallowed. Documentation must show both that costs reported were incurred during the period covered by the report and were related to resident care, and that assets reported were used in the provision of resident care.

(8) When access is required at the facility or at another location in the state, the department must notify the contractor of its intent to examine all financial and statistical records, and all working papers that are in support of the cost report, receivables, and resident trust funds.

(9) The department is authorized to assess civil fines and take adverse rate action if a contractor, or any of its employees, do not allow access to the contractor's nursing facility records.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-205, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-205, filed 2/14/11, effective 2/26/11.]

WAC 388-96-208 Reconciliation of medicaid resident days to billed days and medicaid payments—Payments due—Accrued interest—Withholding funds.

(1) The department must reconcile medicaid resident days to billed days and medicaid payments for each medicaid nursing facility for each calendar year, or for that portion of the calendar year the provider's contract was in effect.

(2) The contractor must make any payment owed the department as determined by either reconciliation or settlement, or both, at the lower of cost or rate within sixty days after the department notifies the contractor of the amount owed.

(3) The department must pay the contractor within sixty days after it notifies the contractor of an underpayment.

(4) Interest at the rate of one percent per month accrues against the department or the contractor on an unpaid balance existing sixty days after notification of the contractor. Accrued interest must be adjusted back to the date it began to accrue if the payment obligation is subsequently revised after administrative or judicial review.

(5) The department may withhold funds from the contractor's payment for services and may take all other actions authorized by law to recover from the contractor amounts due and payable including any accrued interest. Neither a timely filed appeal under WAC 388-96-901 and 388-96-904 nor the commencement of judicial review as may be available to the contractor in law to contest a payment obligation determination shall delay recovery from the contractor or payment to the contractor.

(6) For all cost report periods ending on or before December 31, 2015, the contractor must make payment owed to the department for direct care, therapy, and support services at the lower of the cost or rate.

(7) For all cost report periods beginning January 1, 2016 and ending on or before December 31, 2016, cost in direct care, therapy, and support services must be combined and compared to the combined weighted rates for direct care, therapy, and support services. The contractor must make payment owed to the department for combined direct care, therapy, and support services at the lower of the cost or rate.

(8) For all cost report periods beginning on or after January 1, 2017, the contractor must make payment owed to the department for direct care at the lower of the cost or rate.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-208, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-208, filed 2/14/11, effective 2/26/11.]

WAC 388-96-211 Proposed settlement report—Payment refunds—Overpayments—Determination of unused rate funds—Total and component payment rates.

(1) Contractors must submit with each annual nursing facility cost report a proposed settlement report showing underspending or overspending in each component rate during the cost report year on a per-resident day basis. The department must accept or reject the proposed settlement report, explain any adjustments, and if needed, issue a revised settlement report.

(2) Contractors are not required to refund payments made to cost components not identified in WAC 388-96-208 (7) or (8) in excess of the adjusted costs of providing services corresponding to these components.

(3) The facility must return to the department any overpayment amounts identified in WAC 388-96-208 (7) or (8) that the department identifies following the examination and settlement procedures as described in this chapter, provided that the contractor may retain any overpayment that does not exceed one percent of the facility's component rate identified in WAC 388-96-208 (7) or (8). However, no overpayments may be retained in a cost center to which savings have been shifted to cover a deficit, as provided in subsection (5) of this section. Facilities that are not in substantial compliance for more than ninety days and facilities that provide substandard quality of care at any time during the period for which settlement is calculated, will not be allowed to retain any amount of overpayment in the facility's cost components identified in WAC 388-96-208 (7) or (8). The terms "not in substantial compliance" and "substandard quality of care" must be defined by federal survey regulations.

(4) Total and component payment rates assigned to a nursing facility, as calculated and revised, if needed, under the provisions of this chapter and chapter 74.46 RCW represent the maximum payment for nursing facility services rendered to medicaid recipients for the period the rates are in effect. No increase in payment to a contractor shall result from spending above the total payment rate or in any rate component.

(5) For cost reports ending on or before December 31, 2016, determination of unused rate funds, including the amounts of direct care, therapy, and support services to be recovered, must be done separately for each rate component and, except as otherwise provided in this subsection, neither costs nor rate payments may be shifted from one component rate or corresponding services are to another in determining the degree of underspending or recover, if any. In calculating a preliminary or final settlement, savings in the support services cost center must be shifted to cover a deficit in the direct care or therapy cost centers up to the amount of any savings but no more than twenty percent of the support services component rate may be shifted. In calculating a preliminary or final settlement, savings in direct

care and therapy may be shifted to cover a deficit in these two cost centers up to the amount of savings in each, regardless of the percentage of either component rate shifted. Contractor retained overpayments up to one percent of direct care, therapy, and support services rate components, as authorized in subsection (4) of this section, must be calculated and applied after all shifting is completed.

(6) For the 2016 calendar year cost report, the following components must be combined for settlement purposes in the following manner:

(a) The direct care, therapy, and support services costs for services provided on or before June 30, 2016 must be combined with the direct care costs for services provided on or after July 1, 2016 and compared to the total combined weighted rate for direct care, therapy, and support services.

(b) The operations rate for services provided on or before June 30, 2016 must be combined with the indirect care rate for services provided on or after July 1, 2016.

(c) The property rate for services provided on or before June 30, 2016 must be combined with the fair market rental rate for services provided on or after July 1, 2016.

(7) The facility must return to the department any overpayment amounts based on the aggregated cost versus rate that the department identifies following the examination and settlement procedures as described in this chapter. The contractor may retain any overpayment that does not exceed one percent of the facility's combined direct care component rate. However, facilities that are not in substantial compliance for more than ninety days and facilities that provide substandard quality of care at any time during the period for which settlement is calculated will not be allowed to retain any amount of overpayment in the facility's direct care component rate.

(8) Contractors are not required to refund payments made in the indirect care, capital, and quality enhancement component rates in excess of the adjusted costs of providing services corresponding to these components.

(9) For the 2017 calendar year cost report and later, the facility must return to the department any overpayment amounts in the direct care rate component that the department identifies following the examination and settlement procedures as described in this chapter. The contractor may retain any overpayment that does not exceed one percent of the facility's direct care component rate. However, facilities that are not in substantial compliance for more than ninety days and facilities that provide substandard quality of care at any time during the period for which settlement is calculated, will not be allowed to retain any amount of overpayment in the facility's direct care component rate. The terms "not in substantial compliance" and "substandard quality of care" must be defined by federal survey regulations.

(10) Total and component payment rates assigned to a nursing facility, as calculated and revised, if needed, under the provisions of this chapter and chapter 74.46 RCW represent the maximum payment for nursing facility services rendered to medicaid recipients for the period the rates are in effect. Spending above the total payment rate or any rate component must not increase payment to a contractor.

(11) While the provisions of RCW 74.46.561(10) are in effect, any reductions and caps must be proportionally allocated to all components before settlement is calculated.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-211, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-211, filed 2/14/11, effective 2/26/11.]

WAC 388-96-217 Civil fines. (1) The department may deny, suspend, or revoke a license or provisional license or, in lieu thereof or in addition thereto, assess monetary penalties of a civil nature not to exceed one thousand dollars per violation in any case in which it finds that the licensee, or any partner, officer, director, owner of five percent or more of the assets of the nursing home, or managing employee has failed or refused to comply with any requirement of chapters 74.46 RCW or 388-96 WAC.

(2) The department may fine a contractor or former contractor or any partner, officer, director, owner of five percent or more of the stock of a current or former corporate contractor, or managing agent for the following but not limited to the following:

(a) Failure to file a mathematically accurate and complete cost report, including a final cost report, on or prior to the applicable due date established by this chapter or authorized by extension granted in writing by the department;

(b) Failure to permit an audit authorized by this chapter or to grant access to all records and documents deemed necessary by the department to complete such an audit;

(c) Has knowingly or with reason to know made a false statement of a material fact in any record required by this chapter and/or chapter 74.46 RCW;

(d) Refused to allow representatives or agents of the department to inspect all books, records, and files required by this chapter to be maintained or any portion of the premises of the nursing home;

(e) Willfully prevented, interfered with, or attempted to impede in any way the work of any duly authorized representative of the department and the lawful enforcement of any provision of this chapter and/or chapter 74.46 RCW; or

(f) Willfully prevented or interfered with any representative of the department in the preservation of evidence of any violation of any of the provisions of this chapter or chapter 74.46 RCW.

(3) Every day of noncompliance with any requirement of subsection (1) and/or (2) of this section is a separate violation.

(4) The department shall send notice of a fine assessed under subsection (1) and/or (2) of this section by certified mail return receipt requested to the current contractor, administrator, or former contractor informing the addressee of the following:

(a) The fine shall become effective the date of receipt of the notice by the addressee; and

(b) If within two weeks of the date of receipt of the notice by the addressee, the addressee complies with the requirement(s) of subsection (1) and (2), the department may waive the fine.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-217, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.050, 74.46.431, 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-217, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), §

WAC 388-96-218 Proposed, preliminary, and final settlements.

(1) For each component rate, the department must calculate a proposed, preliminary, or final settlement at the lower of prospective payment rate or audited allowable costs, except as otherwise provided in this chapter or chapter 74.46 RCW.

(2) As part of the cost report, the proposed settlement report is due in accordance with WAC 388-96-022. In the proposed preliminary settlement report, a contractor must compare the contractor's payment rates during a cost report period, weighted by the number of resident days reported for the same cost report period to the contractor's allowable costs for the cost report period. In accordance with WAC 388-96-205, 388-96-208, and 388-96-211 the contractor must take into account all authorized shifting, retained savings, and upper limits to rates on a cost center basis.

(3) The department will review the proposed preliminary settlement report for accuracy and accept or reject the contractor's proposal. If accepted, the proposed preliminary settlement report must become the preliminary settlement report. If rejected, the department must issue, by component payment rate allocation, a preliminary settlement report fully substantiating disallowed costs, refunds, or underpayments due and adjustments to the proposed preliminary settlement.

(4) When the department receives the proposed preliminary settlement report by the cost report due date specified in WAC 388-96-022, it will issue the preliminary settlement report within one hundred twenty days of the cost report due date.

When the department receives the proposed preliminary settlement report after the cost report due date specified in WAC 388-96-022, it will issue the preliminary settlement report within one hundred twenty days of the date the cost report was received.

In its discretion, the department may designate a date later than the dates specified in this subsection to issue preliminary settlements.

(5) A contractor has twenty-eight days after receipt of a preliminary settlement report to contest such report under WAC 388-96-901 and 388-96-904. Upon expiration of the twenty-eight day period, the department must not review or adjust a preliminary settlement report. Any administrative review of a preliminary settlement must be limited to either calculation of the settlement or application of settlement principles and rules, or both, and must not encompass rate or audit issues.

(6) The department must issue a final settlement report to the contractor after the completion of the department audit process, including exhaustion or termination of any administrative review and appeal of audit findings or determinations requested by the contractor, but not including judicial review as may be available to and commenced by the contractor.

(7) The department must prepare a final settlement by component payment rate allocation and must fully substantiate disallowed costs, refunds, underpayments, or adjustments to the cost report and financial statements, reports, and schedules submitted by the contractor. The department must take into account all authorized shifting, savings, and upper limits to rates on a component payment rate allocation

basis. For the final settlement report, the department must compare the payment rates it paid the contractor for the facility in question during the report period, weighted by the number of allowable resident days reported for the period each rate was in effect to the contractor's:

(a) Audited allowable costs for the reporting period; or

(b) Reported costs for the nonaudited reporting period.

(8) A contractor has twenty-eight days after the receipt of a final settlement report to contest such report pursuant to WAC 388-96-901 and 388-96-904. Upon expiration of the twenty-eight day period, the department must not review a final settlement report. Any administrative review of a final settlement must be limited to either calculation of the settlement or application of settlement principles and rules, or both, and must not encompass rate or audit issues.

(9) The department may reopen a final settlement if it is necessary to make adjustments based upon findings resulting from a department audit performed pursuant to WAC 388-96-205. The department may also reopen a final settlement to recover an industrial insurance dividend or premium discount under RCW 51.16.035 in proportion to a contractor's medicaid recipient days.

(10) In computing a preliminary or final settlement, a contractor must comply with the requirements of WAC 388-96-211 for retaining or refunding to the department payments made in excess of the adjusted costs of providing services corresponding to each component rate allocation.

(11) The nursing facility contractor must refund all amounts due the department within sixty days after the department notifies the contractor of the overpayment and demands repayment. When notification is by postal mail, the department must deem the contractor to have received the department's notice five calendar days after the date of the notification letter, unless proof of the date of receipt of the department's notification letter exists, in which case the actual date of receipt must be used to determine the sixty day period for repayment. After the sixty day period, interest on any unpaid balance will accrue at one percent per month.

(12) Repayment will be without prejudice to obtain review of the settlement determination pursuant to WAC 388-96-901 and 388-96-904. If the payment obligation is reduced after an administrative hearing or judicial review, the department will rescind the difference between the accrued interest on the payment obligation and the interest that would have accrued on the reduced payment obligation from the date interest began to accrue on the original payment obligation.

(13) In determining whether a facility has forfeited unused rate funds in its direct care, therapy care, and support services component rates under WAC 388-96-211, the following rules apply:

(a) Federal or state survey officials must determine when a facility is not in substantial compliance or is providing substandard care, according to federal and state nursing facility survey regulations;

(b) Correspondence from state or federal survey officials notifying a facility of its compliance status must be used to determine the beginning and ending dates of any period of noncompliance; and

(c) Forfeiture must occur if the facility was out of substantial compliance more than ninety days during the settlement period. The ninety-day period need not be continuous if the number of days of noncompliance exceed ninety days during the settlement period regardless of the length of the settlement period. Also, forfeiture must occur if

the nursing facility was determined to have provided substandard quality of care at any time during the settlement period.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-218, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-218, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.155, 74.46.165, 74.46.431, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-218, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-218, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-218, filed 11/30/99, effective 12/31/99. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 9 and 10 and RCW 74.46.800. WSR 98-20-023, § 388-96-218, filed 9/25/98, effective 10/1/98.]

