CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE HOUSE BILL 2314

62nd Legislature 2012 Regular Session

Passed by the House March 3, 2012 Yeas 95 Nays 0 Speaker of the House of Representatives	CERTIFICATE I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is ENGROSSED SUBSTITUTE HOUSE BILL 2314 as passed by the House of Representatives and the Senate or the dates hereon set forth.
Passed by the Senate February 29, 2012 Yeas 45 Nays 2	
	Chief Clerk
President of the Senate	
Approved	FILED
Governor of the State of Washington	Secretary of State State of Washington

ENGROSSED SUBSTITUTE HOUSE BILL 2314

AS AMENDED BY THE SENATE

Passed Legislature - 2012 Regular Session

State of Washington 62nd Legislature 2012 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody and Green)

READ FIRST TIME 01/31/12.

- 1 AN ACT Relating to implementing revisions to long-term care 2. services without delaying the start of the long-term care worker minimum training or certification requirements in Initiative Measure 3 No. 1163 beyond January 7, 2012, reducing those requirements, or, 4 except for long-term care workers employed by community residential 5 6 service businesses, exempting additional workers from 7 requirements; amending RCW 18.88B.010, 74.39A.009, 18.88B.021, 18.88B.041, 18.88B.031, 74.39A.074, 74.39A.076, 74.39A.331, 74.39A.351, 8 74.39A.341, 18.79.260, 74.39A.261, 74.39A.056, 18.20.125, 43.20A.710, 9 43.43.837, 18.88B.050, 74.39A.086, 74.39A.051, 18.20.270, 70.128.120, 10 70.128.130, 70.128.230, 74.39A.010, 74.39A.020, and 11 74.39A.250; amending 2012 c 1 ss 201 and 303 (uncodified); reenacting and amending 12 13 RCW 74.39A.095; adding new sections to chapter 18.88B RCW; creating new 14 sections; and declaring an emergency.
- 15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

16 I. INTENT

NEW SECTION. Sec. 101. The legislature finds that numerous enactments and amendments to long-term care services statutes over many

- 1 years have resulted in duplicated provisions, ambiguities, and other
- 2 technical errors. The legislature intends to make corrections and
- 3 clarify provisions governing services by long-term care workers.

4 II. DEFINITIONS

- 5 **Sec. 201.** RCW 18.88B.010 and 2009 c 2 s 17 are each amended to 6 read as follows:
- 7 The definitions in ((RCW 74.39A.009)) this section apply throughout 8 this chapter unless the context clearly requires otherwise.
- 9 <u>(1) "Community residential service business" has the same meaning</u> 10 as defined in RCW 74.39A.009.
 - (2) "Department" means the department of health.
- 12 (3) "Home care aide" means a person certified under this chapter.
- 13 (4) "Individual provider" has the same meaning as defined in RCW
- 14 <u>74.39A.009.</u>

- 15 (5) "Personal care services" has the same meaning as defined in RCW
- 16 <u>74.39A.009.</u>
- 17 <u>(6) "Secretary" means the secretary of the department of health.</u>
- 18 (7) "Long-term care worker" has the same meaning as defined in RCW
- 19 <u>74.39A.009.</u>
- 20 **Sec. 202.** 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.
- 24 (1) "Adult family home" means a home licensed under chapter 70.128 25 RCW.
- (2) "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.020 to provide personal care
- 29 services.
- 30 (3) "Assisted living services" means services provided by a 31 boarding home that has a contract with the department under RCW
- 32 74.39A.010 to provide personal care services, intermittent nursing
- 33 services, and medication administration services, and the resident is
- 34 housed in a private apartment-like unit.

- 1 (4) "Boarding home" means a facility licensed under chapter 18.20 2 RCW.
 - (5) "Community residential service business" means a business that:
- 4 (a) Is certified by the department of social and health services to
 5 provide to individuals who have a developmental disability as defined
 6 in RCW 71A.10.020(4):
 - (i) Group home services;

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- (ii) Group training home services;
- 9 (iii) Supported living services; or
- 10 <u>(iv) Voluntary placement services provided in a licensed staff</u>
 11 residential facility for children;
- 12 <u>(b) Has a contract with the division of developmental disabilities</u>
 13 to provide the services identified in (a) of this subsection; and
 - (c) All of the business's long-term care workers are subject to statutory or regulatory training requirements that are required to provide the services identified in (a) of 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.
- 31 $((\frac{7}{}))$ (8) "Department" means the department of social and health services.
- $((\frac{8}{}))$ <u>(9)</u> "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.

 $((\frac{10}{10}))$ (11) "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.

 $((\frac{11}{11}))$ <u>(12)</u> "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 eating, using the toilet, dressing, and transfer. bathing, 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.

 $((\frac{12}{12}))$ (13) "Home and community-based 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.

 $((\frac{13}{13}))$ (14) "Home care aide" means a long-term care worker who has obtained certification as a home care aide by the department of health.

28 $((\frac{(14)}{)})$ (15) "Individual provider" is defined according to RCW 29 74.39A.240.

((\(\frac{(15)}{)}\)) (16) "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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- 1 $((\frac{16}{16}))$ $\underline{(17)}(a)$ "Long-term care workers $(\frac{17}{10})$ "Long-term care workers" 2 persons with disabilities or "long term care workers") | include((s)) all persons who ((are long-term care workers)) provide paid, hands-on 3 personal care services for the elderly or persons with disabilities, 4 including but not limited to individual providers of home care 5 6 services, direct care ((employees of)) workers employed by home care agencies, providers of home care services to persons with developmental 7 8 disabilities under Title 71A RCW, all direct care workers 9 state-licensed boarding homes, assisted living facilities, and adult 10 family homes, respite care providers, direct care workers employed by 11 community residential service ((providers)) businesses, and any other 12 direct care worker providing home or community-based services to the 13 elderly or persons with functional disabilities or developmental 14 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.

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- 23 $((\frac{17}{17}))$ <u>(18)</u> "Nursing home" means a facility licensed under 24 chapter 18.51 RCW.
 - $((\frac{18}{18}))$ $\underline{(19)}$ "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.
 - $((\frac{19}{19}))$ $\underline{(20)}$ "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.
- $((\frac{(20)}{(20)}))$ (21) "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.

- 1 $((\frac{(21)}{2}))$ "Secretary" means the secretary of social and health 2 services.
 - $((\frac{(22)}{)}))$ <u>(23)</u> "Secretary of health" means the secretary of health or the secretary's designee.
 - $((\frac{(23)}{(24)}))$ "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.
- 10 (((24))) <u>(25)</u> "Tribally licensed boarding home" means a boarding 11 home licensed by a federally recognized Indian tribe which home 12 provides services similar to boarding homes licensed under chapter 13 18.20 RCW.

