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SUBSTITUTE HOUSE BILL 1548

State of Washington

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62nd Legislature

2011 Regular Session

By House Ways & Means (originally sponsored by Representatives Hunter, Darneille, and Kenney; by request of Department of Social and Health Services)

READ FIRST TIME 04/19/11.

- AN ACT Relating to implementation of long-term care worker requirements regarding background checks and training; amending RCW 18.88B.020, 18.88B.030, 18.88B.040, 18.88B.050, 18.79.260, 74.39A.009, 74.39A.050, 74.39A.055, 74.39A.073, 74.39A.075, 74.39A.085, 18.20.270, 70.128.230, 74.39A.260, 74.39A.330, 74.39A.340, and 74.39A.350; adding a new section to chapter 18.88B RCW; and declaring an emergency.
- 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 8 **Sec. 1.** RCW 18.88B.020 and 2009 c 580 s 18 are each amended to 9 read as follows:
 - (1) Effective ((January)) July 1, 2011, except as provided in RCW 18.88B.040, ((the department of health shall require that)) any person hired as a long-term care worker ((for the elderly or persons with disabilities)) must be certified as a home care aide within one hundred fifty calendar days ((from)) after the date of being hired or within one hundred fifty calendar days after July 1, 2011, whichever is later.
 - (2) Except as provided in RCW 18.88B.040, certification as a home care aide requires both completion of seventy-five hours of training and successful completion of a certification examination pursuant to RCW 74.39A.073 and 18.88B.030.

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- 1 (3) No person may practice or, by use of any title or description, 2 represent himself or herself as a certified home care aide without 3 being certified pursuant to this chapter.
- 4 (4) The department of health shall adopt rules (($\frac{by August 1}{7}$, 5 $\frac{2010}{7}$)) to implement this section.
- **Sec. 2.** RCW 18.88B.030 and 2009 c 580 s 4 are each amended to read 7 as follows:

- (1) Effective ((January)) July 1, 2011, except as provided in RCW 18.88B.040, ((the department of health shall require that)) all long-term care workers <u>must</u> successfully complete a certification examination to be certified under this chapter. Any long-term care worker failing to make the required grade for the examination ((will)) may not be certified as a home care aide.
- (2) The department of health, in consultation with consumer and worker representatives, shall develop a home care aide certification examination to evaluate whether an applicant possesses the skills and knowledge necessary to practice competently. Unless ((excluded)) allowed by RCW 18.88B.040(1) ((and (2))) (a) or (b), only those who have completed the training requirements in RCW 74.39A.073 shall be eligible to sit for this examination.
- (3) The examination shall include both a skills demonstration and a written or oral knowledge test. The examination papers, all grading of the papers, and records related to the grading of skills demonstration shall be preserved for a period of not less than one year. The department of health shall establish rules governing the number of times and under what circumstances individuals who have failed the examination may sit for the examination, including whether any intermediate remedial steps should be required.
- (4) All examinations shall be conducted by fair and wholly impartial methods. The certification examination shall be administered and evaluated by the department of health or by a contractor to the department of health that is neither an employer of long-term care workers or private contractors providing training services under this chapter.
 - (5) The department of health has the authority to:
- 36 (a) Establish forms, procedures, and examinations necessary to 37 certify home care aides pursuant to this chapter;

- 1 (b) Hire clerical, administrative, and investigative staff as needed to implement this section;
 - (c) Issue certification as a home care aide to any applicant who has successfully completed the home care aide examination;
- 5 (d) Maintain the official record of all applicants and persons with 6 certificates;
 - (e) Exercise disciplinary authority as authorized in chapter 18.130 RCW; and
 - (f) Deny certification to applicants who do not meet training, competency examination, and conduct requirements for certification.
- 11 (6) The department of health shall adopt rules ((by August 1, 2010,)) that establish the procedures, including criteria for reviewing an applicant's state and federal background checks, and examinations necessary to carry this section into effect.
- **Sec. 3.** RCW 18.88B.040 and 2010 c 169 s 11 are each amended to 16 read as follows:
 - (1) The following long-term care workers are not required to meet the minimum training requirements under RCW 74.39A.073 or 74.39A.075, as applicable, or become a certified home care aide pursuant to this chapter((-
- 21 (1)))<u>:</u>

- (a) Registered nurses, licensed practical nurses, certified nursing assistants or persons who are in an approved training program for certified nursing assistants under chapter 18.88A RCW, medicarecertified home health aides, or other persons who hold a similar health credential, as determined by the secretary of health, or persons with special education training and an endorsement granted by the superintendent of public instruction, as described in RCW 28A.300.010, if the secretary of health determines that the circumstances do not require certification. Individuals exempted by this subsection may obtain certification as a home care aide from the department of health without fulfilling the training requirements in RCW 74.39A.073 but must successfully complete a certification examination pursuant to RCW 18.88B.030.
- $((\frac{(2)}{(2)}))$ (b)(i) A person $((\frac{already employed}{employed}))$ who was initially hired as a long-term care worker prior to January 1, $((\frac{2011}{(2011)}))$ 2014, and who completes all of his or her training requirements in effect as of