WAC 388-96-310 Interest on other excess payments. (1) Any contractor obtaining benefits or payments under the medical assistance program to which such contractor is not entitled or in an amount to which such contractor is not entitled, shall be liable for such benefits or payments received and for interest on the amount of benefits or payments from the date of receipt until repayment is made to the department at the rate of one percent per month, unless the contractor establishes the overpayment was the result of errors made by the department.

(2) Interest charged by the department or interest expense incurred by the contractor, from whatever source, in making refund to the department shall not be reimbursable by the department as an allowable cost. The contractor may, by payment of a disputed settlement in whole or in part, stop accrual of interest on the amount paid. Such payment will be without prejudice to obtain review of a settlement determination.

[Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-310, filed 9/16/83.]

WAC 388-96-366 Facility records and handling of resident moneys. (1) A nursing facility may not require residents to deposit personal funds with the facility. A facility may hold a resident's personal funds only if the resident or resident's guardian provides written authorization.

(2) Once a nursing facility accepts the written authorization of the resident or resident's guardian, the facility shall hold, safeguard, and account for such personal funds under an established system in accordance with this chapter and chapter 74.46 RCW. For all resident moneys entrusted to the contractor and received by the contractor for the resident, the nursing facility shall establish and maintain a bookkeeping system incorporated into the business records and adequate for audit.

(3) The nursing facility shall maintain the resident's or guardian's written authorization in the resident's file. The facility shall deposit any resident's personal funds in excess of fifty dollars in an interest-bearing resident personal fund account or accounts, separate from any of the facility's operating accounts, and credit all interest

earned on an account to the account. With respect to any other personal funds, the facility shall keep such funds in a noninterest-bearing account or petty cash fund maintained for residents.

(4) The facility shall give the resident at least a quarterly reporting of all financial transactions involving personal funds held for the resident by the facility. Also, the facility shall send the representative payee, the guardian, or other designated agents of the resident a copy of the quarterly accounting report.

(5) The nursing facility shall further maintain a written record of all personal property deposited with the facility for safekeeping by or for the resident. The facility shall issue or obtain written receipts upon taking possession or disposing of such property and retain copies and/or originals of such receipts. The facility shall maintain records adequate for audit.

(6) The facility shall purchase a surety bond, or otherwise provide assurances or security satisfactory to the department, to assure the security of all personal funds of residents deposited with the facility.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-366, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-366, filed 9/28/90, effective 10/1/90. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-366, filed 4/20/87; Order 1168, § 388-96-366, filed 11/3/76; Order 1114 § 388-96-366, filed 4/21/76.]

WAC 388-96-369 The nursing facility shall maintain a subsidiary ledger with an account for each resident for whom the facility holds money.

(1) The facility shall assure a full and complete separate accounting of each resident's personal funds. Each account record and related supporting information and documentation shall:

- (a) Be maintained at the facility;
- (b) Be kept current;
- (c) Be balanced each month; and

(d) Show in writing and in detail, with supporting verification, all moneys received on behalf of the individual resident and the disposition of all moneys so received.

(2) Each account shall be reasonably accessible to the resident or the resident's guardian or legal representative and shall be available for audit and inspection by a department representative. Each account shall be maintained for a minimum of four years. A medicaid provider shall notify each Title XIX medicaid recipient or guardian and the home and community services office of the department that serves the area when the amount in the account of any Title XIX medicaid recipient reaches two hundred dollars less than the applicable dollar resource limit for supplemental security income (SSI) eligibility set forth in Title XVI of the Social Security Act.

(3) When notice is given under subsection (2) of this section, the facility shall notify the recipient or guardian that if the amount in the account, in addition to the value of the recipient's other non-exempt resources, reaches the dollar resource limit determined under Title XVI, the recipient may lose eligibility for SSI medical assistance or benefits under Title XVI.

(4) After the recipient's admission to the facility, accumulation toward the Title XVI limit is permitted only from the clothing and

personal incidentals allowance and other income that the department specifically designates as exempt income.

(5) No resident funds may be overdrawn (show a debit balance). If a resident wants to spend an amount greater than the facility is holding for the resident, the home may provide money from its own funds and collect the debt by installments from that portion of the resident's allowance remaining at the end of each month. No interest may be charged to residents for such loans.

(6) The facility may not impose a charge against the personal funds of a medicare or medicaid recipient for any item or service for which payment is made under the Title XVIII medicare program or the Title XIX medicaid program. In order to ensure that medicaid recipients are not charged for services provided under the Title XIX program, any charge for medical services otherwise properly made to a recipient's personal funds shall be supported by a written denial from the department.

(a) Mobility aids including walkers, wheelchairs, or crutches requested for the exclusive use by a medicaid recipient shall have a written denial from the department of social and health services before a recipient's personal funds may be charged.

(b) Requests for medically necessary services and supplies not funded under the provisions of chapter 388-96 WAC or chapter 388-86 WAC (reimbursement rate or coupon system) shall have a written denial from the department before a medicaid recipient's personal funds may be charged.

(c) A written denial from the department is not required when the pharmacist verifies that a drug is not covered by the program, e.g., items on the FDA list of ineffective or possible effective drugs, non-formulary over-the-counter (OTC) medications. The pharmacist's notation to this effect is sufficient.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-369, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-369, filed 5/29/01, effective 6/29/01. Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-369, filed 9/28/90, effective 10/1/90. Statutory Authority: RCW 74.42.620 and 74.46.800. WSR 85-17-070 (Order 2275), § 388-96-369, filed 8/21/85. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-369, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-369, filed 10/13/82; Order 1168, § 388-96-369, filed 11/3/76; Order 1114, § 388-96-369, filed 4/21/76.]

WAC 388-96-372 The nursing facility may maintain a petty cash fund originating from resident personal funds of an amount reasonable and necessary for the size of the facility and the needs of the residents. (1) This petty cash fund shall be an imprest fund limited to one thousand dollars unless the facility demonstrates good cause for the department to grant a higher limit. All moneys over and above the petty cash limit shall be deposited intact in an interest bearing account or accounts maintained for resident personal funds, separate and apart from any other bank account of the facility or other facilities. All interest earned on an account containing resident personal funds shall be credited to such account.

(2) Cash deposits of recipient allowances must be made intact to the resident personal fund account within one week from the time that payment is received from the department, Social Security Administration, or other payer.

(3) Any related bankbooks, bank statements, checkbook, check register, and all voided and cancelled checks, shall be made available for audit and inspection by a department representative, and shall be maintained by the home for not less than four years.

(4) No service charges for such checking account shall be paid by residents or deducted from resident personal funds.

(5) The resident personal fund account or accounts per bank shall be reconciled monthly to the resident personal funds per resident ledgers.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-372, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-372, filed 9/28/90, effective 10/1/90. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-372, filed 9/16/83; Order 1114, § 388-96-372, filed 4/21/76.]

WAC 388-96-375 Resident personal funds control/disbursement.

Personal funds shall be held and used for the benefit of the resident and are not to be turned over to anyone other than the resident or the resident's guardian without the written consent of the resident, the resident's designated agent as appointed by power of attorney, or appropriate department of social and health services personnel as designated by the CSO administrator.

(1) When money is received, a receipt shall be filled out in duplicate:

(a) One copy shall be given to the person making payment or deposit; and

(b) The other copy shall be retained in the receipt book for easy reference.

(2) Checks received by residents shall be endorsed by the resident. Schedule I-A(6e) of the agreement states in part: "Each patient receiving a check or state warrant is responsible for endorsement by his own signature. Only when the patient is incapable of signing his name may the Provider assume the responsibility of securing the patient's mark "X" followed by the name of the patient and the signature of two witnesses."

(3) If both a facility operating account and a resident personal fund account are at the same bank, the resident portion of checks which include care payments can be deposited directly to the resident account by including a resident account deposit slip for the correct amount with the checks and the operating account deposit slip.

(4) The resident's ledger sheet shall be credited with the allowance received. This shall be referenced with the receipt number and shall be supported by a copy of the deposit slip (one copy for all deposits made).

[Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-375, filed 9/28/90, effective 10/1/90. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order

1892), § 388-96-375, filed 10/13/82; Order 1168, § 388-96-375, filed 11/3/76; Order 1114, § 388-96-375, filed 4/21/76.]

WAC 388-96-378 Resident personal funds availability. Funds held for any resident shall be available for the resident's personal and incidental needs when requested by the resident or one of the individuals designated in WAC 388-96-375.

[Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-378, filed 9/28/90, effective 10/1/90; Order 1114, § 388-96-378, filed 4/21/76.]

WAC 388-96-381 Procedure for refunding resident personal funds.

(1) When a resident is discharged or transferred, the balance of the resident's personal funds shall be returned to the individual designated in WAC 388-96-375 within thirty days and a receipt obtained. In some cases it may be advisable to mail the refund to the resident's new residence.

[Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-381, filed 4/7/15, effective 5/8/15. Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-381, filed 9/28/90, effective 10/1/90; Order 1114, § 388-96-381, filed 4/21/76.]

WAC 388-96-384 Liquidation or transfer of resident personal funds. (1) Upon the death of a resident, the facility shall convey within thirty days the resident's personal funds held by the facility with a final accounting of such funds to the department of social and health services office of financial recovery (or successor office) or to the individual or probate jurisdiction administering the resident's estate.

(a) When the deceased resident was a recipient of long-term care services paid for in whole or in part by the department, then the personal funds held by the facility and the final accounting shall be sent to department of social and health services office of financial recovery (or successor office).

(b) When the personal funds of the deceased resident are to be paid to the department, the facility shall:

(i) Pay with a check, money order, certified check or cashiers check made payable to the secretary, department of social and health services;

(ii) Complete a transmittal of resident personal funds form (DSHS form 18-544) for each deceased resident;

(iii) Place the name and social security number of the deceased individual from whose personal funds account the moneys are being paid on the check, money order, certified check or cashier's check and the transmittal of resident personal funds form (DSHS form 18-544); and

(iv) Mail the check or money order and the DSHS 18-544 to the office of financial recovery, estate recovery unit, P.O. Box 9501, Olympia, Washington 98507-9501, or such address as may be directed by the department in the future.

(c) The department of social and health services, office of financial recovery, estate recovery unit shall establish a release procedure for use of funds necessary for burial expenses.

(2) In situations where the resident leaves the nursing home without authorization and the resident's whereabouts is unknown:

(a) The nursing facility shall make a reasonable attempt to locate the missing resident. This includes contacting:

(i) Friends,

(ii) Relatives,

(iii) Police,

(iv) The guardian, and

(v) The home and community services office in the area.

(b) If the resident cannot be located after ninety days, the nursing facility shall notify the department of revenue of the existence of "abandoned property," outlined in chapter 63.29 RCW. The nursing facility shall deliver to the department of revenue the balance of the resident's personal funds within twenty days following such notification.

(3) Prior to the sale or other transfer of ownership of the nursing facility business, the facility operator shall:

(a) Provide each resident or resident representative with a written accounting of any personal funds held by the facility;

(b) Provide the new operator with a written accounting of all resident funds being transferred; and

(c) Obtain a written receipt for those funds from the new operator.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-384, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-384, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-384, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-384, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800, 74.42.620 and 74.09.120. WSR 90-20-075 (Order 3070), § 388-96-384, filed 9/28/90, effective 10/1/90. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-384, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-384, filed 10/13/82; Order 1168, § 388-96-384, filed 11/3/76; Order 1114, § 388-96-384, filed 4/21/76.]

WAC 388-96-499 Principles of allowable costs. (1) The substance of a transaction will prevail over its form.

(2) All documented costs which are ordinary, necessary, related to care of medical care recipients, and not expressly unallowable under this chapter and/or chapter 74.46 RCW are to be allowable.

(3) Costs of providing therapy care are allowable, subject to any applicable limit contained in this chapter and/or chapter 74.46 RCW, provided documentation establishes the costs were incurred for medical care recipients and other sources of payment to which recipients may be legally entitled, such as private insurance or medicare, were first fully utilized.

(4) The payment for property usage is to be independent of ownership structure and financing arrangements.

(5) Allowable costs shall not include costs reported by a contractor for a prior period to the extent such costs, due to statutory exemption, will not be incurred by the nursing facility in the period to be covered by the rate.

(6) Any costs deemed allowable under this chapter are subject to the provisions of RCW 74.46.421. The allowability of a cost shall not be construed as creating a legal right or entitlement to reimbursement of the cost.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-499, filed 2/14/11, effective 2/26/11.]

WAC 388-96-502 Secondary and overhead costs. Subject to the provisions of this chapter and chapter 74.46 RCW, when a contractor provides goods or services that are not reimbursable, any secondary or overhead costs associated with their provision must be allocated to such goods or services on a reasonable basis approved by the department and must not be reported as allowable costs.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-502, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-502, filed 9/25/98, effective 10/1/98. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-502, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-502, filed 5/7/86, effective 7/1/86; WSR 84-12-039 (Order 2105), § 388-96-502, filed 5/30/84.]

WAC 388-96-505 Offset of miscellaneous revenues. (1) The methodology in (a) through (d) of this subsection is effective for services provided on or before June 30, 2016.

(a) The contractor must reduce allowable costs whenever the item, service, or activity covered by such costs generates revenue or financial benefits (such as purchase discounts, refunds of allowable costs or rebates) other than through the contractor's normal billing for care services. However, the department must not deduct from the allowable costs of a nonprofit facility unrestricted grants, gifts, and endowments, and interest therefrom.

(b) The contractor must reduce allowable costs for hold-bed revenue in the support services, operations, and property rate components only. In the support services rate component, the amount of reduction must be determined by dividing a facility's allowable housekeeping costs by total adjusted patient days and multiplying the result by total hold-room days. In the operations rate component, the amount of the reduction must be determined by dividing a facility's allowable operation costs by total adjusted patient days and multiplying the result by total hold-room days. In the property rate component, the amount of reduction must be determined by dividing allowable property costs by the total adjusted patient days and multiplying the result by total hold-room days.

(c) Where goods or services are sold, the amount of the reduction is the actual cost relating to the item, service, or activity. In the absence of adequate documentation of cost, the amount of the reduction is the full amount of the revenue received. Where financial benefits such as purchase discounts, refunds of allowable costs, or rebates are

received, the amount of the reduction is the amount of the discount or rebate. Financial benefits such as purchase discounts, refunds of allowable costs and rebates, including industrial insurance rebates, must be offset against allowable costs in the year the contractor actually receives the benefits.