III. CREDENTIAL REQUIREMENT

- Sec. 301. RCW 18.88B.021 and 2012 c 1 s 103 (Initiative Measure No. 1163) are each amended to read as follows:
 - (1) ((Effective January 1, 2011,)) Beginning January 7, 2012, except as provided in RCW ((18.88B.040, the department of health shall require that)) 18.88B.041, any person hired as a long-term care worker ((for the elderly or persons with disabilities)) must be certified as a home care aide as provided in this chapter within one hundred fifty calendar days ((from)) after the date of being hired or within one hundred fifty calendar days after the effective date of this section, whichever is later. In computing the time periods in this subsection, the first day is the date of hire or the effective date of this section, whichever is applicable.
 - (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.
 - (3))) (a) No person may practice or, by use of any title or description, represent himself or herself as a certified home care aide without being certified ((pursuant to)) as provided in this chapter.
- $((\frac{4}{}))$ (b) This section does not prohibit a person: (i) From practicing a profession for which the person has been issued a license

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- or which is specifically authorized under this state's laws; or (ii)
 who is exempt from certification under RCW 18.88B.041 from providing
 services as a long-term care worker.
- (c) In consultation with consumer and worker representatives, the department shall, by January 1, 2013, establish by rule a single scope of practice that encompasses both long-term care workers who are certified home care aides and long-term care workers who are exempted from certification under RCW 18.88B.041.
- 9 <u>(3)</u> The department ((of health)) shall adopt rules ((by August 1, 10 2010,)) to implement this section.
- 11 Sec. 302. RCW 18.88B.041 and 2012 c 1 s 105 (Initiative Measure 12 No. 1163) are each amended to read as follows:
- 13 (1) The following long-term care workers are not required to become a certified home care aide pursuant to this chapter((\cdot)
- (15) (1)):

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- (a)(i)(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.
- (2)) (B) A person ((already employed)) who was initially hired as a long-term care worker prior to January ((1, 2011)) 7, 2012, and who completes all of his or her training requirements in effect as of the date he or she was hired((, is not required to obtain certification)).
- (ii) Individuals exempted by <u>(a)(i) of</u> 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)) 74.39A.074(1)(d)(ii) but must successfully complete a certification examination pursuant to RCW ((18.88B.030)) <u>18.88B.031</u>.

- 1 (((3))) <u>(b)</u> All long-term care workers employed by ((supported 2 living providers are not required to obtain certification under this 3 chapter)) community residential service businesses.
 - $((\frac{4}{}))$ <u>(c)</u> An individual provider caring only for his or her biological, step, or adoptive child or parent ((is not required to obtain certification under this chapter)).
 - $((\frac{5}{0}))$ (d) Prior to $(\frac{3}{0})$ July 1, 2014, a person hired as an individual provider who provides twenty hours or less of care for one person in any calendar month ((is not required to obtain certification under this chapter)).
- 15 $((\frac{7}{}))$ (3) The department $(\frac{6}{}$ health)) shall adopt rules $(\frac{6}{}$ 16 August 1, 2010,)) to implement this section.
- NEW SECTION. Sec. 303. A new section is added to chapter 18.88B RCW to read as follows:
 - (1) The department has the authority to:
- 20 (a) Establish forms, procedures, and examinations necessary to 21 certify home care aides pursuant to this chapter;
- 22 (b) Hire clerical, administrative, and investigative staff as 23 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, and renew such certificates;
- 27 (d) Maintain the official record of all applicants and persons with certificates;
- 29 (e) Exercise disciplinary authority as authorized in chapter 18.130 30 RCW; and
- 31 (f) Deny certification to applicants who do not meet training, 32 competency examination, and conduct requirements, including background 33 checks, for certification.
- 34 (2) The department shall adopt rules that establish the procedures, 35 including criteria for reviewing an applicant's state and federal 36 background checks, and examinations necessary to implement this 37 section.

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Sec. 304. RCW 18.88B.031 and 2012 c 1 s 104 (Initiative Measure No. 1163) are each amended to read as follows:

- (1) ((Effective January 1, 2011,)) Except as provided in RCW ((18.88B.040)) 18.88B.041 and subject to the other requirements of this chapter, ((the department of health shall require that all)) to be certified as a home care aide, a long-term care worker((s)) must successfully complete the training required under RCW 74.39A.074(1) and a certification examination. 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)) Except as provided by RCW ((18.88B.040 (1) and (2))) 18.88B.041(1)(a)(ii), only those who have completed the training requirements in RCW ((74.39A.073)) 74.39A.074(1) 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 (($\frac{1}{2}$) or by a contractor to the department (($\frac{1}{2}$) that is neither an employer of long-term care workers or $\frac{1}{2}$ private contractor(($\frac{1}{2}$)) providing training services under this chapter.
 - (5) ((The department of health has the authority to:
- 34 (a) Establish forms, procedures, and examinations necessary to
 35 certify home care aides pursuant to this chapter;
- 36 (b) Hire clerical, administrative, and investigative staff as needed to implement this section;

- 1 (c) Issue certification as a home care aide to any applicant who
 2 has successfully completed the home care aide examination;
 - (d) Maintain the official record of all applicants and persons with certificates;
- 5 (e) Exercise disciplinary authority as authorized in chapter 18.130 6 RCW; and
 - (f) Deny certification to applicants who do not meet training, competency examination, and conduct requirements for certification.
- 9 (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)) to implement this section.

IV. TRAINING PROVISIONS

- Sec. 401. RCW 74.39A.074 and 2012 c 1 s 107 (Initiative Measure No. 1163) are each amended to read as follows:
 - (1) ((Effective January 1, 2011,)) (a) Beginning January 7, 2012, except ((as provided in RCW 18.88B.040)) for long-term care workers exempt from certification under RCW 18.88B.041(1)(a) and, until January 1, 2016, those exempt under RCW 18.88B.041(1)(b), 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. In computing the time periods in this subsection, the first day is the date of hire or the effective date of this section, whichever is applicable.
- (((2) All persons employed as long-term care workers must obtain))

 (b) Except as provided in RCW 74.39A.076, the minimum training

 requirement is seventy-five hours of entry-level training approved by

 the department. A long-term care worker must ((accomplish))

 successfully complete five of these seventy-five hours before

 ((becoming)) being eligible to provide care.
- 35 (((3))) (c) Training required by (d) of this subsection ((4)(c)) of this section will be applied) applies toward((s)) the training

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required under RCW 18.20.270 or 70.128.230 ((as well as)) or any statutory or regulatory training requirements for long-term care workers employed by ((supportive living providers)) community residential service businesses.

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- ((4) Only training curriculum approved by the department may be used to fulfill the training requirements specified in this section.))