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- 1 the date he or she was hired, ((is not required to obtain
- 2 certification)) except that the following long-term care workers are
- 3 exempt only if they were initially hired prior to January 1, 2011, and
- 4 they complete all of the applicable training requirements in effect as
- 5 <u>of the date hired:</u>
- 6 (A) Individual providers, other than individual providers who 7 provide twenty or fewer hours of care for one person in any calendar
- 8 month and family member providers; and
- 9 (B) Direct care workers employed by home care agencies.
- 10 <u>(ii)</u> Individuals exempted by <u>(b)(i) of</u> this subsection may obtain
- 11 certification as a home care aide from the department of health without
- 12 fulfilling the training requirements in RCW 74.39A.073 but must
- 13 successfully complete a certification examination pursuant to RCW
- 14 18.88B.030.
- 15 (((3))) <u>(2) The following long-term care workers are not required</u>
- 16 to obtain certification under this chapter:
- 17 <u>(a)</u> All long-term care workers employed by ((supported living
- 18 providers are not required to obtain certification under this chapter))
- 19 <u>a community residential service business</u>.
- 20 (((4) An individual)) <u>(b) A family member</u> provider ((caring only
- 21 for his or her biological, step, or adoptive child or parent is not
- 22 required to obtain certification under this chapter.
- 23 (5) Prior to June 30, 2014, a person hired as an individual
- 24 provider who provides twenty hours or less of care for one person in
- 25 any calendar month is not required to obtain certification under this
- 26 chapter)).
- 27 $((\frac{6}{}))$ A long-term care worker exempted by this section from
- the training requirements contained in RCW 74.39A.073 or 74.39A.075, as
- 29 applicable, may not be prohibited from enrolling in training pursuant
- 30 to that section.
- 31 $((\frac{7}{}))$ (4) The department of health shall adopt rules $(\frac{by}{})$ August
- $\frac{1}{1}$ 2010,)) to implement this section.
- 33 **Sec. 4.** RCW 18.88B.050 and 2009 c 580 s 17 are each amended to
- 34 read as follows:
- 35 (1) The uniform disciplinary act, chapter 18.130 RCW, governs
- 36 uncertified practice, issuance of certificates, and the discipline of

persons with certificates under this chapter. The secretary of health shall be the disciplinary authority under this chapter.

- (2) The secretary of health may take action to immediately suspend the certification of a long-term care worker upon finding that conduct of the long-term care worker has caused or presents an imminent threat of harm to a functionally disabled person in his or her care.
- (3) If the secretary of health imposes suspension or conditions for continuation of certification, the suspension or conditions for continuation are effective immediately upon notice and shall continue in effect pending the outcome of any hearing.
- (4) The department of health shall take appropriate enforcement action related to the licensure of a private agency or facility licensed by the state, to provide personal care services, other than an individual provider, who knowingly employs a long-term care worker who is not a certified home care aide as required under this chapter or, if exempted from certification by RCW 18.88B.040, has not completed his or her required training pursuant to ((this chapter)) RCW 74.39A.073.
- (5) Chapter 34.05 RCW shall govern actions by the department of health under this section.
- 20 (6) The department of health shall adopt rules ((by August 1, 21 2010,)) to implement this section.
- NEW SECTION. Sec. 5. A new section is added to chapter 18.88B RCW to read as follows:
 - (1) The legislature recognizes that nurses have been successfully delegating nursing care tasks to family members and others for many years. The opportunity for a nurse to delegate nursing care tasks to home care aides certified under this chapter may enhance the viability and quality of health care services in community-based care settings and in-home care settings to allow individuals to live as independently as possible with maximum safeguards.
 - (2)(a) A certified home care aide who wishes to perform a nurse delegated task pursuant to RCW 18.79.260 must complete nurse delegation core training under chapter 18.88A RCW before the home care aide may be delegated a nursing care task by a registered nurse delegator. Before administering insulin, a home care aide must also complete the specialized diabetes nurse delegation training under chapter 18.88A

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RCW. Before commencing any specific nursing care tasks authorized under RCW 18.79.260, the home care aide must:

- (i) Provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating the completion of basic core nurse delegation training; and
- (ii) Meet any additional training requirements mandated by the nursing care quality assurance commission. Any exception to these training requirements is subject to RCW 18.79.260(3)(e)(vi).
- (b) In addition to meeting the requirements of (a) of this subsection, before providing delegated nursing care tasks that involve administration of insulin by injection to individuals with diabetes, the home care aide must provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating completion of specialized diabetes nurse delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.
- (3) The home care aide is accountable for his or her own individual actions in the delegation process. Home care aides accurately following written delegation instructions from a registered nurse are immune from liability regarding the performance of the delegated duties.
- (4) Home care aides are not subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing care task based on his or her concerns about patient safety issues. No provider of a community-based care setting as defined in RCW 18.79.260, or in-home services agency as defined in RCW 70.127.010, may discriminate or retaliate in any manner against a person because the person made a complaint about the nurse delegation process or cooperated in the investigation of the complaint.
- Sec. 6. RCW 18.79.260 and 2009 c 203 s 1 are each amended to read as follows:
- 34 (1) A registered nurse under his or her license may perform for 35 compensation nursing care, as that term is usually understood, to 36 individuals with illnesses, injuries, or disabilities.

- (2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.
- (3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient.
 - (a) The delegating nurse shall:

- 15 (i) Determine the competency of the individual to perform the 16 tasks;
 - (ii) Evaluate the appropriateness of the delegation;
- 18 (iii) Supervise the actions of the person performing the delegated 19 task; and
- 20 (iv) Delegate only those tasks that are within the registered 21 nurse's scope of practice.
 - (b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.
 - (c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.
 - (d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

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(e) For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants or home care aides certified under chapter 18.88B RCW. Simple care tasks such as blood pressure monitoring, personal care service, diabetic insulin device set up, verbal verification of insulin dosage for sight-impaired individuals, or other tasks as defined by the nursing care quality assurance commission are exempted from this requirement.