(d) Only allowable costs may be recovered under this subsection. Costs allocable to activities or services not included in nursing facility services (such as costs of vending machines and services specified in chapter 388-86 WAC not included in nursing facility services) are nonallowable costs.

(2) The methodology in (a) through (d) of this subsection is effective for services provided on or after July 1, 2016.

(a) The contractor must reduce allowable costs whenever the item, service, or activity covered by such costs generates revenue or financial benefits (such as purchase discounts, refunds of allowable costs, or rebates) other than through the contractor's normal billing for care services. However, the department must not deduct from the allowable costs of a nonprofit facility unrestricted grants, gifts, and endowments, and interest therefrom.

(b) The contractor must reduce allowable costs for hold-bed revenue in the indirect care rate component only. The amount of reduction must be determined by dividing a facility's allowable housekeeping costs by total adjusted patient days and multiplying the result by total hold-room days.

(c) Where goods or services are sold, the amount of the reduction is the actual cost relating to the item, service, or activity. In the absence of adequate documentation of cost, the amount of the reduction is the full amount of the revenue received. Where financial benefits such as purchase discounts, refunds of allowable costs, or rebates are received, the amount of the reduction is the amount of the discount or rebate. Financial benefits such as purchase discounts, refunds of allowable costs, and rebates, including industrial insurance rebates, must be offset against allowable costs in the year the contractor actually receives the benefits.

(d) Only allowable costs may be recovered under this subsection. Costs allocable to activities or services not included in nursing facility services (such as costs of vending machines and services specified in chapter 388-86 WAC not included in nursing facility services) are nonallowable costs.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-505, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-505, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.200 and 74.46.800. WSR 97-17-040, § 388-96-505, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-505, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-505, filed 7/23/92, effective 8/23/92. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-505, filed 12/23/87. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-505, filed 12/4/84; WSR 82-21-025 (Order 1892), § 388-96-505, filed 10/13/82. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-505, filed 2/25/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-505, filed 6/1/78; Order 1262, § 388-96-505, filed 12/30/77.]

WAC 388-96-525 Education and training. (1) Necessary and ordinary expenses of on-the-job training and in-service training required for employee orientation and certification training directly related to the performance of duties assigned will be allowable costs. Cost of training for which the nursing facility is reimbursed outside the payment rate is an unallowable cost.

(2) Necessary and ordinary expenses of recreational and social activity training conducted by the contractor for volunteers will be allowable costs. Expenses of training programs for other nonemployees will not be allowable costs.

(3) Expenses for travel, lodging, and meals associated with education and training are allowable if the expenses meet the requirements of this chapter.

(4) Costs designated by this section as allowable are subject to any applicable cost center limit established by this chapter.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-525, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-525, filed 9/25/98, effective 10/1/98; WSR 94-12-043 (Order 3737), § 388-96-525, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-525, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.46.800. WSR 84-12-039 (Order 2105), § 388-96-525, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-525, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-525, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 80-06-122 (Order 1510), § 388-96-525, filed 5/30/80, effective 7/1/80; Order 1262, § 388-96-525, filed 12/30/77.]

WAC 388-96-528 Payments to related organizations—Limits—Documentation. (1) Costs applicable to services, facilities, and supplies furnished by a related organization to the contractor shall be allowable only to the extent they do not exceed the lower of the cost to the related organization or the price of comparable services, facilities, or supplies purchased elsewhere.

(2) Documentation of costs to the related organization shall be made available to the department. Payments to or for the benefit of the related organization will be disallowed where the cost to the related organization cannot be documented.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-528, filed 2/14/11, effective 2/26/11.]

WAC 388-96-530 What will be allowable compensation for owners, relatives, licensed administrator, assistant administrator, and/or administrator-in-training? Subject to any applicable cost center limit established by chapter 74.46 RCW, total allowable compensation shall be:

(1) As provided in the employment contract, including benefits, whether such contract is written, verbal, or inferred from the acts of the parties; or

(2) In the absence of a contract, gross salary or wages excluding payroll taxes and benefits made available to all employees, e.g., health insurance.

[Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-530, filed 9/25/98, effective 10/1/98.]

WAC 388-96-532 Does the contractor have to maintain time records? (1) The contractor shall maintain time records that are adequate for audit for owners, relatives, the licensed administrator, assistant administrator, and/or administrator-in-training. The contractor shall include in such records verification of the actual hours of service performed for the nursing home and shall document compensated time was spent in provision of necessary services actually performed.

(2) If the contractor has no or inadequate time records, the undocumented cost of compensation shall be unallowable.

[Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-532, filed 9/25/98, effective 10/1/98.]

WAC 388-96-535 Management agreements, management fees, and central office services. (1) The contractor shall disclose to the department the nature and purpose of all management agreements, including an organizational chart showing the relationship among the contractor, management company and all related organizations. The department may request additional information or clarification.

(2) A copy of the agreement must be received by the department at least sixty days before it is to become effective. A copy of any amendment to a management agreement must be received by the department at least thirty days in advance of the date it is to become effective. Failure to meet these deadlines will result in the unallowability of cost incurred more than sixty days prior to submitting a management agreement and more than thirty days prior to submitting an amendment.

(3) Management fees will be allowed only when:

(a) A written management agreement both creates a principal/agent relationship between the contractor and the manager, and sets forth the items, services, and activities to be provided by the manager; and

(b) Documentation demonstrates that the service contracted for were actually delivered; and

(c) The scope of services performed under a management agreement are not so extensive that the manager or managing entity is substituted for the contractor in fact, substantially relieving the contractor/licensee of responsibility for operating the facility.

(4) Acceptance of a management agreement shall not be construed as a determination that all management fees or costs are allowable in whole or in part. Management fees or costs not disclosed or approved in conformity with chapter 74.46 RCW and this section are unallowable. When necessary for the health and safety of medical care recipients, in writing, the department may waive the sixty-day or thirty-day advance notice requirement of subsection (2) of this section.

(5) (a) Management fees are allowable only for necessary, non-duplicative services that are of the nature and magnitude that prudent and cost-conscious management would pay; and

(b) Management fees paid to or for the benefit of a related organization will be allowable to the extent they not exceed the lower of the:

(i) Actual cost to the related organization of providing necessary services related to patient care under the agreement; or

(ii) The cost of comparable services purchased elsewhere. Where costs to the related organization represent joint facility costs, the measurement of such costs shall comply with WAC 388-96-534.

(6) Allowable fees for all general management services of any kind referenced in this section, including corporate or business entity management and management fees not allocated to specific services, are subject to any applicable cost center limit established in chapter 74.46 RCW and this chapter.

(7) Central office costs, owner's compensation, and other fees or compensation, including joint facility costs for general administrative and management services, and management expense not allocated to specific services shall be subject to any cost center limit established by chapter 74.46 RCW and chapter 388-96 WAC.

(8) Necessary travel and housing expenses of nonresident staff working at a contractor's nursing facility shall be considered allowable costs if the visit does not exceed three weeks.

(9) Bonuses paid to employees at a contractor's nursing facility or management company shall be considered compensation.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-535, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-535, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-535, filed 9/14/93, effective 10/15/93. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-535, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 86-10-055 (Order 2372), § 388-96-535, filed 5/7/86, effective 7/1/86. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-535, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-535, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-535, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 80-09-083 (Order 1527), § 388-96-535, filed 7/22/80; WSR 79-03-020 (Order 1371), § 388-96-535, filed 2/21/79; Order 1262, § 388-96-535, filed 12/30/77.]

WAC 388-96-536 Does the department limit the allowable compensation for an owner or relative of an owner? (1) Total compensation including compensation received from a related or unrelated organization or company paid to an owner or relative of an owner shall be limited to ordinary compensation for necessary services actually performed.

(a) Compensation is ordinary if it is the amount usually paid for comparable services in a comparable facility to an unrelated employee, and does not exceed any applicable limits set out in chapter 74.46 RCW and this chapter.

(b) A service is necessary if it is related to patient care and would have had to be performed by another person if the owner or relative had not done it.

(2) If the service provided would require licensed staff, e.g., RN, then the same license standard must be met when performed by an owner, relative or other administrative personnel.

(3) The contractor, in maintaining customary time records adequate for audit, shall include such records for owners and relatives who receive compensation.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-536, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-536, filed 9/25/98, effective 10/1/98.]

WAC 388-96-542 Home office or central office. (1) The department will include all allowable reported home or central office costs including all costs that are documented, ordinary, necessary, and related to the provision of medical and personal care services to authorized patients.

Allocated costs may be included in the cost of services in such cost centers where such services and related costs are appropriately reported.

(2) Home office or central office costs must be allocated and reported.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-542, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-542, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(11), RCW 74.46.270 and 74.46.800. WSR 98-20-023, § 388-96-542, filed 9/25/98, effective 10/1/98.]

WAC 388-96-554 Equipment. (1) The contractor must expense the following equipment costs to indirect care:

(a) Expenditures for equipment with a historical cost of seven hundred fifty dollars or less per unit and a useful life of one year or less from the date of purchase; and

(b) Expenditures for and costs of repairs necessary to maintain the useful life of equipment including furniture and furnishings and real property items, components, or improvements that cost less than seven hundred fifty dollars.

(2) Subsection (1) of this section does not apply if:

(a) The equipment was acquired in a group purchase where the total cost exceeded seven hundred fifty dollars; or

(b) The equipment was part of the initial equipment or stock of the nursing home.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-554, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.310, [74.46.]320 and [74.46.]330. WSR 97-17-040, § 388-96-554, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-554, filed 9/16/83; WSR 83-05-007 (Order 1944), § 388-96-554, filed 2/4/83.]

WAC 388-96-556 Initial cost of operation. (1) The necessary and ordinary one-time expenses directly incident to the preparation of a newly constructed or purchased building by a contractor for operation as a licensed facility are allowable costs. These expenses are limited

to start-up and organizational costs incurred prior to the admission of the first patient.

(2) Start-up costs include, but are not limited to, administrative and nursing salaries, utility costs, taxes, insurance, repairs and maintenance, and training. Start-up costs do not include expenditures for capital assets. Start-up costs are allowable in the indirect care cost center if they are amortized over a period of not less than sixty months beginning with the month in which the first patient is admitted for care.

(3) Organizational costs are those necessary, ordinary, and directly incident to the creation of a corporation or other form of business of the contractor including, but not limited to, legal fees incurred in establishing the corporation or other organization and fees paid to states for incorporation. However, organizational costs do not include costs relating to the issuance and sale of shares of capital stock or other securities. Such organizational costs will be allowable in the indirect care cost center if they are amortized over a period of not less than sixty months beginning with the month in which the first patient is admitted for care.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-556, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-556, filed 2/14/11, effective 2/26/11.]

WAC 388-96-560 Land. Land includes but is not limited to, off-site sewer and water lines, public utility charges necessary to service the land, governmental assessments for street paving and sewers, the cost of permanent roadways and grading, and the cost of curbs and sidewalks, replacement of which is not the responsibility of the contractor.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-560, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-560, filed 2/14/11, effective 2/26/11.]

WAC 388-96-580 Operating leases of office equipment. (1) Rental costs of office equipment under arm's-length operating leases are allowable to the extent such costs are necessary, ordinary, and related to patient care.

(2) The department must pay office equipment rental costs in the indirect component rate allocation. Office equipment may include items typically used in administrative or clerical functions such as telephones, copy machines, desks and chairs, calculators and adding machines, file cabinets, typewriters, and computers.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-580, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800. WSR 98-20-023, § 388-96-580, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-580, filed 9/14/93, effective 10/15/93. Statutory Authority: RCW 74.09.120, 74.46.840 and 74.46.800. WSR 85-17-052 (Order 2270), § 388-96-580, filed 8/19/85. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-580,

WAC 388-96-585 Unallowable costs. (1) Unallowable costs listed in subsection (2) of this section represent a partial summary of such costs, in addition to those unallowable under chapter 74.46 RCW and this chapter.

(2) Unallowable costs include but are not limited to the following:

(a) Costs of items or services not covered by the medical care program. Costs of such items or services are unallowable even if they are indirectly reimbursed by the department as the result of an authorized reduction in patient contribution.

(b) Costs of services and items provided to recipients covered by the medical care program but not included in the medicaid per-resident day payment rate established under this chapter and chapter 74.46 RCW.

(c) Costs associated with a capital expenditure if the department found it was not consistent with applicable standards, criteria, or plans. If the department was not given timely notice of a proposed capital expenditure, all associated costs will be unallowable up to the date they are determined to be reimbursable under applicable federal regulations.

(d) Costs associated with a construction or acquisition project requiring certificate of need approval or exemption from the requirements for certificate of need for the replacement of existing nursing home beds, pursuant to chapter 70.38 RCW if such approval or exemption was not obtained.

(e) Interest costs other than those provided by WAC 388-96-556(4) on and after January 1, 1985.

(f) Salaries or other compensation of owners, officers, directors, stockholders, partners, principals, participants, and others associated with the contractor or its home office, including all board of directors' fees for any purpose, except reasonable compensation paid for service related to patient care.

(g) Costs in excess of limits or in violation of principles set forth in this chapter.

(h) Costs resulting from transactions or the application of accounting methods that circumvent the principles of the payment system set forth in this chapter and chapter 74.46 RCW.

(i) Costs applicable to services, facilities, and supplies furnished by a related organization in excess of the lower of the cost to the related organization or the price of comparable services, facilities, or supplies purchased elsewhere.

(j) Bad debts of Title XIX recipients are unallowable unless all the following applies:

(i) The debt is related to covered services.

(ii) The debt arises from the recipient's required contribution toward the cost of care.

(iii) The provider can establish reasonable collection efforts were made. Reasonable collection efforts consist of at least three documented attempts by the contractor to obtain payment demonstrating that the effort devoted to collecting the bad debts of Title XIX recipients is the same devoted by the contractor to collect the bad debts of non-Title XIX recipients.

(iv) The debt was actually uncollectible when claimed as worthless.