 (d) The seventy-five hours of entry-level training required shall be as follows:
- 9 $((\frac{a}{a}))$ <u>(i)</u> Before a long-term care worker is eligible to provide care, he or she must complete:
- 11 <u>(A) Two hours of orientation training regarding his or her role as</u> 12 caregiver and the applicable terms of employment; and
- (((b) Before a long-term care worker is eligible to provide care,
 he or she must complete)) (B) Three hours of safety training, including
 basic safety precautions, emergency procedures, and infection control;
 and
- 17 (((c) All long-term care workers must complete)) <u>(ii)</u> Seventy hours 18 of long-term care basic training, including training related to core 19 competencies and population specific competencies.
- 20 (((5))) (2) Only training curriculum approved by the department may 21 be used to fulfill the training requirements specified in this section. 22 The department shall only approve training curriculum that:
- 23 (a) Has been developed with input from consumer and worker 24 representatives; and
 - (b) Requires comprehensive instruction by qualified instructors on the competencies and training topics in this section.
- 27 $((\frac{(6)}{(6)}))$ (3) Individual providers under RCW 74.39A.270 shall be compensated for training time required by this section.
- 29 (((7) The department of health shall adopt rules by August 1, 2010, 30 to implement subsections (1), (2), and (3) of this section.
- 31 $\frac{(8)}{(9)}$) $\frac{(4)}{(8)}$ The department shall adopt rules $(\frac{(by August 1, 2010,}{(8)}))$ to implement $(\frac{(subsections (4) and (5) of}{(8)}))$ this section.
- 33 Sec. 402. RCW 74.39A.076 and 2012 c 1 s 108 (Initiative Measure No. 1163) are each amended to read as follows:
- 35 (1) ((Effective January 1, 2011,)) Beginning January 7, 2012, 36 except for long-term care workers exempt from certification under RCW 37 18.88B.041(1)(a):

- (a) A biological, step, or adoptive parent who is the individual provider only for his or her developmentally disabled son or daughter must receive twelve hours of training relevant to the needs of adults with developmental disabilities within the first one hundred twenty days ((of)) after becoming an individual provider or within one hundred twenty calendar days after the effective date of this section, whichever is later.
- (((2) Effective January 1, 2011,)) (b) Individual providers identified in (((a) and)) (b)(i) and (ii) of this subsection must complete thirty-five hours of training within the first one hundred twenty days ((of)) after becoming an individual provider or within one hundred twenty calendar days after the effective date of this section, whichever is later. 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:
- $((\frac{a}{a}))$ (i) An individual provider caring only for his or her biological, step, or adoptive child or parent unless covered by (a) of this subsection $((\frac{1}{a}))$ of this section (in this section)); and
- $((\frac{b)}{Before}))$ $\underline{(ii)}$ \underline{Until} 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.
- (2) In computing the time periods in this section, the first day is the date of hire or the effective date of this section, whichever is applicable.
- (3) 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.
- 35 (4) The department shall adopt rules ((by August 1, 2010,)) to 36 implement this section.

- Sec. 403. RCW 74.39A.331 and 2012 c 1 s 111 (Initiative Measure No. 1163) are each amended to read as follows:
- 3 Long-term care workers shall be offered on-the-job training or peer 4 mentorship for at least one hour per week in the first ninety days of 5 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 6 7 workers at any given time. This requirement applies to long-term care 8 workers who begin work on or after July 1, ((2011)) 2012, except that it does not apply to long-term care workers employed by community 9 residential service businesses until January 1, 2016. 10
- Sec. 404. RCW 74.39A.351 and 2012 c 1 s 113 (Initiative Measure No. 1163) are each amended to 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 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.
- 28 (3) The department may not require long-term care workers to obtain 29 the training described in this section. ((This))
- 30 <u>(4) The</u> requirement to offer advanced training applies beginning 31 January 1, ((2012)) <u>2013</u>, except that it does not apply to long-term 32 <u>care workers employed by community residential service businesses until</u> 33 January 1, 2016.
- 34 Sec. 405. RCW 74.39A.341 and 2012 c 1 s 112 (Initiative Measure 35 No. 1163) are each amended to read as follows:
- 36 (1) ((The department of health shall ensure that)) \underline{A} ll long-term

- care workers shall complete twelve hours of continuing education training in advanced training topics each year. This requirement applies beginning ((on)) July 1, ((2011)) 2012.
 - (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)) 18.88B RCW.
 - (3) Unless voluntarily certified as a home care aide under chapter ((2, Laws of 2009)) 18.88B RCW, 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) <u>Before January 1, 2016, a long-term care worker employed by a</u>
 13 community residential service business; or
- 14 <u>(c)</u> Before ((June 30)) <u>July 1</u>, 2014, a person hired as an 15 individual provider who provides twenty hours or less of care for one 16 person in any 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:
- 20 (a) Has been developed with input from consumer and worker 21 representatives; and
 - (b) Requires comprehensive instruction by qualified instructors.
- 23 (5) Individual providers under RCW 74.39A.270 shall be compensated 24 for training time required by this section.
- 25 (6) The department of health shall adopt rules $((\frac{by August 1}{2010}, \frac{2010}{2010}))$ to implement subsection $((\frac{s}{2}))$ (1) $((\frac{1}{2}, \frac{1}{2010}, \frac{1}{2010}))$ of this section.
- 28 (7) The department shall adopt rules $((\frac{by August 1, 2010,}))$ to 29 implement subsection $((\frac{4}{1}))$ (2) of this section.
- NEW SECTION. Sec. 406. A new section is added to chapter 18.88B RCW to read as follows:
- 32 (1) The legislature recognizes that nurses have been successfully 33 delegating nursing care tasks to family members and others for many 34 years. The opportunity for a nurse to delegate nursing care tasks to 35 home care aides certified under this chapter may enhance the viability 36 and quality of health care services in community-based care settings

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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 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.
- 3 **Sec. 407.** RCW 18.79.260 and 2009 c 203 s 1 are each amended to 4 read as follows:
 - (1) A registered nurse under his or her license may perform for compensation nursing care, as that term is usually understood, to 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:
- 22 (i) Determine the competency of the individual to perform the 23 tasks;
 - (ii) Evaluate the appropriateness of the delegation;
- 25 (iii) Supervise the actions of the person performing the delegated 26 task; and
- 27 (iv) Delegate only those tasks that are within the registered 28 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.
- 33 (c) Except as authorized in (b) or (e) of this subsection, a 34 registered nurse may not delegate the administration of medications. 35 Except as authorized in (e) of this subsection, a registered nurse may 36 not delegate acts requiring substantial skill, and may not delegate

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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.
- (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

1 medications by injection, sterile procedures, and central line 2 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.
- (vi)(A) The registered nurse shall verify that the nursing assistant or home care aide, as the case may be, has completed the required core nurse delegation training required in chapter 18.88A or 18.88B 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 406 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.
- 29 (f) The nursing care quality assurance commission may adopt rules 30 to implement this section.
- 31 (4) Only a person licensed as a registered nurse may instruct 32 nurses in technical subjects pertaining to nursing.
- 33 (5) Only a person licensed as a registered nurse may hold herself 34 or himself out to the public or designate herself or himself as a 35 registered nurse.
- 36 <u>NEW SECTION.</u> **Sec. 408.** By September 1, 2012, the department of social and health services shall adopt rules that reflect all statutory

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- 1 and regulatory training requirements for long-term care workers, as
- 2 defined in RCW 74.39A.009, to provide the services identified in RCW
- 3 74.39A.009(5)(a).