- (i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.
- (ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.
- (iii) Delegation of nursing care tasks in community-based care settings and in-home care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.
- (iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.
- (v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task weekly during the first four weeks of delegation of insulin injections. If the registered nurse delegator determines that the individual is competent to perform the injection

properly and safely, supervision and evaluation shall occur at least every ninety days thereafter.

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- (vi)(A) The registered nurse shall verify that the ((nursing assistant)) delegated individual has completed the required core nurse delegation training required in chapter 18.88A RCW prior to authorizing delegation.
- (B) Before commencing any specific nursing tasks authorized to be delegated in this section, a home care aide must be certified pursuant to chapter 18.88B RCW and must comply with section 5 of this act.
- (vii) The nurse is accountable for his or her own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties.
- (viii) Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.
- (f) The nursing care quality assurance commission may adopt rules to implement this section.
- 22 (4) Only a person licensed as a registered nurse may instruct 23 nurses in technical subjects pertaining to nursing.
- (5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nurse.
- 27 **Sec. 7.** RCW 74.39A.009 and 2009 c 580 s 1 are each amended to read as follows:
- Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
- 31 (1) "Adult family home" means a home licensed under chapter 70.128 32 RCW.
- 33 (2) "Adult residential care" means services provided by a boarding 34 home that is licensed under chapter 18.20 RCW and that has a contract 35 with the department under RCW 74.39A.020 to provide personal care 36 services.

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- 1 (3) "Assisted living services" means services provided by a 2 boarding home that has a contract with the department under RCW 3 74.39A.010 to provide personal care services, intermittent nursing 4 services, and medication administration services, and the resident is 5 housed in a private apartment-like unit.
 - (4) "Boarding home" means a facility licensed under chapter 18.20 RCW.

- (5) "Community residential service business" means the business of providing habilitation, instruction, and support to clients who have a disability meeting the definition of a developmental disability as defined in RCW 71A.10.020. "Community residential service business" also means a business that is either licensed or certified, or both, by the aging and disabilities services administration at the department of social and health services to provide the services described in this subsection.
- (6) "Core competencies" means basic training topics, including but not limited to, communication skills, worker self-care, problem solving, maintaining dignity, consumer directed care, cultural sensitivity, body mechanics, fall prevention, skin and body care, long-term care worker roles and boundaries, supporting activities of daily living, and food preparation and handling.
- (((6))) <u>(7)</u> "Cost-effective care" means care provided in a setting of an individual's choice that is necessary to promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice, in an environment that is appropriate to the care and safety needs of the individual, and such care cannot be provided at a lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his or her desired quality of life.
- $((\frac{7}{}))$ (8) "Department" means the department of social and health services.
- $((\frac{8}{0}))$ "Developmental disability" has the same meaning as defined in RCW 71A.10.020.
- $((\frac{(9)}{(9)}))$ <u>(10)</u> "Direct care worker" means a paid caregiver who provides direct, hands-on personal care services to persons with disabilities or the elderly requiring long-term care.
- $((\frac{10}{10}))$ <u>(11)</u> "Enhanced adult residential care" means services provided by a boarding home that is licensed under chapter 18.20 RCW

and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.

 $((\frac{11}{1}))$ (12) "Family member provider" means an individual provider who is caring only for his or her relative.

(13) "Functionally disabled person" or "person who is functionally disabled" is synonymous with chronic functionally disabled and means a person who because of a recognized chronic physical or mental condition or disease, or developmental disability, including chemical dependency, is impaired to the extent of being dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of daily living", in this context, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities as they are related to the mental capacity to perform activities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.

(((12))) (14) "Home and community services" means adult family homes, in-home services, and other services administered or provided by contract by the department directly or through contract with area agencies on aging or similar services provided by facilities and agencies licensed by the department.

 $((\frac{13}{13}))$ <u>(15)</u> "Home care aide" means a long-term care worker who has obtained certification as a home care aide by the department of health.

 $((\frac{(14)}{(16)}))$ "Individual provider" is defined according to RCW 74.39A.240.

((\(\frac{(15)}{)}\)) (17) "Long-term care" is synonymous with chronic care and means care and supports delivered indefinitely, intermittently, or over a sustained time to persons of any age disabled by chronic mental or physical illness, disease, chemical dependency, or a medical condition that is permanent, not reversible or curable, or is long-lasting and severely limits their mental or physical capacity for self-care. The use of this definition is not intended to expand the scope of services, care, or assistance by any individuals, groups, residential care settings, or professions unless otherwise expressed by law.

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- $((\frac{16}{16}))$ $\underline{(18)}$ (a) "Long-term care workers $(\frac{18}{10})$ "Long-term care workers" persons with disabilities or "long term care workers")) includes all persons who ((are long-term care workers for)) provide paid, hands-on personal care services for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care ((employees of)) workers employed by home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers state-licensed boarding homes, assisted living facilities, and adult family homes, respite care providers, community residential service providers, and any other direct care worker providing home community-based services to the elderly or persons with functional disabilities or developmental disabilities.
 - (b) "Long-term care workers" do not include: (i) Persons employed by the following facilities or agencies: Nursing homes subject to chapter 18.51 RCW, hospitals or other acute care settings, residential habilitation centers under chapter 71A.20 RCW, facilities certified under 42 C.F.R., Part 483, hospice agencies subject to chapter 70.127 RCW, adult day care centers, and adult day health care centers; or (ii) persons who are not paid by the state or by a private agency or facility licensed by the state to provide personal care services.
 - $((\frac{17}{17}))$ <u>(19)</u> "Nursing home" means a facility licensed under chapter 18.51 RCW.
 - (((18))) (20) "Personal care services" means physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability.
 - $((\frac{19}{19}))$ <u>(21)</u> "Population specific competencies" means basic training topics unique to the care needs of the population the long-term care worker is serving, including but not limited to, mental health, dementia, developmental disabilities, young adults with physical disabilities, and older adults.
 - $((\frac{20}{10}))$ (22) "Qualified instructor" means a registered nurse or other person with specific knowledge, training, and work experience in the provision of direct, hands-on personal care and other assistance services to the elderly or persons with disabilities requiring long-term care.
- $((\frac{21}{21}))$ (23) "Relative" means spouse or domestic partner, parent,