- (v) Sound business judgment established there was no likelihood of recovery at any time in the future.
- (k) Charity and courtesy allowances.
- (l) Cash, assessments, or other contributions to charitable organizations, professional organizations, trade associations, or political parties, and costs incurred to improve community or public relations.
- (m) Vending machine expenses. This does not include membership dues.
- (n) Expenses for barber or beautician services not included in routine care.
- (o) Funeral and burial expenses.
- (p) Costs of gift shop operations and inventory.
- (q) Personal items such as cosmetics, smoking materials, newspapers and magazines, and clothing, except those used in patient activity programs.
- (r) Fund-raising expenses, except those directly related to the patient activity program.
- (s) Penalties and fines.
- (t) Expenses related to telephones, radios, and similar appliances in patients' private accommodations.
- (u) Federal, state, and other income taxes.
- (v) Costs of special care services except where authorized by the department;
- (w) Expenses of an employee benefit not in fact made available to all employees on an equal or fair basis. For example, key-man insurance and other insurance or retirement plans.
- (x) Expenses of profit-sharing plans.
- (y) Expenses related to the purchase or use of private or commercial airplanes that are in excess of what a prudent contractor would expend for the ordinary and economic provision of such a transportation need related to patient care.
- (z) Personal expenses and allowances of any nursing home employees or owners or relatives of any nursing home employees or owners.
- (aa) All expenses of maintaining professional licenses or membership in professional organizations.
- (bb) Costs related to agreements not to compete.
- (cc) Amortization of goodwill, lease acquisition, or any other intangible asset, whether related to resident care or not and whether recognized under generally accepted accounting principles or not.
- (dd) Legal and consultant fees in connection with a fair hearing against the department when the department's board of appeals upholds the department's actions in an administrative review decision. When the administrative review decision is pending, reported legal and consultant fees are unallowable. To be allowable, the contractor must report legal and consultant fees related to an administrative review decision issued in the contractor's favor in the cost report period in which the board of appeals issues its decision irrespective of when the legal and consultant fees related to the administrative review were incurred.
- (ee) Legal and consultant fees of a contractor or contractors in connection with a lawsuit against the department. Judicial review is a lawsuit against the department.
- (ff) Lease acquisition costs, goodwill, the cost of bed rights, or any other intangible assets.
- (gg) All rental or lease costs other than those provided for in WAC 388-96-580.

(hh) Post-survey charges incurred by the facility under RCW 18.51.060.

(ii) Compensation paid for any purchased nursing care services, including registered nurse, licensed practical nurse, and nurse assistant services, obtained through a service contract arrangement in excess of the amount of compensation paid for such hours of nursing care service had the purchased nursing care staff been paid at the average hourly wage for in-house nursing care staff of like classification at the same nursing facility, including related taxes and benefits, as reported in the most recent cost report period.

(jj) Costs reported by the contractor for a prior period to the extent such costs, due to statutory exemption, will not be incurred by the contractor in the period to be covered by the rate.

(kk) Costs of outside activities, for example, costs allocated to the use of a vehicle for personal purposes or related to the part of a facility leased out for office space.

(ll) Travel expenses that are not necessary, ordinary, and related to resident care.

(mm) Moving expenses of employees in the absence a of demonstrated, good-faith effort to recruit within the states of Idaho, Oregon, and Washington, and the province of British Columbia.

(nn) Costs for temporary health care personnel from a nursing pool not registered with the secretary of the department of health.

(oo) Payroll taxes associated with compensation in excess of allowable compensation of owners, relatives, and administrative personnel.

(pp) Costs and fees associated with filing a petition for bankruptcy.

(qq) All advertising or promotional costs, except reasonable costs of help wanted advertising.

(rr) Interest charges assessed by any department or agency of this state for failure to make a timely refund of overpayments and interest expenses incurred for loans obtained to make the refunds.

(ss) Tax expenses that a nursing facility has never incurred.

(tt) Any portion of trade association dues attributable to legal and consultant fees and costs in connection with lawsuits against the department.

(uu) Increased costs resulting from a series of transactions between the same parties and involving the same assets (such as sale and lease back and successive sales or leases of a single facility or piece of equipment).

(vv) Costs related to a nursing assistant certified training program.

(ww) Effective July 1, 2012, payments made relating to the safety net assessment.

(xx) Building renovations, building improvements, or leasehold improvements that require preapproval from the department of health and were not preapproved.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-585, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-585, filed 4/7/15, effective 5/8/15. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-585, filed 2/14/11, effective 2/26/11. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-585, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW

74.46.800. WSR 98-20-023, § 388-96-585, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.190, [74.46.]460 and [74.46.]800. WSR 97-17-040, § 388-96-585, filed 8/14/97, effective 9/14/97. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-585, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-585, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-585, filed 5/26/94, effective 6/26/94; WSR 93-17-033 (Order 3615), § 388-96-585, filed 8/11/93, effective 9/11/93. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-585, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.09.120. WSR 91-22-025 (Order 3270), § 388-96-585, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-585, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.46.800. WSR 89-17-030 (Order 2847), § 388-96-585, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-585, filed 12/21/88. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-585, filed 4/20/87; WSR 86-10-055 (Order 2372), § 388-96-585, filed 5/7/86, effective 7/1/86; WSR 84-12-039 (Order 2105), § 388-96-585, filed 5/30/84. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-585, filed 9/16/83; WSR 82-21-025 (Order 1892), § 388-96-585, filed 10/13/82; WSR 82-11-065 (Order 1808), § 388-96-585, filed 5/14/82; WSR 81-22-081 (Order 1712), § 388-96-585, filed 11/4/81. Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 81-06-024 (Order 1613), § 388-96-585, filed 2/25/81. Statutory Authority: RCW 74.09.120. WSR 79-04-102 (Order 1387), § 388-96-585, filed 4/4/79. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-585, filed 6/1/78; Order 1262, § 388-96-585, filed 12/30/77.]

WAC 388-96-704 Prospective payment rates. The department, as provided in chapter 74.46 RCW and this chapter, shall determine, adjust, or update prospective medicaid payment rates for nursing facility services provided to medical care recipients. Each rate, subject to the principles of this chapter and chapter 74.46 RCW, represents a nursing facility's maximum compensation for one resident day of care provided a medical care recipient determined by the department to both require and be eligible to receive nursing facility care.

[Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322. WSR 98-20-023, § 388-96-704, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-704, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-704, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-704, filed 10/13/82. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-704, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-704, filed 1/9/78.]

WAC 388-96-705 Payment for services after settlement. When payment for services is first made following preliminary or final settle-

ment for the period during which the services were provided, payment will be at the most recent available settlement rate.

[Statutory Authority: RCW 74.09.120. WSR 81-22-081 (Order 1712), § 388-96-705, filed 11/4/81.]

WAC 388-96-710 Prospective payment rate for new contractors.

(1) The department will establish an initial prospective medicaid payment rate for a new contractor as defined under WAC 388-96-026 within sixty days following the new contractor's application and approval for a license to operate the facility under chapter 18.51 RCW. The rate will take effect as of the effective date of the contract, except as provided in this section, and will comply with all the provisions of rate setting contained in chapter 74.46 RCW and in this chapter, including all lids and maximums set forth.

(2) To set the initial prospective medicaid payment rate for a new contractor as defined in WAC 388-96-026 (1)(a) and (b), the department will:

(a) Determine the direct care rate by multiplying the current direct care industry median per RCW 74.46.561(8) by the appropriate county wage index by the appropriate industry medicaid average case mix index (MACMI);

(b) Assign the new provider the indirect price based rate per RCW 74.46.561(8);

(c) Determine a capital rate once the facility has submitted square footage and facility age information per RCW 74.46.561(5) and the department accepts it; and

(d) Use the facility's available centers for medicare and medicaid data for at least the three quarter period currently being measured by the department to calculate a quality enhancement rate and if no data is available, the department will not pay a quality enhancement.

(3) A prospective payment rate set for all new contractors will be subject to adjustments for economic trends and conditions as authorized and provided in this chapter and in chapter 74.46 RCW.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-710, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-710, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-710, filed 11/30/99, effective 12/31/99. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 § 19(11) and RCW 74.46.800. WSR 98-20-023, § 388-96-710, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-710, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-710, filed 5/26/94, effective 6/26/94; WSR 93-17-033 (Order 3615), § 388-96-710, filed 8/11/93, effective 9/11/93. Statutory Authority: RCW 74.46.800, 74.46.450 and 74.09.120. WSR 93-12-051 (Order 3555), § 388-96-710, filed 5/26/93, effective 6/26/93. Statutory Authority: RCW 74.46.800. WSR 92-16-013 (Order 3424), § 388-96-710, filed 7/23/92, effective 8/23/92. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-710, filed 12/23/87. Statutory Authority: RCW 74.46.800. WSR 87-09-058 (Order 2485), § 388-96-710, filed 4/20/87. Statutory Authority: RCW

74.09.120. WSR 83-19-047 (Order 2025), § 388-96-710, filed 9/16/83; WSR 78-02-013 (Order 1264), § 388-96-710, filed 1/9/78.]

WAC 388-96-713 Rate determination. (1) Each nursing facility's medicaid payment rate for services provided to medical care recipients will be determined, adjusted, and updated prospectively as provided in this chapter and in chapter 74.46 RCW. The department will calculate any limit, median, or both only when it rebases each nursing facility's July 1st medicaid payment rate in accordance with chapter 74.46 RCW and this chapter.

(2) If the contractor participated in the program for less than six months of the prior calendar year, its rates will be determined by procedures set forth in WAC 388-96-710.

(3) Contractors that submit correct and complete cost reports by March 31st, must be notified of their rates by July 1st, unless circumstances beyond the control of the department interfere.

(4) In setting rates, the department will use the greater of actual days from the cost report period on which the rate is based or days calculated at minimum occupancy pursuant to chapter 74.46 RCW.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-713, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.46.431, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-713, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-713, filed 5/29/01, effective 6/29/01; WSR 98-20-023, § 388-96-713, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-713, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 93-19-074 (Order 3634), § 388-96-713, filed 9/14/93, effective 10/15/93; WSR 90-09-061 (Order 2970), § 388-96-713, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.120. WSR 83-19-047 (Order 2025), § 388-96-713, filed 9/16/83; WSR 81-15-049 (Order 1669), § 388-96-713, filed 7/15/81; WSR 80-06-122 (Order 1510), § 388-96-713, filed 5/30/80, effective 7/1/80; WSR 78-02-013 (Order 1264), § 388-96-713, filed 1/9/78.]

WAC 388-96-718 Public process for determination of rates. (1) The purpose of this section is to describe the manner in which the department will comply with the federal Balanced Budget Act of 1997, Section 4711 (a) (1), codified at 42 U.S.C. 1396a (a) (13) (A).

(2) For all material changes to the methodology for determining nursing facility medicaid payment rates occurring after October 1, 1997, and requiring a Title XIX state plan amendment to be submitted to and approved by the Health Care Financing Administration under applicable federal laws, the department shall follow the following public process:

(a) The proposed estimated initial payment rates, the proposed new methodologies for determining the payment rates, and the underlying justifications shall be published. Publication shall be:

(i) In the Washington State Register; or

(ii) In the Seattle Times and Spokane Spokesman Review newspapers.

(b) The department shall maintain and update as needed a mailing list of all individuals and organizations wishing to receive notice of

changes to the nursing facility medicaid payment rate methodology, and all materials submitted for publication shall be sent either postage prepaid by regular mail to such individuals and organizations or by email. Individuals and organizations wishing to receive notice shall notify the department in writing.

(c) Nursing facility contractors, their associations, nursing facility medicaid beneficiaries, representatives of contractors or beneficiaries, and other concerned members of the public shall be given a reasonable opportunity to review and comment on the proposed estimated rates, methodologies and justifications. The period allowed for review and comment shall not be less than fourteen calendar days after the date of the Washington State Register containing the published material or the date the published material has appeared in both the Seattle Times and the Spokane Spokesman Review.

(d) If, after receiving and considering all comments, the department decides to move ahead with any change to its nursing facility medicaid payment rate methodology, it shall adopt needed further changes in response to comments, if any, and shall publish the final estimated initial rates, final rate determination methodologies and justifications. Publication shall be:

(i) In the Washington State Register; or

(ii) In the Seattle Times and Spokane Spokesman Review newspapers.

(e) Unless an earlier effective date is required by state or federal law, implementation of final changes in methodologies and commencement of the new rates shall not occur until final publication has occurred in the Register or in both designated newspapers. The department shall not be authorized to delay implementation of, or to alter, ignore or violate requirements of, state or federal laws in response to public process comments.

(f) Publication of proposed estimated initial payment rates and final estimated initial payment rates shall be deemed complete once the department has published:

(i) The statewide average proposed estimated initial payment rate weighted by adjusted medicaid resident days for all medicaid facilities from the most recent cost report year, including the change from the existing statewide average payment rate weighted by adjusted medicaid resident days for all medicaid facilities from the most recent cost report year; and

(ii) The statewide average final estimated initial payment rate weighted by adjusted medicaid resident days for all medicaid facilities from the most recent cost report year, including the change from the existing statewide average payment rate weighted by adjusted medicaid resident days for all medicaid facilities from the most recent cost report year.

(3) Nothing in this section shall be construed to prevent the department from commencing or completing the public process authorized by this section even though the proposed changes to the methodology for determining nursing facility medicaid payment rates are awaiting federal approval, or are the subject of pending legislative, gubernatorial or rule-making action and are yet to be finalized in statute and/or regulation.

(4) (a) Neither a contractor nor any other interested person or organization shall challenge, in any administrative appeals or exception procedure established in rule by the department under the provisions of chapter 74.46 RCW, the adequacy or validity of the public process followed by the department in proposing or implementing a

change to the payment rate methodology, regardless of whether the challenge is brought to obtain a ruling on the merits or simply to make a record for subsequent judicial or other review. Such challenges shall be pursued only in courts of proper jurisdiction as may be provided by law.

(b) Any challenge to the public process followed by the department that is brought in the course of an administrative appeals or exception procedure shall be dismissed by the department or presiding officer, with prejudice to further administrative review and record-making, but without prejudice to judicial or other review as may be provided by law.