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V. BACKGROUND CHECK REQUIREMENT

5 <u>NEW SECTION.</u> **Sec. 501.** A new section is added to chapter 18.88B 6 RCW to read as follows:

A long-term care worker disqualified from working with vulnerable persons under chapter 74.39A RCW may not be certified or maintain certification as a home care aide under this chapter. To allow the department to satisfy its certification responsibilities under this chapter, the department of social and health services shall share the results of state and federal background checks conducted pursuant to RCW 74.39A.056 with the department. Neither department may share the federal background check results with any other state agency or person.

- Sec. 502. RCW 74.39A.261 and 2012 c 1 s 102 (Initiative Measure No. 1163) 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, are subject to background checks)) under RCW ((74.39A.055)) 74.39A.056.
- Sec. 503. RCW 74.39A.056 and 2012 c 1 s 101 (Initiative Measure No. 1163) are each amended to read as follows:
 - (1)(a) All long-term care workers ((for the elderly or persons with disabilities hired after January 1, 2012,)) shall be screened through state and federal background checks in a uniform and timely manner to ((ensure)) verify that they do not have a criminal history that would disqualify them from working with vulnerable persons. ((These)) The department must perform criminal background checks for individual providers and prospective individual providers and make the information available as provided by law.
- 33 <u>(b)(i) Except as provided in (b)(ii) of this subsection, for long-</u>
 34 <u>term care workers hired after January 7, 2012, the</u> background checks

- required under this section shall include checking against the federal bureau of 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 through both the Washington state patrol and the federal bureau of investigation. The department shall not pass on the cost of these criminal background checks to the workers or their employers.
 - (ii) This subsection does not apply to long-term care workers employed by community residential service businesses until January 1, 2016.
 - (((2) To allow the department of health to satisfy its certification responsibilities under chapter 18.88B RCW,)) (c) 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)) in accordance with section 501 of this act.
 - (((3) The department shall not pass on the cost of these criminal background checks to the workers or their employers.)) (2) 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 or a court of law or entered into a state registry with a final substantiated finding 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.
- (3) The department shall establish, by rule, a state registry which contains identifying information about long-term care workers identified under this chapter who have final 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, final substantiated findings of abuse, neglect, financial exploitation, or abandonment to any person so requesting this information. This information must also be shared with the department of health to advance the purposes of chapter 18.88B RCW.

1 (4) The department shall adopt rules to implement ((the provisions of)) this section ((by August 1, 2010)).

- Sec. 504. RCW 18.20.125 and 2011 1st sp.s. c 31 s 15 are each amended to read as follows:
- (1) Inspections must be outcome based and responsive to resident complaints and based on a clear set of health, quality of care, and safety standards that are easily understandable and have been made available to facilities, residents, and other interested parties. This includes that when conducting licensing inspections, the department shall interview an appropriate percentage of residents, family members, and advocates in addition to interviewing appropriate staff.
- (2) Prompt and specific enforcement remedies shall also be implemented without delay, consistent with RCW 18.20.190, for facilities 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 license. In the selection of remedies, the safety, health, and well-being of residents shall be of paramount importance.
- (3)(a) To the extent funding is available, the licensee, administrator, and their staff should 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 adults. Employees may be provisionally hired pending the results of the background check if they have been given three positive references.
- (b) Long-term care workers, as defined in RCW 74.39A.009, who are hired after January $((\frac{1}{7}, \frac{2014}{1}))$ 7, 2012, are subject to background checks under RCW $((\frac{74.39A.055}{1}))$ 74.39A.056.
- (4) No licensee, administrator, or staff, or prospective licensee, administrator, or staff, with a stipulated finding of fact, conclusion of law, and agreed order, or finding of fact, conclusion of law, or final order issued by a disciplining authority, a court of law, or entered into the 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.
 - Sec. 505. RCW 43.20A.710 and 2011 1st sp.s. c 31 s 16 are each amended to read as follows:
 - (1) The secretary shall investigate the conviction records, pending charges and disciplinary board final decisions of:
 - (a) Any current employee or applicant seeking or being considered for any position with the department who will or may have unsupervised access to children, vulnerable adults, or individuals with mental illness or developmental disabilities. This includes, but is not limited to, positions conducting comprehensive assessments, financial eligibility determinations, licensing and certification activities, investigations, surveys, or case management; or for state positions otherwise required by federal law to meet employment standards;
 - (b) Individual providers who are paid by the state and providers who are paid by home care agencies to provide in-home services involving unsupervised access to persons with physical, mental, or developmental disabilities or mental illness, or to vulnerable adults as defined in chapter 74.34 RCW, including but not limited to services provided under chapter 74.39 or 74.39A RCW; and
 - (c) Individuals or businesses or organizations for the care, supervision, case management, or treatment of children, persons with developmental disabilities, or vulnerable adults, including but not limited to services contracted for under chapter 18.20, 70.127, 70.128, 72.36, or 74.39A RCW or Title 71A RCW.
 - (2) The secretary shall require a fingerprint-based background check through both the Washington state patrol and the federal bureau of investigation as provided in RCW 43.43.837. Unless otherwise authorized by law, the secretary shall use the information solely for the purpose of determining the character, suitability, and competence of the applicant.
 - (3) Except as provided in subsection (4) of this section, an individual provider or home care agency provider who has resided in the state less than three years before applying for employment involving unsupervised access to a vulnerable adult as defined in chapter 74.34 RCW must be fingerprinted for the purpose of investigating conviction records through both the Washington state patrol and the federal bureau

of investigation. This subsection applies only with respect to the provision of in-home services funded by medicaid personal care under RCW 74.09.520, community options program entry system waiver services under RCW 74.39A.030, or chore services under RCW 74.39A.110. However, this subsection does not supersede RCW 74.15.030(2)(b).