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child, sibling, aunt, uncle, cousin, grandparent, grandchild, grandniece, grandnephew, or such relatives when related by marriage or domestic partnership.

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- (24) "Secretary" means the secretary of social and health services.
- $((\frac{(22)}{)})$ "Secretary of health" means the secretary of health or the secretary's designee.
- $((\frac{(23)}{(26)}))$ "Training partnership" means a joint partnership or trust that includes the office of the governor and the exclusive bargaining representative of individual providers under RCW 74.39A.270 with the capacity to provide training, peer mentoring, and workforce development, or other services to individual providers.
- 12 (((24))) <u>(27)</u> "Tribally licensed boarding home" means a boarding 13 home licensed by a federally recognized Indian tribe which home 14 provides services similar to boarding homes licensed under chapter 15 18.20 RCW.
- 16 **Sec. 8.** RCW 74.39A.050 and 2009 c 580 s 7 are each amended to read 17 as follows:
 - The department's system of quality improvement for long-term care services shall use the following principles, consistent with applicable federal laws and regulations:
 - (1) The system shall be client-centered and promote privacy, independence, dignity, choice, and a home or home-like environment for consumers consistent with chapter 392, Laws of 1997.
 - (2) The goal of the system is continuous quality improvement with the focus on consumer satisfaction and outcomes for consumers. This includes that when conducting licensing or contract inspections, the department shall interview an appropriate percentage of residents, family members, resident case managers, and advocates in addition to interviewing providers and staff.
 - (3) Providers should be supported in their efforts to improve quality and address identified problems initially through training, consultation, technical assistance, and case management.
 - (4) The emphasis should be on problem prevention both in monitoring and in screening potential providers of service.
- 35 (5) Monitoring should be outcome based and responsive to consumer 36 complaints and based on a clear set of health, quality of care, and

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safety standards that are easily understandable and have been made available to providers, residents, and other interested parties.

- (6) Prompt and specific enforcement remedies shall also be implemented without delay, pursuant to RCW 74.39A.080, RCW 70.128.160, chapter 18.51 RCW, or chapter 74.42 RCW, for providers found to have delivered care or failed to deliver care resulting in problems that are serious, recurring, or uncorrected, or that create a hazard that is causing or likely to cause death or serious harm to one or more residents. These enforcement remedies may also include, when appropriate, reasonable conditions on a contract or license. In the selection of remedies, the safety, health, and well-being of residents shall be of paramount importance.
- (7) All long-term care workers shall be screened through background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable persons. Long-term care workers who are hired after January 1, ((2012)) 2014, are subject to background checks under RCW 74.39A.055. This information will be shared with the department of health in accordance with RCW 74.39A.055 to advance the purposes of chapter ((2, Laws of 2009)) 18.88B RCW.
- (8) No provider, or its staff, or long-term care worker, or prospective provider or long-term care worker, with a stipulated finding of fact, conclusion of law, an agreed order, or finding of fact, conclusion of law, or final order issued by a disciplining authority, a court of law, or entered into a state registry finding him or her guilty of abuse, neglect, exploitation, or abandonment of a minor or a vulnerable adult as defined in chapter 74.34 RCW shall be employed in the care of and have unsupervised access to vulnerable adults.
- (9) The department shall establish, by rule, a state registry which contains identifying information about long-term care workers identified under this chapter who have substantiated findings of abuse, neglect, financial exploitation, or abandonment of a vulnerable adult as defined in RCW 74.34.020. The rule must include disclosure, disposition of findings, notification, findings of fact, appeal rights, and fair hearing requirements. The department shall disclose, upon request, substantiated findings of abuse, neglect, financial exploitation, or abandonment to any person so requesting this

information. This information will also be shared with the department of health to advance the purposes of chapter ((2, Laws of 2009)) 18.88B RCW.

- (10) ((Until December 31, 2010)) Except as provided in RCW 74.39A.073 and 74.39A.075, individual providers and home care agency providers must satisfactorily complete department-approved orientation, basic training, and continuing education within the time period specified by the department in rule. The department shall adopt rules ((by March 1, 2002,)) for the implementation of this section. The department shall deny payment to an individual provider or a home care provider who does not complete the training requirements within the time limit specified by the department by rule.
- (11) ((Until December 31, 2010)) Except as provided in RCW 74.39A.073 and 74.39A.075, in an effort to improve access to training and education and reduce costs, especially for rural communities, the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges or other entities, as defined by the department.
- (12) The department shall create an approval system ((by March 1, 2002,)) for those seeking to conduct department-approved training.
- (13) The department shall establish, by rule, background checks and other quality assurance requirements for long-term care workers who provide in-home services funded by medicaid personal care as described in RCW 74.09.520, community options program entry system waiver services as described in RCW 74.39A.030, or chore services as described in RCW 74.39A.110 that are equivalent to requirements for individual providers. Long-term care workers who are hired after January 1, ((2012)) 2014, are subject to background checks under RCW 74.39A.055.
- (14) Under existing funds the department shall establish internally a quality improvement standards committee to monitor the development of standards and to suggest modifications.
- (15) Within existing funds, the department shall design, develop, and implement a long-term care training program that is flexible, relevant, and qualifies towards the requirements for a nursing assistant certificate as established under chapter 18.88A RCW. This subsection does not require completion of the nursing assistant