(5) The public process required and authorized by this section shall not apply to any change in the payment rate methodology that does not require a Title XIX state plan amendment under applicable federal laws, including but not limited to:

(a) Prospective or retrospective changes to nursing facility payment rates or to methodologies for establishing such rates ordered by a court or administrative tribunal, after exhaustion of all appeals by either party as may be authorized by law, or the expiration of time to appeal; or

(b) Changes to nursing facility payment rates for one or more facilities resulting from the application of authorized payment rate methodologies, principles or adjustments, including but not limited to: Partial or phased-in termination or implementation of rate methodologies; scheduled cost rebasing; quarterly or other updates to reflect changes in case mix or other private or public source data used to establish rates; adjustments for inflation or economic trends and conditions; rate funding for capital improvements or new requirements imposed by the department; changes to resident-specific or exceptional care rates; and changes to correct errors or omissions by the contractor or the department.

[Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-718, filed 4/7/15, effective 5/8/15. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-718, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.800, 74.09.500 and 74.08.090. WSR 98-19-062, § 388-96-718, filed 9/16/98, effective 10/17/98.]

WAC 388-96-723 Comparison of the statewide weighted average payment rate for all nursing facilities with the weighted average payment rate identified in the Biennial Appropriations Act. (1) On a quarterly basis, the department will compare the statewide weighted average payment rate for all nursing facilities with the weighted average payment rate identified in the Biennial Appropriations Act.

(2) To determine the statewide weighted average payment rate, the department will use total billed medicaid days incurred in the calendar year immediately preceding the current fiscal year for the purpose of weighting the July 1 nursing facilities' rates that have been adjusted, or updated pursuant to chapter 74.46 RCW and this chapter.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-723, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-723, filed 5/29/01, effective 6/29/01. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amend-

ing c 309 § 207. WSR 99-24-084, § 388-96-723, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.421 and 74.46.800. WSR 98-20-023, § 388-96-723, filed 9/25/98, effective 10/1/98.]

WAC 388-96-724 Advance notice—Nursing facility component rate reduction taken under RCW 74.46.421. (1) The department will notify the nursing facility at least twenty-eight calendar days in advance of the effective date of a reduction taken under RCW 74.46.421.

(2) A rate reduction taken under RCW 74.46.421 will be effective the first day of the month following the twenty-eight calendar day advance notice.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-724, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-724, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.421 and 74.46.800. WSR 98-20-023, § 388-96-724, filed 9/25/98, effective 10/1/98.]

WAC 388-96-725 RCW 74.46.421 rate reduction—A nursing facility's rates. (1) The department will not reverse any rate reductions taken in accordance with RCW 74.46.421.

(2) If after a reduction a nursing facility is eligible to receive an increase in a component rate for some unrelated change (e.g., a change in the medicaid case mix index causes the direct care rate to increase), the department will apply the increase to the rate reduced by application of RCW 74.46.421.

(3) Reductions made under RCW 74.46.421 are cumulative. The department will reduce the component rates for all nursing facilities without reversing any previous reductions.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-725, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-725, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.421 and 74.46.800. WSR 98-20-023, § 388-96-725, filed 9/25/98, effective 10/1/98.]

WAC 388-96-726 RCW 74.46.421 nursing facility component rates below the statewide weighted average payment rate identified in the Biennial Appropriations Act. (1) Even if an individual nursing facility's component rates are below the statewide weighted average payment rate identified in the Biennial Appropriations Act, the department will reduce the nursing facility's rates as required under RCW 74.46.421.

(2) The department will not exempt any nursing facility from a component rates reduction required by RCW 74.46.421 for any circumstance, e.g., billed medicaid days, under-spending of the biennial appropriation for nursing facility rates, etc.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-726, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-726, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.46.421 and 74.46.800. WSR 98-20-023, § 388-96-726, filed 9/25/98, effective 10/1/98.]

WAC 388-96-730 Methodology for reducing a nursing facility's medicaid payment rate in order to reduce the statewide weighted average nursing facility medicaid payment rate to equal or be less than the weighted average payment rate identified in the Biennial Appropriations Act. (1) The department will determine a percentage reduction factor (PRF) that, when applied to all nursing facilities' rates will result in a statewide weighted average payment rate that is equal to or less than the weighted average payment rate identified in the Biennial Appropriations Act.

(2) By applying various percentages to the rates for all nursing facilities, the department will identify a percentage that reduces the statewide weighted average payment rate equal to or less than the weighted average payment rate identified in the Biennial Appropriations Act.

(3) The percentage identified in subsection (2) of this section will be the PRF. To reduce the statewide average payment rate to less than or equal to the weighted average payment rate identified in the Biennial Appropriations Act, the department will apply the PRF equally to all rate component allocations of each nursing facility's rate.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-730, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-730, filed 11/30/99, effective 12/31/99.]

WAC 388-96-731 Nursing facilities' rate reductions pursuant to RCW 74.46.421. Under RCW 74.46.421, the department will reduce the rate for each nursing facility when the statewide weighted average payment rate for all nursing facilities exceeds or is likely to exceed the weighted average payment rate identified in the Biennial Appropriations Act.

[Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-731, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-731, filed 11/30/99, effective 12/31/99.]

WAC 388-96-738 What default case mix group and weight must the department use for case mix grouping when there is no minimum data set resident assessment for a nursing facility resident? (1) When a resident:

(a) Expires before the facility completes the resident's initial assessment, the department must assign the assessment to the special

care case mix group - HD2. The department must use the case mix weight assigned to the special care case mix group - HD2. The department will count the case as a medicaid resident;

(b) Is discharged to an acute care facility before the nursing facility completes the resident's initial assessment, the department must assign the assessment to the special care case mix group - HD2. The department must use the case mix weight assigned to the special care case mix group - HD2. The department will count the case as a medicaid resident; or

(c) Is discharged for a reason other than those noted above before the facility completes the resident's initial assessment, the department must assign the assessment to the case mix group BC1. The department will count the case as a medicaid resident.

(2) If the resident assessment is untimely as defined in RCW 74.46.501 and as defined by federal regulations, then the department must assign the case to the default case mix group of BC1. The department will count the case a medicaid resident.

[Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-738, filed 4/7/15, effective 5/8/15. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 22, 24 and 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-738, filed 9/25/98, effective 10/1/98.]

WAC 388-96-739 How will the department determine which resident assessments are medicaid resident assessments? The department must identify a medicaid resident assessment through the review of the minimum data set (MDS) medicaid number field. If the nursing facility completes the MDS medicaid number field with a valid medicaid number or the appropriate code for medicaid pending, then the department will count the case as a medicaid resident assessment.

[Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-739, filed 4/7/15, effective 5/8/15. Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322 §§ 22, 24 and 25 and RCW 74.46.800. WSR 98-20-023, § 388-96-739, filed 9/25/98, effective 10/1/98.]

WAC 388-96-757 Payment for veterans' homes. Payment rates to nursing facilities operated by the state of Washington, department of veterans' affairs shall be determined in accordance with chapter 74.46 RCW and this chapter as for all other facilities.

[Statutory Authority: RCW 74.09.120 and 74.46.800. WSR 98-20-023, § 388-96-757, filed 9/25/98, effective 10/1/98; WSR 93-19-074 (Order 3634), § 388-96-757, filed 9/14/93, effective 10/15/93.]

WAC 388-96-758 Add-on for low-wage workers. (1) A nursing home may use the low-wage worker add-on only for in-house staff and not for allocated, home office, or purchased service increases. A nursing home may use the add-on to:

(a) Increase wages, benefits, or staffing levels for certified nurse aides;

(b) Increase wages or benefits but not staffing levels for dietary aides, housekeepers, laundry aides, or any other category of worker whose statewide average dollars-per-hour wage was less than fifteen

dollars in calendar year 2008, according to cost report data, including:

- (i) Activities directors and assistants;
 - (ii) Patient choices coordinators;
 - (iii) Central supply/ward clerks;
 - (iv) Expanded community service workers; and
 - (v) Social workers; and
- (c) Address wage compression for related job classes immediately affected by wage increases to low-wage workers.
- (2) A nursing home that receives a low-wage add-on must report to the department its expenditure of that add-on by:
- (a) Completing cost report schedule L 1; and
 - (b) Returning it to the department by January 31st.
- (3) By examining cost report schedule L 1, the department will determine whether the nursing home complied with the statutory requirements for distribution of the low wage add-on. When the department is unable to determine or unsure that the statutory requirements have been met, it will conduct an on-site audit.
- (4) When the department determines that the statutory requirements have been met, the low wage add-on will be reconciled at the same time as the regular settlement process but as a separate reconciliation. The reconciliation process will compare gross dollars received in the add-on to gross dollars spent.
- (5) When the department determines that the low wage add-on has not been spent in compliance with the statutory requirements, then it will recoup the noncomplying amount as an overpayment.
- (6) The department also will require the completing of cost report schedule L 1 for any calendar year in which the low wage add-on is paid for six months or more. Subsections (1) through (5) of this section will apply to all completions of cost report schedule L 1 irrespective of the calendar year in which it is paid.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-758, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-758, filed 2/14/11, effective 2/26/11. Statutory Authority: 2008 c 329 § 206(9). WSR 09-08-081, § 388-96-758, filed 3/30/09, effective 4/30/09.]

WAC 388-96-759 Standards for low-wage worker add-on. (1) In accordance with WAC 388-96-758, the low-wage worker add-on must be used to provide increases in wages or benefits, or to address resulting wage compression beginning on or after the date on which the add-on is first included in the rate. The low-wage worker add-on may be used to increase staffing levels for certified nurse aides only. Nursing home contractors receiving the low-wage add-on may not use it to pay for increases for time periods that they were not receiving the low wage worker add-on.

(2) Any type of traditional employee benefit is allowable. Such benefits typically fall in one of two categories: Retirement and life or health insurance. However, nontraditional benefits are also allowable (for example, wellness benefits, subsidized meals, or assistance with daycare).

(3) The employer's share of payroll taxes associated with wages and benefits may be covered with the add-on.

(4) For purposes of wage compression, an "immediately affected" job class is one that is related to the low-wage worker category, either in the organizational structure (for example, it supervises the low-wage worker category) or by existing practice (for example, the facility has a benchmark of paying that job class a certain percentage more than the low-wage worker category). Facilities must be able to explain the basis of the relationship if requested. Because the statute refers to "resulting wage compression," a facility must use a portion of the add-on to increase wages or benefits before it may use any of the add-on to address any wage compression caused by such increase.

(5) A facility may use the add-on in relation to any of the job categories listed in WAC 388-96-758, regardless of whether the average wage it pays to its own employees is above fifteen dollars per hour, either before or after including the additional wages funded by the add-on.

(6) Wages or benefits, including employee bonuses, otherwise properly paid with the add on will not be considered as unallowable costs under RCW 74.46.410 (2) (x).

(7) The low-wage worker add-on payments calculated in accordance with WAC 388-96-758 and this section must be adjusted to the extent necessary to comply with RCW 74.46.421.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-759, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-759, filed 2/14/11, effective 2/26/11. Statutory Authority: 2008 c 329 § 206(9). WSR 09-08-081, § 388-96-759, filed 3/30/09, effective 4/30/09.]

WAC 388-96-760 Upper limits to the payment rate. The average payment rate for the cost report year shall not exceed the contractor's average customary charges to the general public for the services covered by the payment rate for the same time period. The department will pay public facilities rendering such services free of charge or at a nominal charge according to the methods and standards set out in this chapter. The contractor shall provide as part of the annual cost report a statement of the average charges for the cost report year for services covered by the payment rate and supporting computations and documentation. The contractor shall immediately inform the department if its payment rate does exceed customary charges for comparable services. If necessary, the department will adjust the payment rate in accordance with RCW 74.46.531.

[Statutory Authority: Chapter 74.46 RCW as amended by 1998 c 322, RCW 74.46.800 and 74.09.120. WSR 98-20-023, § 388-96-760, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 91-12-026 (Order 3185), § 388-96-760, filed 5/31/91, effective 7/1/91. Statutory Authority: RCW 74.09.120. WSR 84-24-050 (Order 2172), § 388-96-760, filed 12/4/84; WSR 83-19-047 (Order 2025), § 388-96-760, filed 9/16/83; WSR 81-22-081 (Order 1712), § 388-96-760, filed 11/4/81. Statutory Authority: RCW 74.08.090 and 74.09.120. WSR 78-06-080 (Order 1300), § 388-96-760, filed 6/1/78. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-760, filed 1/9/78.]

WAC 388-96-766 Notification. (1)(a) The contractor must inform the department of its current electronic mail (email) address at which it wants to receive rate notifications. It is the responsibility of the contractor to inform the department of any changes to the email address at which it wants to receive notice of the department's actions. The department may notify each contractor by email using the contractor's supplied email address of its prospective medicaid payment rate allocation and/or any actions that result in a change to the contractor's prospective medicaid payment rate allocation. The date of the department's notification email will be used to determine whether the notification and the contractor's response met any legal requirements, irrespective of when the contractor read the email.

(b) When the contractor seeks to appeal or take exception to a department action taken under authority of this chapter or chapter 74.46 RCW and eligible for administrative review under WAC 388-96-901, it shall comply with WAC 388-96-904 when requesting an administrative review conference.

(2)(a) Unless otherwise specified at the time it is issued, the medicaid payment rate allocation and/or component rate allocation(s) will be effective from the first day of the month in which it (they) is (are) issued. When the department amends a medicaid payment rate allocation and/or component rate allocation(s) as the result of an appeal in accordance with WAC 388-96-904, the amended rate will have the same effective date as the appealed rate.

(b) When a total medicaid component payment rate allocation and/or rate allocation(s) is (are) adjusted, updated or amended after the calendar year in which the adjustment or update was effective, then the department will account for any amounts owed through the settlement process.

(3)(a) When the department has sent written notice by post, it shall deem the contractor to have received the department's notice five calendar days after the date of the notification letter, unless proof of the date of receipt of the department's notification letter exists, in which case the actual date of receipt shall be used. Proof of date of receipt of department's notification must be from an independent source that has no stake in the outcome.

(b) When the department has sent notice by certified letter, the department shall deem the contractor to have received the department's notice five calendar days after the date the U.S. Post Office first attempts to deliver the certified letter containing the notice of the department's action(s).