- (4) Long-term care workers, as defined in RCW 74.39A.009, who are hired after January ($(\frac{1}{2014})$) 7, 2012, are subject to background checks under RCW ($(\frac{74.39A.055}{2012})$) 74.39A.056, except that the department may require a background check at any time under RCW 43.43.837. For the purposes of this subsection, "background check" includes, but is not limited to, a fingerprint check submitted for the purpose of investigating conviction records through both the Washington state patrol and the federal bureau of investigation.
- (5) An individual provider or home care agency provider hired to provide in-home care for and having unsupervised access to a vulnerable adult as defined in chapter 74.34 RCW must have no conviction for a disqualifying crime under RCW 43.43.830 and 43.43.842. An individual or home care agency provider must also have no conviction for a crime relating to drugs as defined in RCW 43.43.830. This subsection applies only with respect to the provision of in-home services funded by medicaid personal care under RCW 74.09.520, community options program entry system waiver services under RCW 74.39A.030, or chore services under RCW 74.39A.110.
- (6) The secretary shall provide the results of the state background check on long-term care workers, including individual providers, to the persons hiring them or to their legal guardians, if any, for their determination of the character, suitability, and competence of the applicants. If the person elects to hire or retain an individual provider after receiving notice from the department that the applicant has a conviction for an offense that would disqualify the applicant from having unsupervised access to persons with physical, mental, or developmental disabilities or mental illness, or to vulnerable adults as defined in chapter 74.34 RCW, then the secretary shall deny payment for any subsequent services rendered by the disqualified individual provider.
- 36 (7) Criminal justice agencies shall provide the secretary such 37 information as they may have and that the secretary may require for 38 such purpose.

- Sec. 506. RCW 43.43.837 and 2011 1st sp.s. c 31 s 17 are each amended to read as follows:
 - (1) Except as provided in subsection (2) of this section, in order to determine the character, competence, and suitability of any applicant or service provider to have unsupervised access, the secretary may require a fingerprint-based background check through both the Washington state patrol and the federal bureau of investigation at any time, but shall require a fingerprint-based background check when the applicant or service provider has resided in the state less than three consecutive years before application, and:
 - (a) Is an applicant or service provider providing services to children or people with developmental disabilities under RCW 74.15.030;
 - (b) Is an individual residing in an applicant or service provider's home, facility, entity, agency, or business or who is authorized by the department to provide services to children or people with developmental disabilities under RCW 74.15.030; or
- 17 (c) Is an applicant or service provider providing in-home services 18 funded by:
 - (i) Medicaid personal care under RCW 74.09.520;
- 20 (ii) Community options program entry system waiver services under 21 RCW 74.39A.030;
 - (iii) Chore services under RCW 74.39A.110; or
- (iv) Other home and community long-term care programs, established pursuant to chapters 74.39 and 74.39A RCW, administered by the department.
 - (2) Long-term care workers, as defined in RCW 74.39A.009, who are hired after January $((\frac{1}{7}, \frac{2014}{1}))$ 7, 2012, are subject to background checks under RCW $((\frac{74.39A.055}{1}))$ 74.39A.056.
- (3) To satisfy the shared background check requirements provided 29 30 for in RCW 43.215.215 and 43.20A.710, the department of early learning and the department of social and health services shall share federal 31 32 fingerprint-based background check results as permitted under the law. The purpose of this provision is to allow both departments to fulfill 33 their joint background check responsibility of checking any individual 34 35 who may have unsupervised access to vulnerable adults, children, or 36 juveniles. Neither department may share the federal background check results with any other state agency or person. 37

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(4) The secretary shall require a fingerprint-based background check through the Washington state patrol identification and criminal history section and the federal bureau of investigation when the department seeks to approve an applicant or service provider for a foster or adoptive placement of children in accordance with federal and state law.

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- (5) Any secure facility operated by the department under chapter 71.09 RCW shall require applicants and service providers to undergo a fingerprint-based background check through the Washington state patrol identification and criminal history section and the federal bureau of investigation.
- (6) Service providers and service provider applicants who are required to complete a fingerprint-based background check may be hired for a one hundred twenty-day provisional period as allowed under law or program rules when:
 - (a) A fingerprint-based background check is pending; and
- 17 (b) The applicant or service provider is not disqualified based on 18 the immediate result of the background check.
 - (7) Fees charged by the Washington state patrol and the federal bureau of investigation for fingerprint-based background checks shall be paid by the department for applicants or service providers providing:
- 23 (a) Services to people with a developmental disability under RCW 24 74.15.030;
- 25 (b) In-home services funded by medicaid personal care under RCW 26 74.09.520;
- 27 (c) Community options program entry system waiver services under 28 RCW 74.39A.030;
 - (d) Chore services under RCW 74.39A.110;
- 30 (e) Services under other home and community long-term care 31 programs, established pursuant to chapters 74.39 and 74.39A RCW, 32 administered by the department;
- 33 (f) Services in, or to residents of, a secure facility under RCW 34 71.09.115; and
 - (g) Foster care as required under RCW 74.15.030.
- 36 (8) Service providers licensed under RCW 74.15.030 must pay fees 37 charged by the Washington state patrol and the federal bureau of 38 investigation for conducting fingerprint-based background checks.

- (9) Children's administration service providers licensed under RCW 74.15.030 may not pass on the cost of the background check fees to their applicants unless the individual is determined to be disqualified due to the background information.
 - (10) The department shall develop rules identifying the financial responsibility of service providers, applicants, and the department for paying the fees charged by law enforcement to roll, print, or scan fingerprints-based for the purpose of a Washington state patrol or federal bureau of investigation fingerprint-based background check.
 - (11) For purposes of this section, unless the context plainly indicates otherwise:
 - (a) "Applicant" means a current or prospective department or service provider employee, volunteer, student, intern, researcher, contractor, or any other individual who will or may have unsupervised access because of the nature of the work or services he or she provides. "Applicant" includes but is not limited to any individual who will or may have unsupervised access and is:
 - (i) Applying for a license or certification from the department;
 - (ii) Seeking a contract with the department or a service provider;
- 20 (iii) Applying for employment, promotion, reallocation, or 21 transfer;
 - (iv) An individual that a department client or guardian of a department client chooses to hire or engage to provide services to himself or herself or another vulnerable adult, juvenile, or child and who might be eligible to receive payment from the department for services rendered; or
- (v) A department applicant who will or may work in a departmentcovered position.
- 29 (b) "Authorized" means the department grants an applicant, home, or 30 facility permission to:
 - (i) Conduct licensing, certification, or contracting activities;
- (ii) Have unsupervised access to vulnerable adults, juveniles, and children;
 - (iii) Receive payments from a department program; or
- 35 (iv) Work or serve in a department-covered position.
- 36 (c) "Department" means the department of social and health 37 services.

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1 (d) "Secretary" means the secretary of the department of social and 2 health services.