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certificate training program by providers or their staff. The long-1 2 term care teaching curriculum must consist of a fundamental module, or modules, and a range of other available relevant training modules that 3 4 provide the caregiver with appropriate options that assist in meeting the resident's care needs. Some of the training modules may include, 5 6 but are not limited to, specific training on the special care needs of 7 persons with developmental disabilities, dementia, mental illness, and 8 the care needs of the elderly. No less than one training module must 9 be dedicated to workplace violence prevention. The nursing care 10 quality assurance commission shall work together with the department to 11 develop the curriculum modules. The nursing care quality assurance 12 commission shall direct the nursing assistant training programs to 13 accept some or all of the skills and competencies from the curriculum 14 modules towards meeting the requirements for a nursing assistant 15 certificate as defined in chapter 18.88A RCW. A process may be developed to test persons completing modules from a caregiver's class 16 17 to verify that they have the transferable skills and competencies for 18 entry into a nursing assistant training program. The department may 19 review whether facilities can develop their own related long-term care 20 training programs. The department may develop a review process for 21 determining what previous experience and training may be used to waive 22 some or all of the mandatory training. The department of social and 23 health services and the nursing care quality assurance commission shall 24 work together to develop an implementation plan by December 12, 1998.

Sec. 9. RCW 74.39A.055 and 2009 c 580 s 2 are each amended to read as follows:

(1) All long-term care workers ((for the elderly or persons with disabilities)) hired after January 1, ((2012)) 2014, shall be screened through state and federal background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable persons. These background checks shall include checking against the federal bureau investigation fingerprint identification records system and against the national sex offenders registry or their successor programs. The department shall require these long-term care workers to submit fingerprints for the purpose of investigating conviction records

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through both the Washington state patrol and the federal bureau of investigation.

- (2) To allow the department of health to satisfy its certification responsibilities under chapter 18.88B RCW, the department shall share state and federal background check results with the department of health. Neither department may share the federal background check results with any other state agency or person.
- 8 (3) The department shall not pass on the cost of these criminal 9 background checks to the workers or their employers.
- 10 (4) The department shall adopt rules to implement the provisions of this section by August 1, ((2010)) 2013.
- **Sec. 10.** RCW 74.39A.073 and 2009 c 580 s 10 are each amended to read as follows:
 - (1) Effective January 1, 2011, except as provided in RCW 18.88B.040 and 74.39A.075, all persons ((employed)) hired as long-term care workers ((for the elderly or persons with disabilities)) must meet the minimum training requirements in this section within one hundred twenty calendar days ((of employment)) after the date of being hired or within one hundred twenty calendar days after the effective date of this section, whichever is later.
 - (2) All persons ((employed)) <u>hired</u> as long-term care workers must obtain seventy-five hours of entry-level training approved by the department. A long-term care worker must accomplish five of these seventy-five hours before becoming eligible to provide care.
 - (3) Training required by subsection (4)(c) of this section ((will be applied towards)) applies toward training required under RCW 18.20.270 or 70.128.230 ((as well as)), but any statutory or regulatory training requirements for long-term care workers employed by ((supportive living providers)) a community residential service business apply toward the training required by subsection (4)(c) of this section.
 - (4) Only training curriculum approved by the department may be used to fulfill the training requirements specified in this section. The seventy-five hours of entry-level training required shall be as follows:
 - (a) Before a long-term care worker is eligible to provide care, he

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- or she must complete two hours of orientation training regarding his or her role as caregiver and the applicable terms of employment;
 - (b) Before a long-term care worker is eligible to provide care, he or she must complete three hours of safety training, including basic safety precautions, emergency procedures, and infection control; and
 - (c) All long-term care workers must complete seventy hours of long-term care basic training, including training related to core competencies and population specific competencies.
 - (5) The department shall only approve training curriculum that:
- (a) Has been developed with input from consumer and worker representatives; and
- 12 (b) Requires comprehensive instruction by qualified instructors on 13 the competencies and training topics in this section.
- 14 (6) Individual providers under RCW 74.39A.270 shall be compensated 15 for training time required by this section.
- 16 (7) The department of health shall adopt rules ((by August 1, 2010,)) to implement subsections (1), (2), and (3) of this section.
- 18 (8) The department shall adopt rules ((by August 1, 2010,)) to 19 implement subsections (4) and (5) of this section.
- 20 **Sec. 11.** RCW 74.39A.075 and 2009 c 580 s 11 are each amended to read as follows:
- 22 (1) Effective January 1, ((2011,)) <u>2014:</u>

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- (a) A biological, step, or adoptive parent who the is ((individual)) family member provider caring only for his or her developmentally disabled son or daughter must receive twelve hours of training relevant to the needs οf adults with developmental disabilities within the first one hundred twenty days of becoming an individual provider.
- (((2) Effective January 1, 2011, individual)) (b) A family member provider((s)), unless identified in (a) ((and (b))) of this subsection, who is caring only for his or her biological, step, or adoptive child or parent must complete thirty-five hours of training within the first one hundred twenty days of becoming an individual provider. Five of the thirty-five hours must be completed before becoming eligible to provide care. Two of these five hours shall be devoted to an orientation training regarding an individual provider's role as caregiver and the applicable terms of employment, and three hours shall

be devoted to safety training, including basic safety precautions, emergency procedures, and infection control. ((Individual providers subject to this requirement include:

- (a) An individual provider caring only for his or her biological, step, or adoptive child or parent unless covered by subsection (1) of this section; and
- (b) Before January 1, 2014, a person hired as an individual provider who provides twenty hours or less of care for one person in any calendar month.
- (3)) (2) Only training curriculum approved by the department may be used to fulfill the training requirements specified in this section.

