Evertrust Quick Sheets
WA Placement & AFH Overview

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HOW INSURANCE WORKS

A. Private Pay

i. Basics

a. *How it works*

1. Resident/family pays from income, savings, or assets.
2. Most flexible but can drain funds quickly.

ii. When used

a. *Typical pattern*

1. Used while funds can cover AFH/AL rates.
2. Often first step before Medicaid or WA Cares.

B. Private Long-Term Care (LTC) Insurance

i. What it is

a. *General*

1. Policy specifically for long-term care needs.
2. Pays when ADL help or supervision is needed.

ii. Key variables

a. *Triggers*: Help with set number of ADLs and/or cognitive impairment.
b. *Amount*: Daily or monthly benefit limit.
c. *Settings*: Some cover AFHs/AL; some only nursing facilities.

iii. Placement tips

a. *Before move-in*

1. Confirm AFH/AL meets policy definitions.
2. Have family call insurer to verify coverage.

C. Apple Health (Medicaid) – LTSS (WA)

i. Coverage

a. *Long-term services*

1. AFHs and assisted living.
2. Nursing facilities and in-home caregivers.

ii. Eligibility

a. *Financial*: Income and assets under state limits.
b. *Functional*: Needs help with ADLs/supervision per state assessment.

iii. Payment flow

a. *Client share*: Pays most of monthly income to provider.
b. *State share*: State pays remainder of contracted rate to AFH/AL.

iv. Your role

a. *As placement agency*

1. Coordinate with DSHS/ALTSA case manager.
2. You're paid by providers, not by Medicaid.

D. WA Cares Fund (State LTC Insurance)

i. Basics

a. *Structure*

1. Mandatory LTC program funded by 0.58% payroll deduction.
2. Provides a lifetime benefit once vested and eligible.

ii. Uses

a. *Where it applies*

1. Helps pay AFH/AL or in-home care.
2. Can cover equipment or home modifications.

iii. Intake reminder

a. *Screening question*: Ask: "Have you contributed to WA Cares or plan to use WA Cares benefits?"

E. Medicare (Quick Reality Check)

i. What it covers

a. *Medical care*: Hospitals, doctors, short-term rehab, some home health.

ii. <u>What it doesn't</u>

a. *Long-term custodial care*

1. No ongoing room and board in AFHs/AL.
2. No coverage for long-term ADL help in residential care.

F. Your Agency's Own Insurance

i. <u>Core policies</u>

a. Liability

1. General liability (injuries on visits/tours).
2. Professional liability/E&O (referral/advice claims).

ii. <u>Extra protection</u>

a. *Data*: Cyber/data-breach coverage for client information.

CHAIN OF COMMAND & DUTIES (AFHs)

A. Primary Medical Provider (MD / ARNP)

i. <u>Duties</u>

a. *Medical leadership*

1. Diagnose conditions and manage treatment plan.
2. Write and update orders (meds, labs, treatments).

ii. <u>Relationship to AFH</u>

a. *Expectations*

1. AFH and RN must follow orders.
2. AFH reports major changes back to MD/ARNP.

B. Registered Nurse (RN) / Nurse Delegator

i. Clinical oversight

a. *Assessment*

1. Assess residents; interpret MD/ARNP orders.
2. Decide what nursing tasks are needed.

ii. Delegation

a. *Tasks*

1. Train caregivers on delegated tasks (e.g., insulin).
2. Verify competence and document delegation.
3. Reassess residents and adjust delegation as needed.