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- (e) "Secure facility" has the meaning provided in RCW 71.09.020.
- 4 "Service provider" means entities, facilities, agencies, businesses, or individuals who are licensed, certified, authorized, or 5 regulated by, receive payment from, or have contracts or agreements 6 7 with the department to provide services to vulnerable adults, 8 juveniles, or children. "Service provider" includes individuals whom a department client or guardian of a department client may choose to 9 10 hire or engage to provide services to himself or herself or another vulnerable adult, juvenile, or child and who might be eligible to 11 12 receive payment from the department for services rendered. "Service 13 provider" does not include those certified under chapter 70.96A RCW.
- 14 **Sec. 507.** RCW 74.39A.095 and 2011 1st sp.s. c 31 s 14 and 2011 1st sp.s. c 21 s 5 are each reenacted and amended to read as follows:
 - (1) In carrying out case management responsibilities established under RCW 74.39A.090 for consumers who are receiving services under the medicaid personal care, community options programs entry system or chore services program through an individual provider, each area agency on aging shall provide oversight of the care being provided to consumers receiving services under this section to the extent of available funding. Case management responsibilities incorporate this oversight, and include, but are not limited to:
 - (a) Verification that any individual provider has met any training requirements established by the department;
 - (b) Verification of a sample of worker time sheets;
 - (c) Monitoring the consumer's plan of care to verify that it adequately meets the needs of the consumer, through activities such as home visits, telephone contacts, and responses to information received by the area agency on aging indicating that a consumer may be experiencing problems relating to his or her home care;
 - (d) Reassessing and reauthorizing services;
 - (e) Monitoring of individual provider performance; and
- (f) Conducting criminal background checks or verifying that criminal background checks have been conducted for any individual provider. Individual providers who are hired after January ((1, 2014))

- $\frac{7}{2012}$, are subject to background checks under RCW (($\frac{74.39A.055}{2}$)) $\frac{74.39A.056}{2}$.
 - (2) The area agency on aging case manager shall work with each consumer to develop a plan of care under this section that identifies and ensures coordination of health and long-term care services that meet the consumer's needs. In developing the plan, they shall utilize, and modify as needed, any comprehensive community service plan developed by the department as provided in RCW 74.39A.040. The plan of care shall include, at a minimum:
 - (a) The name and telephone number of the consumer's area agency on aging case manager, and a statement as to how the case manager can be contacted about any concerns related to the consumer's well-being or the adequacy of care provided;
 - (b) The name and telephone numbers of the consumer's primary health care provider, and other health or long-term care providers with whom the consumer has frequent contacts;
 - (c) A clear description of the roles and responsibilities of the area agency on aging case manager and the consumer receiving services under this section;
 - (d) The duties and tasks to be performed by the area agency on aging case manager and the consumer receiving services under this section;
- 23 (e) The type of in-home services authorized, and the number of 24 hours of services to be provided;
 - (f) The terms of compensation of the individual provider;
 - (g) A statement by the individual provider that he or she has the ability and willingness to carry out his or her responsibilities relative to the plan of care; and
 - (h)(i) Except as provided in (h)(ii) of this subsection, a clear statement indicating that a consumer receiving services under this section has the right to waive any of the case management services offered by the area agency on aging under this section, and a clear indication of whether the consumer has, in fact, waived any of these services.
- (ii) The consumer's right to waive case management services does not include the right to waive reassessment or reauthorization of services, or verification that services are being provided in accordance with the plan of care.

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1 (3) Each area agency on aging shall retain a record of each waiver 2 of services included in a plan of care under this section.

- (4) Each consumer has the right to direct and participate in the development of their plan of care to the maximum practicable extent of their abilities and desires, and to be provided with the time and support necessary to facilitate that participation.
- (5) A copy of the plan of care must be distributed to the consumer's primary care provider, individual provider, and other relevant providers with whom the consumer has frequent contact, as authorized by the consumer.
- (6) The consumer's plan of care shall be an attachment to the contract between the department, or their designee, and the individual provider.
- (7) If the department or area agency on aging case manager finds that an individual provider's inadequate performance or inability to deliver quality care is jeopardizing the health, safety, or well-being of a consumer receiving service under this section, the department or the area agency on aging may take action to terminate the contract between the department and the individual provider. If the department or the area agency on aging has a reasonable, good faith belief that the health, safety, or well-being of a consumer is in imminent jeopardy, the department or area agency on aging may summarily suspend the contract pending a fair hearing. The consumer may request a fair hearing to contest the planned action of the case manager, as provided in chapter 34.05 RCW. The department may by rule adopt guidelines for implementing this subsection.
- (8) The department or area agency on aging may reject a request by a consumer receiving services under this section to have a family member or other person serve as his or her individual provider if the case manager has a reasonable, good faith belief that the family member or other person will be unable to appropriately meet the care needs of the consumer. The consumer may request a fair hearing to contest the decision of the case manager, as provided in chapter 34.05 RCW. The department may by rule adopt guidelines for implementing this subsection.

VI. ENFORCEMENT

- Sec. 601. RCW 18.88B.050 and 2011 1st sp.s. c 31 s 4 are each amended to read as follows:
 - (1) The uniform disciplinary act, chapter 18.130 RCW, governs uncertified practice, issuance <u>and renewal</u> 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)) home care aide upon finding that conduct of the ((long-term care worker)) home care aide 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 or renewal of certification, the suspension or conditions for continuation or renewal 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 whose certification is revoked or, if exempted from certification by RCW ((18.88B.040)) 18.88B.041, who has not completed his or her required training pursuant to ((this chapter)) RCW 74.39A.074.
 - (5) Chapter 34.05 RCW shall govern actions by the department (($\frac{6}{1}$) health)) under this section.
- 27 (6) The department ((of health)) shall adopt rules ((by August 1, 2013,)) to implement this section.
- Sec. 602. RCW 74.39A.086 and 2012 c 1 s 109 (Initiative Measure No. 1163) are each amended to read as follows:
- 31 (1) The department:

(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 whose certification is revoked or, if exempted from certification under RCW

- 1 <u>18.88B.041, who</u> has not completed his or her required training pursuant 2 to ((chapter 2, Laws of 2009)) <u>RCW 74.39A.074</u>.
 - (((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 has not been certified or the individual provider's certification is revoked under chapter ((2, Laws of 2009)) 18.88B RCW or, if exempted from certification by RCW ((18.88B.040)) 18.88B.041, the individual provider has not completed his or her required training pursuant to ((chapter 2, Laws of 2009)) RCW 74.39A.074.
- (((3))) (2) The department shall take appropriate enforcement 11 12 action related to the contract of a private agency or facility licensed 13 by the state((-)) to provide personal care services, other than an 14 individual provider, who knowingly employs a long-term care worker who is not a certified home care aide as required under chapter ((2, Laws 15 16 of 2009 or, if exempted from certification by RCW 18.88B.040,)) 18.88B 17 RCW or whose certification is revoked or, if exempted from certification under RCW 18.88B.041, who has not completed his or her 18 19 required training pursuant to ((chapter 2, Laws of 2009)) RCW 20 74.39A.074.
- 21 $((\frac{4}{1}))$ <u>(3)</u> Chapter 34.05 RCW shall govern actions by the 22 department under this section.
- 23 (((5))) (4) The department shall adopt rules ((by August 1, 2010,))24 to implement this section.