 The department shall only approve training curriculum that:
- 13 (a) Has been developed with input from consumer and worker 14 representatives; and
 - (b) Requires comprehensive instruction by qualified instructors.
- $((\frac{4}{}))$ (3) The department shall adopt rules by August 1, $(\frac{2010}{})$ 17 $\frac{2013}{}$, to implement this section.
- **Sec. 12.** RCW 74.39A.085 and 2009 c 580 s 14 are each amended to read as follows:
- 20 (1) <u>Unless the individual provider is exempt under RCW 18.88B.040,</u> 21 <u>the department:</u>
 - (a) Shall deny payment to any individual provider of home care services who has not been certified by the department of health as a home care aide as required under chapter ((2, Laws of 2009 or, if exempted from certification by RCW 18.88B.040,)) 18.88B RCW or has not completed his or her required training pursuant to ((chapter 2, Laws of 2009)) RCW 74.39A.073 or 74.39A.075, as applicable.
 - (((2) The department)) (b) May terminate the contract of any individual provider of home care services, or take any other enforcement measure deemed appropriate by the department if the individual provider's certification is revoked under chapter ((2, Laws of 2009 or, if exempted from certification by RCW 18.88B.040,)) 18.88B RCW or has not completed his or her required training pursuant to ((chapter 2, Laws of 2009)) RCW 74.39A.073 or 74.39A.075, as applicable.
- $((\frac{3}{3}))$ The department shall take appropriate enforcement action related to the contract of a private agency or facility licensed

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- 1 by the state((τ)) to provide personal care services, other than an
- 2 individual provider, who knowingly employs a long-term care worker who,
- 3 <u>unless exempt under RCW 18.88B.040</u>, is not a certified home care aide
- 4 as required under chapter ((2, Laws of 2009 or, if exempted from
- 5 certification by RCW 18.88B.040,)) 18.88B RCW or has not completed his
- 6 or her required training pursuant to $((\frac{\text{chapter 2, Laws of 2009}}))$ RCW
- 7 <u>74.39A.073 or 74.39A.075, as applicable</u>.

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- 8 $((\frac{4}{1}))$ (3) Chapter 34.05 RCW shall govern actions by the 9 department under this section.
- 10 $((\frac{5}{}))$ (4) The department shall adopt rules $(\frac{by August 1, 2010}{})$ to implement this section.
- 12 **Sec. 13.** RCW 18.20.270 and 2002 c 233 s 1 are each amended to read as follows:
- 14 (1) The definitions in this subsection apply throughout this 15 section unless the context clearly requires otherwise.
 - (a) "Caregiver" includes any person who provides residents with hands-on personal care on behalf of a boarding home, except volunteers who are directly supervised.
 - (b) "Direct supervision" means oversight by a person who has demonstrated competency in the core areas or has been fully exempted from the training requirements pursuant to this section, is on the premises, and is quickly and easily available to the caregiver.
 - (2) Training must have the following components: Orientation, basic training, specialty training as appropriate, and continuing education. All boarding home employees or volunteers who routinely interact with residents shall complete orientation. Boarding home administrators, or their designees, and caregivers shall complete orientation, basic training, specialty training as appropriate, and continuing education.
 - (3) Orientation consists of introductory information on residents' rights, communication skills, fire and life safety, and universal precautions. Orientation must be provided at the facility by appropriate boarding home staff to all boarding home employees before the employees have routine interaction with residents.
- 35 (4) Basic training consists of modules on the core knowledge and 36 skills that caregivers need to learn and understand to effectively and 37 safely provide care to residents. Basic training must be outcome-

based, and the effectiveness of the basic training must be measured by demonstrated competency in the core areas through the use of a competency test. Basic training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care ((or within one hundred twenty days of September 1, 2002, whichever is later)). Until competency in the core areas has been demonstrated, caregivers shall not provide hands-on personal care to residents without direct supervision. Boarding home administrators, or their designees, must complete basic training and demonstrate competency within one hundred twenty days of employment ((or within one hundred twenty days of September 1, 2002, whichever is later)).