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-766, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-766, filed 10/13/04, effective 11/13/04. Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-766, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 74.09.120. WSR 78-02-013 (Order 1264), § 388-96-766, filed 1/9/78.]

WAC 388-96-771 Receivership. (1) If the nursing home is providing care to recipients of state medical assistance, the receiver shall:

- (a) Become the medicaid contractor for the duration of the receivership period;
 - (b) Assume all reporting responsibilities for new contractors;
 - (c) Assume all other responsibilities for new contractors set forth in this chapter; and
 - (d) Be responsible for the refund of medicaid rate payments in excess of costs during the period of receivership.
- (2) In establishing the prospective rate during receivership the department shall consider:
- (a) Compensation, if any, ordered by the court for the receiver. Such compensation may already be available to the receiver through the rate as follows:
 - (i) Financing allowance and variable return component rate allocations, or
 - (ii) The administrator's salary in the case of facilities where the receiver is also the administrator.
- If these existing sources of compensation are less than what was ordered by the court, additional costs may be allowed in the rate up to the compensation amount ordered by the court.
- (b) Start up costs and costs of repairs, replacements, and additional staff needed for patient health, security, and welfare. To the extent such costs can be covered through the financing allowance and the variable return component rate allocations, no additional moneys will be added to the rate;
 - (c) Any other allowable costs as set forth in this chapter.
- (3)(a) Upon order of the court, the department shall provide emergency or transitional financial assistance to a receiver not to exceed thirty thousand dollars.
- (b) The department shall recover any emergency or transitional expenditure made by the department on behalf of a nursing home not certified to participate in the medicaid Title XIX program from revenue generated by the facility which is not obligated to the operation of the facility.
 - (c) In order to help recover an emergency or transitional expenditure, regardless of whether the facility is certified to participate in the medicaid Title XIX program or not, the department may:
 - (i) File an action against the former licensee or owner at the time the expenditure is made to recover such expenditure; or
 - (ii) File a lien on the facility or on the proceeds of the sale of the facility.
- (4) If recommendations on receiver's compensation are solicited from the department by the court, the department shall consider the following:
- (a) The range of compensation for nursing home managers;
 - (b) Experience and training of the receiver;
 - (c) The size, location, and current condition of the facility;
 - (d) Any additional factors deemed appropriate by the department.
- (5) When the receivership terminates, the department may revise the nursing home's medicaid reimbursement. The medicaid reimbursement rate for:
- (a) The former owner or licensee shall be what it was before receivership, unless the former owner or licensee requests prospective rate revisions from the department as set forth in this chapter; and
 - (b) Licensed replacement operators shall be determined consistent with rules governing prospective reimbursement rates for new contractors as set forth in this chapter.

[Statutory Authority: Chapter 74.46 RCW, 1999 c 376 § 3 amending c 309 § 207. WSR 99-24-084, § 388-96-771, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 79.09.120 [74.09.120] and 74.46.800. WSR 90-09-061 (Order 2970), § 388-96-771, filed 4/17/90, effective 5/18/90. Statutory Authority: RCW 74.09.120. WSR 88-06-085 (Order 2602), § 388-96-771, filed 3/2/88.]

WAC 388-96-777 Add-ons to the prospective rate—Initiated by the department. (1) The department shall initiate all rate add-ons granted under this section. Contractors may not request and be approved a rate add-on under this section.

(2) Rate add-ons the department grants under the authority of this section shall be for costs to implement:

(a) Program changes that the director of residential care services, aging and adult services administration determines a rate add-on is necessary to accomplish the purpose of the change and announces same in a written directive to the chief of the office of rates management; or

(b) Changes in either the state or federal statutes or regulations or directives that the director of management services, aging and adult services administration determines requires a rate add-on to implement and directs in writing the chief of the office of rates management to implement.

(3) Changes made under this section are subject to review under WAC 388-96-901 and 388-96-904; provided, the issue is not whether a rate add-on should have been granted.

(4) If the contractor does not use the funds for the purpose for which they were granted, the department shall immediately recoup the misspent or unused funds.

[Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-777, filed 5/29/01, effective 6/29/01; WSR 94-12-043 (Order 3737), § 388-96-777, filed 5/26/94, effective 6/26/94.]

WAC 388-96-781 Exceptional care rate add-on—Covered medicaid residents. A nursing facility (NF) may receive an increase in its direct care rate allocations for providing exceptional care to a medicaid resident who:

(1) Receives specialized services to meet chronic complex medical conditions and neurodevelopment needs of medically fragile children and resides in a NF where all residents are under age twenty-one with at least fifty percent of the residents entering the facility before the age of fourteen;

(2) Receives expanded community services (ECS);

(3) Is admitted to a NF as an extraordinary medical placement (EMP) and the department of corrections (DOC) has approved the exceptional direct care;

(4) Is ventilator or tracheotomy (VT) dependent and resides in a NF that the department has designated as active ventilator-weaning center;

(5) Has a traumatic brain injury (TBI) established by a comprehensive assessment reporting evaluation (CARE) assessment administered

by department staff and resides in a NF that the department has designated as capable for TBI patients;

(6) Has a TBI and currently resides in nursing facility specializing in the care of TBI residents where more than fifty percent of residents are classified with TBIs based on the federal minimum data set assessment (MDS 3.0 or its successor); or

(7) Is admitted to a NF from a hospital with an exceptional care need and medicaid purchasing administration (MPA) or a successor administration has approved the exceptional direct care payment.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-781, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-781, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800, 74.46.508. WSR 00-12-098, § 388-96-781, filed 6/7/00, effective 7/8/00.]

WAC 388-96-782 Exceptional direct care—Payment. (1) For WAC 388-96-781(1) residents, the department will pay the Oregon medicaid rate.

(2) For WAC 388-96-781 (4), (5), (6), and (7) residents, the department may establish a rate add-on that when added to the nursing facility's per diem medicaid rate does not exceed the cost of caring for the client in a hospital.

(3) Costs related to payments resulting from increases in direct care component rates under subsection (2) of this section must be offset against the facility's examined, allowable direct care costs, for each report year or partial period such increases are paid. Such reductions in allowable direct care must be for rate setting, settlement, and other purposes deemed appropriate by the department.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-782, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-782, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-782, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800, 74.46.508. WSR 00-12-098, § 388-96-782, filed 6/7/00, effective 7/8/00.]

WAC 388-96-785 Supplemental payments. To the extent the federal government approves such payments under the state's plan for medical assistance, and only to the extent that funds are specifically appropriated for this purpose in the biennial appropriations act, the department shall make supplemental payments to nursing facilities operated by public hospital districts. The payments shall be calculated and distributed in accordance with the terms and conditions specified in the biennial appropriations act. The payments shall be supplemental to the component rate allocations calculated in accordance with Part E of chapter 74.46 RCW and the related sections of this chapter neither the provisions of Part E of chapter 74.46 RCW nor the settlement provisions of this chapter apply to these supplemental payments.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-785, filed 2/14/11, effective 2/26/11.]

WAC 388-96-802 Billing/payment. (1) The department will pay nursing facility (NF) contractors for the first day of a medicaid resident's stay but not the last day.

(2) The department will pay a contractor for service rendered under the facility contract and billed in accordance with the department's billing procedure. The amount paid will be computed using the appropriate rates assigned to the contractor. For each recipient, the department will pay an amount equal to the appropriate rates, multiplied by the number of medicaid resident days each rate was in effect, less the amount the recipient is required to pay for his or her care as set forth by WAC 388-96-803.

(3) A NF contractor shall not bill the department for service provided to a medicaid recipient until an award letter of eligibility for the recipient under rules established under the authority of chapter 74.09 RCW has been received by the facility. However a facility may bill and shall be reimbursed for all medical care recipients referred to the facility by the department prior to the receipt of the award letter of eligibility or the denial of such eligibility.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-802, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-802, filed 5/29/01, effective 6/29/01.]

WAC 388-96-803 Notification of participation—Responsibility to collect—Reporting medicaid recipient's changes in income/resources—Rate payment in full for services. (1) The department will notify a contractor of the amount each medical recipient is required to participate in the cost of his or her care and the effective date of the required participation. The contractor must collect the participation from the patient and to account for any authorized reductions from the participation.

(2) Within seventy-two hours of becoming aware of a change in the medicaid resident's income and/or resources, the NF contractor will report the change in writing to the home and community services office serving the area in which the NF is located. When reporting the change, the NF contractor will include copies of any available documentation of the change in the medicaid resident's income and/or resources.

(3) For each medicaid resident, the contractor shall accept the payment rates established by the department multiplied by the number of medicaid resident days each rate was in effect, less the amount the recipient is required to pay for his or her care as set forth in WAC 388-96-803(1) as full compensation for all services provided under the contract, certification as specified by Title XIX, and licensure under chapter 18.51 RCW. The contractor shall not seek or accept additional compensation from or on behalf of a recipient for any or all such services.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-803, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-803, filed 5/29/01, effective 6/29/01.]

WAC 388-96-805 Suspension of payments. (1) The department may withhold payments to a contractor in each of the following circumstances:

(a) A required report is not properly completed and filed by the contractor within the appropriate time period, including any approved extension. Payments will be released as soon as a properly completed report is received;

(b) State auditors, department auditors, or authorized personnel in the course of their duties are refused access to a nursing facility or are not provided with existing appropriate records. Payments will be released as soon as such access or records are provided;

(c) A refund in connection with a settlement or rate adjustment is not paid by the contractor when due. The amount withheld will be limited to the unpaid amount of the refund and any accumulated interest owed to the department as authorized by this chapter;

(d) Payment for the final sixty days of service prior to termination or assignment of a contract will be held in the absence of adequate alternate security acceptable to the department pending settlement of all periods when the contract is terminated or assigned; and

(e) Payment for services at any time during the contract period in the absence of adequate alternate security acceptable to the department, when a contractor's net medicaid overpayment liability for one or more nursing facilities or other debt to the department, as determined by settlement, civil fines imposed by the department, third-party liabilities or other source, reaches or exceeds fifty thousand dollars, whether subject to good faith dispute or not, and for each subsequent increase in liability reaching or exceeding twenty-five thousand dollars. Payments will be released as soon as practicable after acceptable security is provided or refund to the department is made.

(2) No payment will be withheld until written notification of the suspension is provided to the contractor, stating the reason for the withholding. Neither a timely filed request to pursue any administrative appeals or exception procedure that the department may establish by rule nor commencement of judicial review, as may be available to the contractor in law, shall delay suspension of payment.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-805, filed 2/14/11, effective 2/26/11.]

WAC 388-96-808 Change of ownership—Assignment of department's contract. (1) On the effective date of a change of ownership the department's contract with the old owner shall be automatically assigned to the new owner, unless:

(a) The new owner does not desire to participate in medicaid as a nursing facility provider;

(b) The department elects not to continue the contract with the new owner; or

(c) The new owner elects not to accept assignment and requests certification and a new contract. The old owner shall give the department sixty days' written notice of such intent to change ownership and assign. When certificate of need and/or section 1122 approval is required pursuant to chapter 70.38 RCW and Part 100, Title 42 C.F.R., for the new owner to acquire the facility, and the new owner wishes to continue to provide service to recipients without interruption, certificate of need and/or section 1122 approval shall be obtained before the old owner submits a notice of intent to change ownership and assign.

(2) If the new owner desires to participate in the nursing facility medicaid payment system, it shall meet the conditions specified in WAC 388-96-011. The facility contract with the new owner shall be effective as of the date of the change of ownership.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-808, filed 2/14/11, effective 2/26/11.]

WAC 388-96-809 Change of ownership—Final reports—Settlement securities. (1) When there is a change of ownership for any reason, final reports shall be submitted as required by WAC 388-96-022.

(2) Upon a notification of intent to change ownership, the department shall determine by settlement or reconciliation the amount of any overpayments made to the assigning or terminating contractor, including overpayments disputed by the assigning or terminating contractor. If settlements are unavailable for any period up to the date of assignment or termination, the department shall make a reasonable estimate of any overpayment or underpayments for such periods. The reasonable estimate shall be based upon prior period settlements, available audit findings, the projected impact of prospective rates, and other information available to the department. The department shall also determine and add in the total of all other debts and potential debts owed to the department regardless of source, including, but not limited to, interest owed to the department as authorized by this chapter, civil fines imposed by the department, or third-party liabilities.

(3) For all cost reports, the assigning or terminating contractor shall provide security, in a form deemed adequate by the department, equal to the total amount of determined and estimated overpayments and all debts and potential debts from any source, whether or not the overpayments are the subject of good faith dispute including but not limited to, interest owed to the department, civil fines imposed by the department, and third-party liabilities. Security shall consist of one or more of the following:

(a) Withheld payments due the assigning or terminating contractor under the contract being assigned or terminated;

(b) An assignment of funds to the department;

(c) The new contractor's assumption of liability for the prior contractor's debt or potential debt;

(d) An authorization to withhold payments from one or more medicaid nursing facilities that continue to be operated by the assigning or terminating contractor;

- (e) A promissory note secured by a deed of trust; or
 - (f) Other collateral or security acceptable to the department.
- (4) An assignment of funds shall:

(a) Be at least equal to the amount of determined or estimated debt or potential debt minus withheld payments or other security provided; and

(b) Provide that an amount equal to any recovery the department determines is due from the contractor from any source of debt to the department, but not exceeding the amount of the assigned funds, shall be paid to the department if the contractor does not pay the debt within sixty days following receipt of written demand for payment from the department to the contractor.

(5) The department shall release any payment withheld as security if alternate security is provided under subsection (3) of this section in an amount equivalent to the determined and estimated debt.

(6) If the total of withheld payments and assigned funds is less than the total of determined and estimated debt, the unsecured amount of such debt shall be a debt due the state and shall become a lien against the real and personal property of the contractor from the time of filing by the department with the county auditor of the county where the contractor resides or owns property, and the lien claim has preference over the claims of all unsecured creditors.

(7) A properly completed final cost report shall be filed in accordance with WAC 388-96-022, which shall be examined by the department in accordance with WAC 388-96-205.