VII. MISCELLANEOUS

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- Sec. 701. RCW 74.39A.051 and 2012 c 1 s 106 (Initiative Measure No. 1163) are each amended to read 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.
- 34 (2) The goal of the system is continuous quality improvement with 35 the focus on consumer satisfaction and outcomes for consumers. This 36 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.
 - (5) Monitoring should be outcome based and responsive to consumer complaints and based on a clear set of health, quality of care, and 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 $74.39A.080((\frac{}{}$, RCW)) or 70.128.160, or chapter $18.51~((RCW_{7}))$ or $((\frac{}{}$ 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 wellbeing 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, 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.
 - (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.

(10) Until December 31, 2010,)) Background checks of long-term care workers must be conducted as provided in RCW 74.39A.056.

(8) Except as provided in RCW 74.39A.074 and 74.39A.076, 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, 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, are subject to background checks under RCW 74.39A.055.

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

Sec. 702. RCW 18.20.270 and 2002 c 233 s 1 are each amended to read as follows:

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1 (1) The definitions in this subsection apply throughout this 2 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.
- (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 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 employment ((or within one hundred twenty days of employment (lor within one hundred twenty days of employment employment (lor within one hundred twenty days of employment employment (lor within one hundred twenty days of employment employm
- (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 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.

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- (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 inspection and investigation required under RCW 18.20.110. department shall rescind approval of any curriculum if it determines that the curriculum does not meet these requirements.
- 28 (12) The department shall adopt rules ((by September 1, 2002,)) for 29 the implementation of this section.
 - (13)(a) Except as provided in (b) of this subsection, the orientation, basic training, specialty training, and continuing education requirements of this section commence September 1, 2002, or one hundred twenty days from the date of employment, whichever is later, and shall be applied to (((a))) (i) employees hired subsequent to September 1, 2002; and (((b))) (ii) existing employees that on September 1, 2002, have not successfully completed the training requirements under RCW 74.39A.010 or 74.39A.020 and this section. Existing employees who have not successfully completed the training

- requirements under RCW 74.39A.010 or 74.39A.020 shall be subject to all applicable requirements of this section. ((However, prior to September
- 3 1, 2002, nothing in this section affects the current training 4 requirements under RCW 74.39A.010.))
- (b) Beginning January 7, 2012, long-term care workers, as defined in RCW 74.39A.009, employed by facilities licensed under this chapter are also subject to the training requirements under RCW 74.39A.074.
- 8 **Sec. 703.** RCW 70.128.120 and 2011 1st sp.s. c 3 s 205 are each 9 amended to read as follows:

Each adult family home provider, applicant, and each resident manager shall have the following minimum qualifications, except that only applicants are required to meet the provisions of subsections (10) and (11) of this section:

- (1) Twenty-one years of age or older;
- (2) For those applying after September 1, 2001, to be licensed as providers, and for resident managers whose employment begins after September 1, 2001, a United States high school diploma or general educational development (GED) certificate or any English or translated government documentation of the following:
- (a) Successful completion of government-approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction over twelve years or no less than twelve thousand hours of instruction;
- (b) A foreign college, foreign university, or United States community college two-year diploma;
- (c) Admission to, or completion of coursework at, a foreign university or college for which credit was granted;
- (d) Admission to, or completion of coursework at, a United States college or university for which credits were awarded;
 - (e) Admission to, or completion of postgraduate coursework at, a United States college or university for which credits were awarded; or
 - (f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education preparation was required;
 - (3) Good moral and responsible character and reputation;
- 36 (4) Literacy and the ability to communicate in the English 37 language;

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1 (5) Management and administrative ability to carry out the 2 requirements of this chapter;

- (6) Satisfactory completion of department-approved basic training and continuing education training as required by RCW ((74.39A.073)) (74.39A.074), and in rules adopted by the department;
- (7) Satisfactory completion of department-approved, or equivalent, special care training before a provider may provide special care services to a resident;
- (8) Not been convicted of any crime that is disqualifying under RCW 43.43.830 or 43.43.842, or department rules adopted under this chapter, or been found to have abused, neglected, exploited, or abandoned a minor or vulnerable adult as specified in RCW ((74.39A.050(8))) 74.39A.056(2);
- (9) For those applying to be licensed as providers, and for resident managers whose employment begins after August 24, 2011, at least one thousand hours in the previous sixty months of successful, direct caregiving experience obtained after age eighteen to vulnerable adults in a licensed or contracted setting prior to operating or managing an adult family home. The applicant or resident manager must have credible evidence of the successful, direct caregiving experience or, currently hold one of the following professional licenses: Physician licensed under chapter 18.71 RCW; osteopathic physician licensed under chapter 18.57 RCW; osteopathic physician assistant licensed under chapter 18.57A RCW; physician assistant licensed under chapter 18.71A RCW; registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;
- 28 (10) For applicants, proof of financial solvency, as defined in 29 rule; and
 - (11) Applicants must successfully complete an adult family home administration and business planning class, prior to being granted a license. The class must be a minimum of forty-eight hours of classroom time and approved by the department. The department shall promote and prioritize bilingual capabilities within available resources and when materials are available for this purpose.
- **Sec. 704.** RCW 70.128.130 and 2011 1st sp.s. c 3 s 206 are each 37 amended to read as follows:

- 1 (1) The provider is ultimately responsible for the day-to-day 2 operations of each licensed adult family home.
 - (2) The provider shall promote the health, safety, and well-being of each resident residing in each licensed adult family home.
 - (3) Adult family homes shall be maintained internally and externally in good repair and condition. Such homes shall have safe and functioning systems for heating, cooling, hot and cold water, electricity, plumbing, garbage disposal, sewage, cooking, laundry, artificial and natural light, ventilation, and any other feature of the home.
- 11 (4) In order to preserve and promote the residential home-like 12 nature of adult family homes, adult family homes licensed after August 13 24, 2011, shall:
- 14 (a) Have sufficient space to accommodate all residents at one time 15 in the dining and living room areas;
- 16 (b) Have hallways and doorways wide enough to accommodate residents 17 who use mobility aids such as wheelchairs and walkers; and
 - (c) Have outdoor areas that are safe and accessible for residents to use.
 - (5) The adult family home must provide all residents access to resident common areas throughout the adult family home including, but not limited to, kitchens, dining and living areas, and bathrooms, to the extent that they are safe under the resident's care plan.
 - (6) Adult family homes shall be maintained in a clean and sanitary manner, including proper sewage disposal, food handling, and hygiene practices.
 - (7) Adult family homes shall develop a fire drill plan for emergency evacuation of residents, shall have working smoke detectors in each bedroom where a resident is located, shall have working fire extinguishers on each floor of the home, and shall not keep nonambulatory patients above the first floor of the home.
 - (8) The adult family home shall ensure that all residents can be safely evacuated in an emergency.
- 34 (9) Adult family homes shall have clean, functioning, and safe 35 household items and furnishings.
- 36 (10) Adult family homes shall provide a nutritious and balanced 37 diet and shall recognize residents' needs for special diets.