- (5) For boarding homes that serve residents with special needs such as dementia, developmental disabilities, or mental illness, specialty training is required of administrators, or designees, and caregivers.
- (a) Specialty training consists of modules on the core knowledge and skills that caregivers need to effectively and safely provide care to residents with special needs. Specialty training should be integrated into basic training wherever appropriate. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test.
- (b) Specialty training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care to a resident having special needs ((or within one hundred twenty days of September 1, 2002, whichever is later)). However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training. Until competency in the core specialty areas has been demonstrated, caregivers shall not provide hands-on personal care to residents with special needs without direct supervision.
- (c) Boarding home administrators, or their designees, must complete specialty training and demonstrate competency within one hundred twenty days ((of September 1, 2002, or one hundred twenty days)) from the date on which the administrator or his or her designee is hired, ((whichever is later,)) if the boarding home serves one or more residents with special needs.
- (6) Continuing education consists of ongoing delivery of information to caregivers on various topics relevant to the care

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- setting and care needs of residents. Competency testing is not required for continuing education. Continuing education is not required in the same calendar year in which basic or modified basic training is successfully completed. Continuing education is required in each calendar year thereafter. If specialty training is completed, specialty training applies toward any continuing education requirement for up to two years following the completion of the specialty training.
 - (7) Persons who successfully challenge the competency test for basic training are fully exempt from the basic training requirements of this section. Persons who successfully challenge the specialty training competency test are fully exempt from the specialty training requirements of this section.
 - (8) Licensed persons who perform the tasks for which they are licensed are fully or partially exempt from the training requirements of this section, as specified by the department in rule.
 - (9) In an effort to improve access to training and education and reduce costs, especially for rural communities, the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges or other entities, as defined by the department.
 - (10) The department shall develop criteria for the approval of orientation, basic training, and specialty training programs.
 - (11) Boarding homes that desire to deliver facility-based training with facility designated trainers, or boarding homes that desire to pool their resources to create shared training systems, must be encouraged by the department in their efforts. The department shall develop criteria for reviewing and approving trainers and training materials that are substantially similar to or better than the materials developed by the department. The department may approve a curriculum based upon attestation by a boarding home administrator that the boarding home's training curriculum addresses basic and specialty training competencies identified by the department, and shall review a curriculum to verify that it meets these requirements. The department may conduct the review as part of the next regularly scheduled yearly

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inspection and investigation required under RCW 18.20.110. The department shall rescind approval of any curriculum if it determines that the curriculum does not meet these requirements.

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- (12) The department shall adopt rules by September 1, 2002, for the implementation of this section.
- (13)(a) Except as provided in (b) of this subsection, the 6 7 orientation, basic training, specialty training, and continuing 8 education requirements of this section commence September 1, 2002, or 9 one hundred twenty days from the date of employment, whichever is 10 later, and shall be applied to $((\frac{1}{2}))$ (i) employees hired subsequent 11 to September 1, 2002; and $((\frac{b}{b}))$ (ii) existing employees that on 12 September 1, 2002, have not successfully completed the training 13 requirements under RCW 74.39A.010 or 74.39A.020 and this section. Existing employees who have not successfully completed the training 14 15 requirements under RCW 74.39A.010 or 74.39A.020 shall be subject to all applicable requirements of this section. ((However, prior to September 16 1, 2002, nothing in this section affects the current training 17 18 requirements under RCW 74.39A.010.)
- 19 <u>(b) Effective January 1, 2014, boarding home long-term care</u> 20 <u>workers, as defined in RCW 74.39A.009, are also subject to the training</u> 21 requirements under RCW 74.39A.073.
- 22 **Sec. 14.** RCW 70.128.230 and 2002 c 233 s 3 are each amended to 23 read as follows:
 - (1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
 - (a) "Caregiver" includes all adult family home resident managers and any person who provides residents with hands-on personal care on behalf of an adult family home, except volunteers who are directly supervised.
 - (b) "Indirect supervision" means oversight by a person who has demonstrated competency in the core areas or has been fully exempted from the training requirements pursuant to this section and is quickly and easily available to the caregiver, but not necessarily on-site.
 - (2) Training must have three components: Orientation, basic training, and continuing education. All adult family home providers, resident managers, and employees, or volunteers who routinely interact

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with residents shall complete orientation. Caregivers shall complete orientation, basic training, and continuing education.

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- (3) Orientation consists of introductory information on residents' rights, communication skills, fire and life safety, and universal precautions. Orientation must be provided at the facility by appropriate adult family home staff to all adult family home employees before the employees have routine interaction with residents.
- (4) Basic training consists of modules on the core knowledge and skills that caregivers need to learn and understand to effectively and safely provide care to residents. Basic training must be outcome-based, and the effectiveness of the basic training must be measured by demonstrated competency in the core areas through the use of a competency test. Basic training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care or within one hundred twenty days of September 1, 2002, whichever is later. Until competency in the core areas has been demonstrated, caregivers shall not provide hands-on personal care to residents without indirect supervision.
- (5) For adult family homes that serve residents with special needs such as dementia, developmental disabilities, or mental illness, specialty training is required of providers and resident managers. Specialty training consists of modules on the core knowledge and skills that providers and resident managers need to effectively and safely provide care to residents with special needs. Specialty training should be integrated into basic training wherever appropriate. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test. training must be completed by providers and resident managers before admitting and serving residents who have been determined to have special needs related to mental illness, dementia, or a developmental disability. Should a resident develop special needs while living in a home without specialty designation, the provider and resident manager have one hundred twenty days to complete specialty training.
- (6) Continuing education consists of ongoing delivery of information to caregivers on various topics relevant to the care setting and care needs of residents. Competency testing is not required for continuing education. Continuing education is not

required in the same calendar year in which basic or modified basic training is successfully completed. Continuing education is required in each calendar year thereafter. If specialty training is completed, the specialty training applies toward any continuing education requirement for up to two years following the completion of the specialty training.