C. Licensed Practical Nurse (LPN)

i. Role

a. *Under RN/MD direction*: Follows care plan set by RN/MD/ARNP.

ii. Duties

a. *Clinical*

1. Administer meds and treatments within scope.
2. Monitor residents and report changes to RN/MD.

D. Direct-Care Staff (NAC / HCA-C)

i. Core responsibilities

a. *Daily care*

1. Bathing, dressing, toileting, grooming.
2. Transfers, mobility, meals, hydration.

ii. Delegated tasks

a. *From RN*: Perform delegated nursing tasks after RN training/sign-off.

iii. Training

a. *Requirements*

1. Orientation and basic/modified basic training.

2. Specialty training (dementia, mental health) as needed.
3. Maintain CPR/first aid and CE hours.

E. AFH Provider / Resident Manager (Licensee)

i. License responsibility

a. *Accountability*

1. Holds the AFH license with DSHS.
2. Ultimately responsible for compliance and care quality.

ii. Operations

a. *Management*

1. Hire, schedule, and supervise staff.
2. Ensure care plans and medication systems are followed.
3. Involve RN when nursing tasks exist.

F. State Oversight – DSHS / Residential Care Services

i. Regulatory role

a. *Enforcement*: License AFHs and enforce WAC 388-76.

ii. Activities

a. *Oversight*

1. Conduct inspections and complaint investigations.
2. Issue citations, fines, conditions, suspensions, revocations.

G. Typical Escalation Flow

i. Inside the AFH

a. *Internal*

1. Caregiver observes issue → informs AFH provider/manager.
2. Provider decides whether to call RN, MD/ARNP, 911, and/or family.

ii. For families

a. *Steps*

1. Raise concern with AFH provider/manager first.
2. If unresolved/serious, file complaint with DSHS.

POLICIES & RULES (PLACEMENT & AFH)

A. Core Law for Placement Agencies – RCW 18.330

i. Identity

a. *Legal category*: "Elder and vulnerable adult referral agency" (placement agency).

ii. Purpose

a. *Protection:* Protect vulnerable adults from unsafe and deceptive referral practices.

B. Intake & Records – Placement Agency

i. Standardized intake

a. *Content*

1. Diagnoses/meds (as shared).
2. Behaviors and safety risks.
3. ADL/supervision needs, budget, location preferences.

ii. Confidentiality

a. *Handling*: Treat as health information; secure and limit access.

iii. Documentation

a. *Keep on file*

1. Intakes and signed consents.
2. Disclosures and referral lists.
3. Notes on enforcement checks.

C. Referral & Enforcement-Status Checks – Placement Agency

i. Required checks

a. *Timing*: Within 30 days before referrals, check DSHS/DOH enforcement status.

ii. Client communication

a. *Disclosures*

1. Tell clients you performed these checks.
2. Share enforcement findings relevant to their decision.

iii. Recordkeeping

a. *Evidence*: Document sites checked, date/time, and providers checked.

D. Disclosures & Fees – Placement Agency

i. Financial transparency

a. *Payment*

1. Clearly state who pays your fee (provider, client, or both).
2. Explain your fee structure and refund policy.

ii. Conflicts of interest

a. *Interests*: Disclose any ownership or financial ties to providers.

iii. Role clarification

a. *Boundaries*

1. You provide referrals/advocacy, not medical care or AFH operation.
2. You do not mark up resident rates to cover your fee.

E. Consumer Protection Act – Placement Agency

i. Legal consequences

a. *Violations*: Breaches of RCW 18.330 can be treated as unfair or deceptive acts.

ii. Good practices

a. *Avoid problems*

1. No misleading claims in marketing.
2. No hidden financial relationships.
3. No steering solely based on highest commissions.

F. Other Expectations – Placement Agency

i. Insurance & compliance

a. *Coverage*: Maintain liability and professional (E&O) insurance.

ii. Mandatory reporting

a. *Duty*: Report suspected abuse, neglect, or exploitation as required by law.

iii. Record retention

a. *Time*: Keep records at least the legal minimum; many use 3–7 years.

G. AFH Licensing & Capacity – WAC 388-76

i. Licensing basics

a. *Requirements*: AFHs must be licensed by DSHS under WAC 388-76.

ii. Key areas

a. *Rules cover*

1. Resident capacity limits.
2. Fire/life safety and environment.
3. Admission and discharge criteria.

H. AFH Care Standards & Training

i. Resident care

a. *Care planning*: Each resident has an assessment and written care plan.

ii. Staff training

a. *Expectations*

1. Orientation and basic training.
2. Specialty training (dementia, mental health) as needed.
3. CPR/first aid and continuing education.