(8) Security held pursuant to this section shall be released to the contractor after all debts, including accumulated interest owed the department, have been paid by the old owner.

(9) Security held pursuant to this section shall be released to the contractor if the new contractor assumes all liability.

(10) If, after calculation of settlements for any periods, it is determined that overpayments exist in excess of the value of security held by the state, the department may seek recovery of these additional overpayments as provided by law.

(11) Regardless of whether a contractor intends to change ownership, if a contractor's net medicaid overpayments and erroneous payments for one or more settlement periods, and for one or more nursing facilities, combined with debts due the department, reaches or exceeds a total of fifty thousand dollars, as determined by settlement, civil fines imposed by the department, third-party liabilities or by any other source, whether such amounts are subject to good faith dispute or not, the department shall demand and obtain security equivalent to the total of such overpayments, erroneous payments, and debts and shall obtain security for each subsequent increase in liability reaching or exceeding twenty-five thousand dollars. Such security shall meet the criteria in subsections (3) and (4) of this section, except that the department shall not accept an assumption of liability. The department shall withhold all or portions of a contractor's current contract payments or impose liens, or both, if security acceptable to the department is not forthcoming. The department shall release a contractor's withheld payments or lift liens, or both, if the contractor subsequently provides security acceptable to the department.

(12) Notwithstanding the application of security measures authorized by this section, if the department determines that any remaining debt of the old owner is uncollectible from the old owner, the new owner is liable for the unsatisfied debt in all respects. If the new owner does not accept assignment of the contract and the contingent

liability for all debt of the prior owner, a new certification survey shall be done and no payments shall be made to the new owner until the department determines the facility is in substantial compliance for the purposes of certification.

(13) Medicaid provider contracts shall only be assigned if there is a change of ownership, and with approval by the department.

[Statutory Authority: RCW 74.46.431(9). WSR 15-09-025, § 388-96-809, filed 4/7/15, effective 5/8/15. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-809, filed 2/14/11, effective 2/26/11.]

WAC 388-96-901 Disputes. (1) When a contractor wishes to contest the way in which the department applied a statute or department rule to the contractor's circumstances, the contractor must pursue the administrative review process prescribed in WAC 388-96-904.

(a) Adverse actions taken under the authority of this chapter or chapter 74.46 RCW subject to administrative review under WAC 388-96-904 include but are not limited to the following:

- (i) Determining a nursing facility payment rate;
- (ii) Calculating a nursing facility settlement;
- (iii) Imposing a civil fine on the nursing facility;
- (iv) Suspending payment to a nursing facility; and
- (v) Conducting trust fund and accounts receivable audits.

(b) Adverse actions taken under the authority of this chapter or chapter 74.46 RCW not subject to administrative review under WAC 388-96-904 include but are not limited to:

(i) Actions taken under the authority of RCW 74.46.421 and sections of this chapter implementing RCW 74.46.421;

(ii) Case mix accuracy review of minimum data set (MDS) nursing facility resident assessments that are limited to separate administrative review under WAC 388-96-905;

(iii) Semiannual rate updates to reflect changes in a facility's resident case mix including contractor errors made in the MDSs used to update the facility's resident case mix;

(iv) Actions taken under the exceptional direct care program codified at WAC 388-96-781 and 388-96-782; and

(v) Actions taken under WAC 388-96-218 (2)(c).

(2) The administrative review process prescribed in WAC 388-96-904 must not be used to contest or review unrelated or ancillary department actions, whether review is sought to obtain a ruling on the merits, make a record for subsequent judicial review, or other purpose. If an issue is raised that is not subject to review under WAC 388-96-904, the presiding officer must dismiss such issue with prejudice to further review under the provisions of WAC 388-96-904, but without prejudice to other administrative or judicial review as may be provided by law. Unrelated or ancillary actions not eligible for administrative review under WAC 388-96-904 include but are not limited to:

(a) Challenges to the adequacy or validity of the public process followed by the department in proposing or making a change to the nursing facility medicaid payment rate methodology, as required by Title 42 U.S.C. Sec. 1396a (a)(13)(A) and WAC 388-96-718;

(b) Challenges to the nursing facility medicaid payment system that are based in whole or in part on federal laws, regulations, or policies;

- (c) Challenges to a contractor's rate that are based in whole or in part on federal laws, regulations, or policies;
- (d) Challenges to the legal validity of a statute or regulation; and
- (e) Actions of the department affecting a medicaid beneficiary or provider that were not commenced by the office of rates management, aging and long-term support administration.

(3) If a contractor wishes to challenge the legal validity of a statute, rule, or contract provision relating to the nursing facility medicaid payment system or bring a challenge based in whole or in part on federal law, it must bring such action de novo in a court of proper jurisdiction as may be provided by law. The contractor must not use this section or WAC 388-96-904 for such purposes. This prohibition applies irrespective of whether the contractor wishes to obtain a decision or ruling on an issue of validity or federal compliance or wishes only to make a record for the purpose of subsequent judicial review.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-901, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-901, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-901, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.800. WSR 01-12-037, § 388-96-901, filed 5/29/01, effective 6/29/01. Statutory Authority: RCW 74.46.800, 74.46.508. WSR 00-12-098, § 388-96-901, filed 6/7/00, effective 7/8/00. Statutory Authority: RCW 74.46.780 as amended by 1998 c 322 § 41. WSR 98-20-023, § 388-96-901, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-901, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 91-12-026 (Order 3185), § 388-96-901, filed 5/31/91, effective 7/1/91. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-901, filed 10/13/82; Order 1262, § 388-96-901, filed 12/30/77.]

WAC 388-96-904 Administrative review—Adjudicative proceeding.

(1)(a) A contractor seeking an administrative review of an adverse action or determination of the department taken under authority of this chapter or chapter 74.46 RCW and eligible for administrative review under WAC 388-96-901, shall file a written request for an administrative review conference with the office of rates management within twenty-eight calendar days after receiving notice of the department's action or determination.

(b) When the department has sent written notice by United States mail, it shall deem the contractor to have received the department's notice five calendar days after the date of the notification letter, unless proof of the date of receipt of the department's notification letter exists, in which case the actual date of receipt shall be used to determine timeliness of the contractor's request for an administrative review conference. When the department has electronically mailed (email) written notice, the date of the department's notification email will be the date of receipt by the contractor irrespective of when the contractor reads the email.

(c) The contractor's request for administrative review shall:

(i) Be signed by the contractor or by a partner, officer, or authorized employee of the contractor;

(ii) State the particular issues raised; and

(iii) Include all necessary supporting documentation or other information.

(2) After receiving a request for administrative review conference that meets the criteria in subsection (1) of this section, the department shall schedule an administrative review conference. The conference may be conducted by telephone.

(3) At least fourteen calendar days prior to the scheduled date of the administrative review conference, the contractor must supply any additional or supporting documentation or information upon which the contractor intends to rely in presenting its case. In addition, the department may request at any time prior to issuing a determination any documentation or information needed to decide the issues raised, and the contractor must comply with such a request within fourteen calendar days after it is received. The department may extend this period up to fourteen additional calendar days for good cause shown if the contractor requests an extension in writing received by the department before expiration of the initial fourteen-day period. The department shall dismiss issues that cannot be decided or resolved due to a contractor's failure to provide requested documentation or information within the required period.

(4) The department shall, within sixty calendar days after conclusion of the conference, render a determination in writing addressing the issues raised. If the department is waiting for additional documentation or information promised by or requested from the contractor pursuant to subsection (3) of this section, the sixty-day period shall not commence until the department's receipt of such documentation or information or until expiration of the time allowed to provide it. The determination letter shall include a notice of dismissal of all issues which cannot be decided due to a contractor's failure to provide documentation or information promised or requested.

(5) (a) A contractor seeking further review of a determination issued pursuant to subsection (4) of this section shall within twenty-eight calendar days after receiving the department's administrative review conference (ARC) determination letter file a written application for an adjudicative proceeding signed by one of the individuals authorized by subsection (1) of this section with the department's board of appeals.

(b) When the department has sent the ARC determination letter by United States mail, the department shall deem the contractor to have received the department's determination five calendar days after the date of the administrative review determination letter, unless proof of the date of receipt of the letter exists, in which case the actual date of receipt shall be used to determine timeliness of the contractor's application for an adjudicative proceeding. When the department has electronically mailed (email) the ARC determination letter, the date of the department's email containing the ARC determination letter or to which the ARC determination letter is attached will be the date of receipt by the contractor irrespective of when the contractor reads the email.

(c) The contractor shall attach to its application for an adjudicative proceeding the department's administrative review conference determination letter. When the department delivered the ARC determination letter by email either in the body of the email or as an attachment to the email, the contractor must include a copy of the email

with the contractor's application for an adjudicative proceeding. A contractor's application for an adjudicative proceeding shall be addressed to the department's board of appeals. The board of appeals date stamp on the application for an administrative proceeding shall be used to determine whether the application is timely. When the application for adjudicative proceeding is filed by fax, the date stamped on the application received by fax will only be used to determine timeliness when the application is postmarked the same date as the faxed application.

(6) A review judge or other presiding officer employed by the department's board of appeals shall conduct the adjudicative proceeding. Except as authorized by subsection (7) of this section, the scope of an adjudicative proceeding shall be limited to the issues specifically raised by the contractor at the administrative review conference and addressed on the merits in the department's administrative review conference determination letter. The contractor shall be deemed to have waived all issues or claims that could have been raised by the contractor relating to the challenged determination or action, but which were not pursued at the conference and not addressed in the department's administrative review conference determination letter. In its request for an adjudicative proceeding or as soon as practicable, the contractor must specify its issues.

(7) If the contractor wishes to have further review of any issue not addressed on its merits, but instead dismissed in the department's administrative review conference determination letter, for failure to supply needed, promised, or requested additional information or documentation, or because the department has concluded the request was untimely or otherwise procedurally defective, the issue shall be considered by the presiding officer for the purpose of upholding the department's dismissal, reinstating the issue and remanding for further agency staff action, or reinstating the issue and rendering a decision on the merits.

(8) An adjudicative proceeding shall be conducted in accordance with this chapter, chapter 388-02 WAC and chapter 34.05 RCW. In the event of a conflict between hearing requirements in chapter 74.46 RCW and chapter 388-96 WAC specific to the nursing facility medicaid payment system and general hearing requirements in chapter 34.05 RCW and chapter 388-02 WAC, the specific requirements of chapter 74.46 RCW and chapter 388-96 WAC shall prevail. The presiding officer assigned by the department's board of appeals to conduct an adjudicative proceeding and who conducts the proceeding shall render the final agency decision.

(9) At the time an adjudicative proceeding is being scheduled for a future time and date certain, or at any appropriate stage of the prehearing process, the presiding officer shall have authority, upon the motion of either party or the presiding officer's own motion, to compel either party to identify specific issues remaining to be litigated.

(10) If the presiding officer determines there is no material issue(s) of fact to be resolved in a case, the presiding officer shall have authority, upon the motion of either party or the presiding officer's own motion, to decide the issue(s) presented without convening or conducting an in-person evidentiary hearing. In such a case, the decision may be reached on documentation admitted to the record, party admissions, written or oral stipulation(s) of facts, and written or oral argument.

(11) The board of appeals shall issue an order dismissing an adjudicative proceeding requested under subsection (5) of this section, unless within two hundred seventy calendar days after the board of appeals receives the application for an adjudicative proceeding:

(a) All issues have been resolved by a written settlement agreement between the contractor and the department signed by both and filed with the board of appeals; or

(b) An adjudicative proceeding has been held for all issues not resolved and the evidentiary record, including all rebuttal evidence and post-hearing or other briefing, is closed.

This time limit may be extended one time thirty additional calendar days for good cause shown upon the motion of either party made prior to the expiration of the initial two hundred seventy day period. It shall be the responsibility of the contractor to request that hearings be scheduled and ensure that settlement agreements are signed and filed with the board of appeals in order to comply with the time limit set forth in this subsection.

(12) Any party dissatisfied with a decision or an order of dismissal of the board of appeals may file a petition for reconsideration within ten calendar days after the decision or order of dismissal is served on such party. The petition shall state the specific grounds upon which relief is sought. The time for seeking reconsideration may be extended by the presiding officer for good cause upon motion of either party. The presiding officer shall rule on a petition for reconsideration and may seek additional argument, briefing, testimony, or other evidence if deemed necessary. Filing a petition for reconsideration shall not be a requisite for seeking judicial review; however, if a petition is filed by either party, the agency decision shall not be deemed final until a ruling is made by the presiding officer.

(13) A contractor dissatisfied with a decision or an order of dismissal of the board of appeals may file a petition for judicial review pursuant to RCW 34.05.570(3) or other applicable authority.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-904, filed 2/14/11, effective 2/26/11. Statutory Authority: RCW 74.46.431 (11) and (12), 74.46.800, chapter 74.46 RCW, 2004 c 276 § 913, 2001 1st sp.s. c 8. WSR 04-21-027, § 388-96-904, filed 10/13/04, effective 11/13/04. Statutory Authority: RCW 74.46.780 as amended by 1998 c 322 § 41. WSR 98-20-023, § 388-96-904, filed 9/25/98, effective 10/1/98. Statutory Authority: RCW 74.46.800. WSR 96-15-056, § 388-96-904, filed 7/16/96, effective 8/16/96. Statutory Authority: RCW 74.46.800 and 1995 1st sp.s. c 18. WSR 95-19-037 (Order 3896), § 388-96-904, filed 9/12/95, effective 10/13/95. Statutory Authority: RCW 74.46.800. WSR 94-12-043 (Order 3737), § 388-96-904, filed 5/26/94, effective 6/26/94. Statutory Authority: RCW 74.46.800 and 74.09.120. WSR 91-12-026 (Order 3185), § 388-96-904, filed 5/31/91, effective 7/1/91. Statutory Authority: RCW 34.05.220 (1)(a) and 74.09.120. WSR 90-04-071 (Order 3003), § 388-96-904, filed 2/5/90, effective 3/1/90. Statutory Authority: RCW 74.09.180 and 74.46.800. WSR 89-01-095 (Order 2742), § 388-96-904, filed 12/21/88. Statutory Authority: 1987 c 476. WSR 88-01-126 (Order 2573), § 388-96-904, filed 12/23/87. Statutory Authority: RCW 34.04.020. WSR 84-05-040 (Order 2076), § 388-96-904, filed 2/17/84. Statutory Authority: RCW 74.09.120. WSR 82-21-025 (Order 1892), § 388-96-904, filed 10/13/82; Order 1262, § 388-96-904, filed 12/30/77.]