- (7) Persons who successfully challenge the competency test for basic training are fully exempt from the basic training requirements of this section. Persons who successfully challenge the specialty training competency test are fully exempt from the specialty training requirements of this section.
- (8) Licensed persons who perform the tasks for which they are licensed are fully or partially exempt from the training requirements of this section, as specified by the department in rule.
- (9) In an effort to improve access to training and education and reduce costs, especially for rural communities, the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges, private associations, or other entities, as defined by the department.
- (10) Adult family homes that desire to deliver facility-based training with facility designated trainers, or adult family homes that desire to pool their resources to create shared training systems, must be encouraged by the department in their efforts. The department shall develop criteria for reviewing and approving trainers and training materials. The department may approve a curriculum based upon attestation by an adult family home administrator that the adult family home's training curriculum addresses basic and specialty training competencies identified by the department, and shall review a curriculum to verify that it meets these requirements. The department may conduct the review as part of the next regularly scheduled inspection authorized under RCW 70.128.070. The department shall rescind approval of any curriculum if it determines that the curriculum does not meet these requirements.
- (11) The department shall adopt rules ((by September 1, 2002,)) for the implementation of this section.

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- (12)(a) Except as provided in (b) of this subsection, the 1 2 orientation, basic training, specialty training, and continuing 3 education requirements of this section commence September 1, 2002, and 4 shall be applied to $((\frac{a}{b}))$ (i) employees hired subsequent to September 5 1, 2002; or $((\frac{b}{b}))$ (ii) existing employees that on September 1, 2002, have not successfully completed the training requirements under RCW 6 7 70.128.120 or 70.128.130 and this section. Existing employees who have 8 successfully completed the training requirements under 70.128.120 or 70.128.130 shall be subject to 9 all applicable 10 requirements of this section. ((However, until September 1, 2002, 11 nothing in this section affects the current training requirements under RCW 70.128.120 and 70.128.130.)) 12
- (b) Effective January 1, 2014, adult family home long-term care workers, as defined in RCW 74.39A.009, are also subject to the training requirements under RCW 74.39A.073.
- 16 **Sec. 15.** RCW 74.39A.260 and 2009 c 580 s 9 are each amended to read as follows:
- The department must perform criminal background checks for individual providers and prospective individual providers and ensure that the authority has ready access to any long-term care abuse and neglect registry used by the department. Individual providers who are hired after January 1, ((2012)) 2014, are subject to background checks under RCW 74.39A.055.
- 24 **Sec. 16.** RCW 74.39A.330 and 2009 c 478 s 1 are each amended to 25 read as follows:
 - Long-term care workers shall be offered on-the-job training or peer mentorship for at least one hour per week in the first ninety days of work from a long-term care worker who has completed at least twelve hours of mentor training and is mentoring no more than ten other workers at any given time. This requirement applies to long-term care workers who begin work on or after ((July 1, 2011)) January 1, 2014.
- 32 **Sec. 17.** RCW 74.39A.340 and 2009 c 580 s 12 are each amended to read as follows:
- 34 (1) ((The department of health shall ensure that)) All long-term 35 care workers required or choosing to maintain home care aide

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certification under chapter 18.88B RCW shall, as a prerequisite to maintaining that certification, complete twelve hours of continuing education training in advanced training topics each year. This requirement applies beginning on July 1, ((2011)) 2014.

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- (2) ((Completion of continuing education as required in this section is a prerequisite to maintaining home care aide certification under chapter 2, Laws of 2009.
- (3) Unless voluntarily certified as a home care aide under chapter 2, Laws of 2009, subsection (1) of this section does not apply to:
- 10 (a) An individual provider caring only for his or her biological, 11 step, or adoptive child; and
- 12 (b) Before June 30, 2014, a person hired as an individual provider
 13 who provides twenty hours or less of care for one person in any
 14 calendar month.
- (4))) Only training curriculum approved by the department may be used to fulfill the training requirements specified in this section.

 The department shall only approve training curriculum that:
 - (a) Has been developed with input from consumer and worker representatives; and
 - (b) Requires comprehensive instruction by qualified instructors.
- 21 (((5))) (3) Individual providers under RCW 74.39A.270 shall be 22 compensated for training time required by this section.
- 23 $((\frac{(6)}{)})$ (4) The department of health shall adopt rules by August 1, $((\frac{2010}{)})$ $(\frac{2013}{)}$, to implement subsection $((\frac{s}{)})$ $(1)((\frac{(\frac{2}{)}, \text{ and }(3)}{)})$ of this section.
- 26 $((\frac{(7)}{)})$ (5) The department shall adopt rules by August 1, $((\frac{2010}{)})$ 27 $\frac{2013}{}$, to implement subsection $((\frac{(4)}{)})$ (2) of this section.
- 28 **Sec. 18.** RCW 74.39A.350 and 2009 c 580 s 13 are each amended to 29 read as follows:
- (1) The department shall offer, directly or through contract, training opportunities sufficient for a long-term care worker to accumulate seventy hours of training within a reasonable time period. For individual providers represented by an exclusive bargaining representative under RCW 74.39A.270, the training opportunities shall be offered through the training partnership established under RCW

36 74.39A.360.

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(2) Training topics offered under this section shall include, but are not limited to: Client rights; personal care; mental illness; dementia; developmental disabilities; depression; medication assistance; advanced communication skills; positive client behavior support; developing or improving client-centered activities; dealing with wandering or aggressive client behaviors; medical conditions; nurse delegation core training; peer mentor training; and advocacy for quality care training.

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- 9 (3) The department may not require long-term care workers to obtain the training described in this section. ((This))
- 11 (4) The requirement to offer advanced training applies beginning 12 January 1, ((2012)) 2014.
- NEW SECTION. Sec. 19. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

--- END ---