I. AFH Nursing & Nurse Delegation

i. Nursing requirement

a. *RN involvement*: AFH must involve an RN when residents need nursing tasks.

ii. Delegation rules

a. *Conditions*

1. Resident must be stable/predictable for the task.
2. Caregiver must be trained and competent.
3. RN keeps oversight and re-evaluation responsibility.

J. AFH Enforcement & Remedies

i. Types of actions

a. *Enforcement tools*

1. Deficiency citations and plans of correction.
2. Fines or conditions on license.
3. Suspension or revocation for serious/repeated violations.

HIPAA BASICS (HEALTH INFORMATION PRIVACY)

A. What HIPAA Is

i. Core idea

a. *Federal law that protects the privacy and security of health information:*

1. Privacy Rule
2. Security Rule
3. Breach Notification Rule.

ii. Who it applies to

a. *Covered entities*: Health care providers, health plans, and health care clearinghouses that bill or transmit health information electronically.

b. *Business associates*: Vendors or partners who handle protected health information (PHI) on behalf of covered entities (e.g., some referral/placement agencies under written agreements).

B. Protected Health Information (PHI)

i. Definition

a. *PHI*: Any health-related information that can be linked to an individual (name, contact info, medical details, etc.).

ii. Examples

a. *Identifiers*

1. Name, address, phone number, email, birthdate.
2. Medical conditions, diagnoses, medications, treatment history.
3. Insurance/Medicaid/Medicare numbers and other financial health data.

C. Basic HIPAA Rules You Need to Know

i. Minimum necessary

a. *Principle*: Share only the minimum PHI needed to accomplish a task (e.g., placement, coordination).

ii. Permitted uses/disclosures

a. *Common categories*

1. Treatment: sharing with providers to arrange or coordinate care.
2. Payment: sharing information to help with billing/eligibility.
3. Health care operations: quality review, audits, training, etc.

iii. Authorizations

a. *When you need them*: If a use/disclosure is outside treatment, payment, or operations, you generally need a written authorization from the client.

D. Practical Rules for a Placement/Referral Agency

i. Collecting information

a. *Intake*: Use a standardized intake form and explain why you are gathering health and personal information.

ii. Sharing with providers

a. *Disclosures*

1. Share only relevant PHI with AFHs and other providers to match the client to appropriate care.

2. Make sure you have consent/authorization in your client agreement or a separate form.

iii. Storing information

a. *Safeguards*

1. Keep paper files in locked cabinets; limit who holds keys.
2. Use password-protected devices and, ideally, encrypted storage for electronic records.
3. Avoid unprotected email or texting for detailed PHI whenever possible.

E. Client Rights Under HIPAA (High Level)

i. Access

a. *Right to see records*: Individuals generally have the right to see and get copies of their health information held by covered entities.

ii. Amendments

a. *Corrections*: Individuals can request corrections or add statements if information is incomplete or inaccurate.

iii. Accounting of disclosures

a. *Tracking*: Covered entities must, in some cases, be able to provide a list of certain disclosures of PHI.

F. Breaches and Mistakes

i. What a breach is

a. *Definition*: Unauthorized acquisition, access, use, or disclosure of unsecured PHI that compromises privacy or security.

ii. Common examples

a. *Scenarios*

1. Sending records to the wrong family or provider.
2. Losing an unencrypted laptop or USB drive containing client files.
3. Staff discussing client details where others can overhear.

iii. What to do if it happens

a. *Response steps*

1. Contain the breach (stop the disclosure, recover information if possible).
2. Notify appropriate supervisors/owners and follow your written breach policy.
3. In a true HIPAA-covered scenario, follow federal and state breach notification rules.

G. Washington State Laws (Brief Note)

i. State overlay

a. *WA laws*

1. Washington has its own health information laws (e.g., RCW 70.02) that can be more protective than HIPAA.
2. Best practice is to follow