WAC 388-96-905 Case mix accuracy review of MDS nursing facility resident assessments.

(1) The department shall perform periodic nursing facility on-site accuracy reviews of minimum data set (MDS) assessments of nursing facility residents, for the purpose of verifying the accuracy of facility case mix data used to establish and update medicaid payment rates, and for other purposes the department may deem appropriate.

(2) Contractors, their representatives, and authorized nursing facility personnel may ask questions and raise concerns with the quality assurance nurse (QAN) or other designated department representative at the time a case mix accuracy review is conducted. Contractors, their representatives and authorized nursing facility personnel should attempt to resolve any differences and provide additional documentation, information or clarification prior to the case mix accuracy review exit conference.

(3) Upon completing a case mix accuracy review, the QAN shall hold an exit conference to inform the facility of the QAN's observations and preliminary findings. MDS inaccuracies, if any, will be identified and the findings that substantiate these inaccuracies shall be described.

(4) Within five working days after the case mix accuracy review exit conference is held, the nursing facility district manager (DM) for the facility's district shall send the case mix accuracy review decision letter to the nursing facility administrator at the facility address. The case mix accuracy review decision letter shall be sent certified mail, return receipt requested, shall describe in detail the QAN's findings, and shall identify the:

(a) Resident assessments that were reviewed;

(b) RUG-III or other applicable case mix grouping that was determined for the resident assessments reviewed;

(c) Changes in assigned classification, if any, that were made for residents whose assessments were reviewed;

(d) Right of the contractor to appeal any disagreement with the case mix accuracy review decision to the department's case mix accuracy review administrator or his or her delegate:

(i) Where to send an appeal request; and

(ii) The time limit for requesting an appeal.

(5) If the contractor intends to appeal the DM's case mix accuracy review decision letter, the appeal request must be in writing and mailed to the department's case mix accuracy administrator within ten calendar days after receipt of the case mix accuracy review decision letter. The appeal request letter shall:

(a) Be signed by the contractor or by a partner, officer, or authorized employee of the contractor;

(b) State the particular issue(s) raised, including any explanation or basis for disagreeing with the department's findings or actions.

(6) Prior to the informal administrative hearing, the case mix accuracy review administrator shall have no involvement in the case mix accuracy review decision.

(7) Upon receiving a timely appeal request, the administrator shall review any documentation and information submitted with the request, and contact the contractor by telephone to schedule an informal administrative hearing. The purpose of this informal hearing is to give the contractor one opportunity to present information which might warrant modification or deletion of resident-specific accuracy findings resulting from the case mix accuracy review. The scope of the in-

formal administrative hearing shall be limited to clinical issues of resident need and assessment. Nonclinical issues beyond the scope of appeal include, but are not limited to:

(a) Any remedies or negative actions imposed by the department to rectify practices or inaccuracies;

(b) Alleged inconsistencies in the accuracy review process;

(c) Challenges to the authority or adequacy of the case mix accuracy review process; and

(d) Payment rate issues or other adverse actions subject to review under WAC 388-96-904.

(8) On or before the informal hearing date, the contractor must submit all necessary supporting documentation or other information to the case mix accuracy review administrator. The administrator may request additional information or documentation from the contractor at any time before issuing the final, informal hearing decision. The contractor shall provide all information or documentation within the time limits established by this section, or by the administrator. In the event that the contractor fails to submit the required documentation for a claim or issue within the specified time limits, the accuracy review administrator shall dismiss the claim or issue with prejudice.

(9) The informal case mix accuracy review administrative hearing shall be conducted in person, unless both the contractor and the department agree that it can be conducted by telephone.

(10) Within ten days after the informal administrative hearing or within ten days after receipt of any additional information or documentation requested, whichever is later, the case mix accuracy review administrator shall send the appeal decision in writing to the nursing facility administrator at the facility address. The appeal decision letter shall be sent regular mail and shall:

(a) Be the final agency decision of the department;

(b) Be based on the independent judgment of the case mix accuracy review administrator who conducted the informal administrative hearing and reviewed all information and documentation; and

(c) Recite the right of the contractor to seek judicial review under the state's Administrative Procedure Act (chapter 34.05 RCW).

(11) A contractor dissatisfied with the final agency decision issued by the case mix accuracy review administrator may file a petition for judicial review pursuant to RCW 34.05.570(3) or other applicable authority.

[Statutory Authority: RCW 74.46.780 as amended by 1998 c 322 § 41 and RCW 74.46.800. WSR 98-20-023, § 388-96-905, filed 9/25/98, effective 10/1/98.]

WAC 388-96-906 Section captions. Section captions as used in this chapter do not constitute any part of the rule.

[Statutory Authority: Chapter 74.46 RCW, 2010 1st sp.s. c 34, and 2010 1st sp.s. c 37 § 958. WSR 11-05-068, § 388-96-906, filed 2/14/11, effective 2/26/11.]

WAC 388-96-910 Safety net assessment. (1) Chapter 7, Laws of 2011 1st sp. sess. (the act) imposes a safety net assessment (SNA) on nonexempt nursing facilities in Washington. Each year, under section 16 of the act, the department of social and health services (the de-

partment) may adjust the amount(s) of the SNA to be paid for the next state fiscal year (SFY), beginning July 1. If necessary, the department may further adjust the amount(s) of the SNA at other times during the SFY. Although subject to change as necessary and as permitted under the act, the expectation is that each year the SNA will be imposed at two different levels: a higher level for most nonexempt facilities, and a significantly lower level for facilities that have either a high medicaid census on the prior year's cost report or a high number of licensed beds. For SFY 2012, those thresholds were thirty-two thousand medicaid resident days, and two hundred and three licensed beds. Those thresholds may change, as necessary and permitted under the act. Beginning July 1, 2012 the department will submit any adjustments to the SNA amount(s), along with the data supporting the adjustments, to the Washington health care association and the aging services of Washington for review and comment at least sixty calendar days prior to implementation of the adjusted assessment amounts. These submissions may be made electronically. If necessary to comply with the sixty-day notice requirement and still make the adjustment effective as of July 1, or another effective date, these notices may be made on a provisional, or potential, basis or bases.

(2) The status of each nursing facility under the act will be determined based on the facility's characteristics as of July 1 of each SFY, but using the information on resident days from the prior calendar year's cost report. For example, a facility's status for the SNA for SFY 2014 (beginning July 1, 2013) would be based on the resident day information from the 2012 cost report. The status of facilities will not be altered thereafter during the SFY. Facilities that become licensed throughout the SFY will be subject to the SNA as of the date of their licensing. The office of rates management (ORM) of the aging and disability services administration (ADSA) of the department will inform each nursing facility of its status under the act. A facility wishing to contest its status under the act as determined by ORM may seek review of the determination under WAC 388-96-904.

(3) An add-on to each nonexempt facility's medicaid daily rate will be paid to reimburse the facility for the SNA it owes in relation to residents whose care is funded by medicaid.

(4) The SNA is assessed and payable on a monthly basis. The SNA must be reported on a form supplied by ORM. The SNA owed for each month, and the reporting form for that month, must be mailed to the department and postmarked no later than the twentieth day of the following month. Payments of the SNA are subject to an interest penalty of one percent per month for any payment which is delinquent for any portion of a month. This interest penalty is in addition to any civil fine or other enforcement action that the department may seek as authorized by section 20 of the act. In addition to the remedies specifically listed in section 20 of the act, the department may also offset such delinquent SNA payments and related penalties and/or fines against the facility's medical assistance reimbursement payments.

(5) The department has applied for, and received a waiver related to the SNA from the federal centers for medicare and medicaid services (CMS). After issuance, such a waiver is subject to ongoing review for continued compliance. In the ongoing review process, it may be necessary for the department to modify the levels of the SNA, the standard(s) for designating facilities that pay the SNA at each level, and/or the categories of fully exempt facilities described in Sec. 17 of the act. In that case, each facility may: be obligated to pay the SNA or pay a different amount of the SNA; be reimbursed for SNA

amounts previously paid; or be obligated to repay any SNA add-on it has received, all retroactive to the effective date of the modification contained in the waiver as approved by CMS.

[Statutory Authority: 2011 1st sp.s. c 7 and chapter 74.48 RCW. WSR 12-04-004, § 388-96-910, filed 1/23/12, effective 2/23/12.]

WAC 388-96-915 Capital component—Square footage. (1) Allowable nursing home square footage is the external dimensions of the building utilized and licensed as a nursing home less all unallowable square footage as outlined in subsection (2) of this section. Allowable nursing home square footage includes the following:

(a) All necessary, ordinary, and reasonable space on the campus or adjacent to the campus utilized by the residents and staff of the nursing home including in administrative and support capacities; and

(b) Basements to the extent they are utilized for administrative or support functions including the storage of equipment and records.

(2) Unallowable nursing home square footage includes, but is not limited to:

(a) Courtyards or other areas not surrounded by four walls and a contiguous roof;

(b) Patios and decks; and

(c) Off-site storage space.

(3) Off-site administrative square footage is allowable to the extent it is:

(a) Allocated on the cost report, if appropriate;

(b) Not otherwise unallowable under subsection (2) of this section; and

(c) Used for administrative purposes.

(4) Off-site administrative square footage is allowable up to ten percent of the combined total allowable square footage. Any square footage over ten percent of the combined total allowable square footage is unallowable.

(5) In order to be allowable, all space must be identified on a site plan, blueprint, or county assessment identifying the gross external square footage.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-915, filed 10/24/17, effective 11/24/17.]

WAC 388-96-916 Capital component—Facility age. (1) The average age of a facility is the actual facility age reduced for significant renovations.

(2) For the rate beginning July 1, 2016, the department must use renovations data back to 1994 as submitted on facility cost reports to determine an initial age.

(3) Beginning July 1, 2016:

(a) Facilities must all be re-aged to one year older on December 31st of each year.

(b) Facility ages must be reduced during review of the cost report if the value of the renovation completed in any calendar year exceeds two thousand dollars times the number of licensed beds. In order to calculate the new age, the cost of the renovation must be divided by the accumulated depreciation per bed in the year of the renovation

to determine the equivalent number of new replacement beds. The new age for the facility is a weighted average with the replacement bed equivalents reflecting an age of zero and the existing licensed beds, minus the new bed equivalents, reflecting their age in the year of the renovation.

(4) At no time may the depreciated age be less than zero or greater than forty-four years.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-916, filed 10/24/17, effective 11/24/17.]

WAC 388-96-917 Direct care—County wage information. (1) The department must calculate a county wide wage index each rebase year by utilizing the most recent average wage data available from the federal bureau of labor statistics for registered nurses, licensed practical nurses, and certified nursing assistants.

(2) For each county, the department must calculate an average combined wage for all three disciplines based on the percentage of total wages by discipline from the prior year cost report. Each wage must be multiplied by the relative utilization percentage for that discipline. The total of all three disciplines is the average wage in that county.

(3) The department must calculate the statewide average combined wage for all three disciplines based on the average percentage of total wages by discipline from the prior year cost report.

(4) The county index is determined by dividing the county average wage in a given county by the statewide average wage.

[Statutory Authority: RCW 74.46.800, 74.46.561(1). WSR 17-22-037, § 388-96-917, filed 10/24/17, effective 11/24/17.]

WAC 388-96-918 Wage equity funding. (1) The contractor must submit a report of wage equity funding costs in a standardized manner and in accordance with this chapter and chapter 74.46 RCW on the dates specified in this section.

(2) The department will review the contractor's costs of the wage equity funding in accordance with the methodology effective at the time the services were rendered as described in this chapter and session laws of Washington state 2022 c 297 § 204(53).

(3) No later than September 1, 2023, each contractor must submit to the department a wage equity worksheet for the period of July 1, 2022, through June 30, 2023.

(4) Wage equity worksheets for new contractors must be submitted for the period covering their date of contract through June 30, 2023.

(5) A terminating or assigning contractor must submit to the department a wage equity worksheet for the period from July 1, 2022, through the date the contract was terminated or assigned.

(6) To properly complete the wage equity worksheet, the contractor must submit the wage equity worksheet, including the completed certification page to the document electronically.

(7) If the contractor does not properly complete the wage equity worksheet or the department does not receive it by the due date established in this section, the department may recoup any wage equity funding received by the contractor.

(8) The department may impose civil fines or take adverse rate action against contractors and former contractors who do not submit properly completed wage equity worksheets by the applicable due date established in this section.

(9) The department will review the wage equity worksheet to ensure the contractor has used its wage equity funding to increase wages for low-wage workers by up to four dollars per hour.

(10) The department will recover any funding difference between each contractor's wage equity funding and the amount of wage equity funding that the provider utilizes to increase low-wage worker wages.

(11) The department will separate the settlement amount into the funds attributable to direct care employees and funds attributable to indirect care employees. The direct care portion will be divided into two. One half may be used to offset any direct care final settlement monies owed for the 2022 cost report year. One half may be used to offset any direct care preliminary settlement monies owed for the 2023 cost report year. For partial worksheets due to new contractors, or terminating or assigning contractors, the direct care portion may be offset against the applicable cost report's direct care settlement to the appropriate proportionality.

(12) The verification process must use wages paid as of December 31, 2021, as the base wage to compare contractors' wage spending in the designated job categories to the facility-specific amounts of wage equity funding provided, excluding any amounts adjusted by settlement. If a facility did not have a particular category of staff on December 31, 2021, to set a baseline wage, wages from comparable facilities may be used.

(13) The verification and recovery process in this section is a distinct and separate process from the settlement process described in RCW 74.46.022 and elsewhere described in this chapter.

(14) The provisions of 388-96-901 and 388-96-904 apply to this section.

[Statutory Authority: RCW 74.46.800 and 2022 c 207 § 204(53). WSR 23-20-013, § 388-96-918, filed 9/22/23, effective 10/23/23.]