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1 (11) Adult family homes shall establish health care procedures for 2 the care of residents including medication administration and emergency 3 medical care.

- (a) Adult family home residents shall be permitted to self-administer medications.
- (b) Adult family home providers may administer medications and deliver special care only to the extent authorized by law.
- (12) Adult family home providers shall either: (a) Reside at the adult family home; or (b) employ or otherwise contract with a qualified resident manager to reside at the adult family home. The department may exempt, for good cause, a provider from the requirements of this subsection by rule.
- (13) A provider will ensure that any volunteer, student, employee, or person residing within the adult family home who will have unsupervised access to any resident shall not have been convicted of a crime listed under RCW 43.43.830 or 43.43.842, or been found to have abused, neglected, exploited, or abandoned a minor or vulnerable adult as specified in RCW ((74.39A.050(8))) 74.39A.056(2). A provider may conditionally employ a person pending the completion of a criminal conviction background inquiry, but may not allow the person to have unsupervised access to any resident.
- (14) A provider shall offer activities to residents under care as defined by the department in rule.
 - (15) An adult family home must be financially solvent, and upon request for good cause, shall provide the department with detailed information about the home's finances. Financial records of the adult family home may be examined when the department has good cause to believe that a financial obligation related to resident care or services will not be met.
- (16) An adult family home provider must ensure that staff are competent and receive necessary training to perform assigned tasks. Staff must satisfactorily complete department-approved staff orientation, basic training, and continuing education as specified by the department by rule. The provider shall ensure that a qualified caregiver is on-site whenever a resident is at the adult family home; any exceptions will be specified by the department in rule. Notwithstanding RCW 70.128.230, until orientation and basic training are successfully completed, a caregiver may not provide hands-on

- personal care to a resident without on-site supervision by a person who has successfully completed basic training or been exempted from the training pursuant to statute.
 - (17) The provider and resident manager must assure that there is:
 - (a) A mechanism to communicate with the resident in his or her primary language either through a qualified person on-site or readily available at all times, or other reasonable accommodations, such as language lines; and
- 9 (b) Staff on-site at all times capable of understanding and 10 speaking English well enough to be able to respond appropriately to 11 emergency situations and be able to read and understand resident care 12 plans.
- 13 **Sec. 705.** RCW 70.128.230 and 2002 c 233 s 3 are each amended to 14 read as follows:
- 15 (1) The definitions in this subsection apply throughout this 16 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 with residents shall complete orientation. Caregivers shall complete orientation, basic training, 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 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-

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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.
- (a) 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.
- (b) Specialty 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.
 - (12)(a) Except as provided in (b) of this subsection, the orientation, basic training, specialty training, and continuing education requirements of this section commence September 1, 2002, and shall be applied to ((\(\frac{(a)}{a}\)))(i) employees hired subsequent to September 1, 2002; or ((\(\frac{(b)}{b}\)))(ii) existing employees that on September 1, 2002, have not successfully completed the training requirements under RCW 70.128.120 or 70.128.130 and this section. Existing employees who have not successfully completed the training requirements under RCW 70.128.120 or 70.128.130 shall be subject to all applicable

- 1 requirements of this section. ((However, until September 1, 2002,
- 2 nothing in this section affects the current training requirements under
- 3 RCW 70.128.120 and 70.128.130.))

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- 4 (b) Beginning January 7, 2012, long-term care workers, as defined
- 5 <u>in RCW 74.39A.009</u>, employed by an adult family home are also subject to
- 6 the training requirements under RCW 74.39A.074.
- 7 **Sec. 706.** RCW 74.39A.010 and 1995 1st sp.s. c 18 s 14 are each 8 amended to read as follows:
 - (1) To the extent of available funding, the department of social and health services may contract with licensed boarding homes under chapter 18.20 RCW and tribally licensed boarding homes for assisted living services and enhanced adult residential care. The department shall develop rules for facilities that contract with the department for assisted living services or enhanced adult residential care to establish:
 - (a) Facility service standards consistent with the principles in RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW;
- 18 (b) Standards for resident living areas consistent with RCW 19 74.39A.030;
 - (c) Training requirements for providers and their staff.
- 21 (2) The department's rules shall provide that services in assisted 22 living and enhanced adult residential care:
 - (a) Recognize individual needs, privacy, and autonomy;
 - (b) Include, but not be limited to, personal care, nursing services, medication administration, and supportive services that promote independence and self-sufficiency;
 - (c) Are of sufficient scope to assure that each resident who chooses to remain in the assisted living or enhanced adult residential care may do so, to the extent that the care provided continues to be cost-effective and safe and promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice;
- 33 (d) Are directed first to those persons most likely, in the absence 34 of enhanced adult residential care or assisted living services, to need 35 hospital, nursing facility, or other out-of-home placement; and
- 36 (e) Are provided in compliance with applicable facility and professional licensing laws and rules.

- 1 (3) When a facility contracts with the department for assisted 2 living services or enhanced adult residential care, only services and 3 facility standards that are provided to or in behalf of the assisted 4 living services or enhanced adult residential care client shall be 5 subject to the department's rules.
- 6 **Sec. 707.** RCW 74.39A.020 and 2004 c 142 s 15 are each amended to 7 read as follows:
 - (1) To the extent of available funding, the department of social and health services may contract for adult residential care.
- 10 (2) The department shall, by rule, develop terms and conditions for 11 facilities that contract with the department for adult residential care 12 to establish:
- 13 (a) Facility service standards consistent with the principles in RCW ((74.39A.050)) 74.39A.051 and consistent with chapter 70.129 RCW; and
 - (b) Training requirements for providers and their staff.
- 17 (3) The department shall, by rule, provide that services in adult 18 residential care facilities:
 - (a) Recognize individual needs, privacy, and autonomy;
- 20 (b) Include personal care and other services that promote 21 independence and self-sufficiency and aging in place;
- (c) Are directed first to those persons most likely, in the absence of adult residential care services, to need hospital, nursing facility, or other out-of-home placement; and
- 25 (d) Are provided in compliance with applicable facility and 26 professional licensing laws and rules.
 - (4) When a facility contracts with the department for adult residential care, only services and facility standards that are provided to or in behalf of the adult residential care client shall be subject to the adult residential care rules.
- 31 (5) To the extent of available funding, the department may also 32 contract under this section with a tribally licensed boarding home for 33 the provision of services of the same nature as the services provided 34 by adult residential care facilities. The provisions of subsections 35 (2)(a) and (b) and (3)(a) through (d) of this section apply to such a 36 contract.

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Sec. 708. RCW 74.39A.250 and 2011 1st sp.s. c 21 s 8 are each amended to read as follows:

- (1) The department shall provide assistance to consumers and prospective consumers in finding individual providers and prospective individual providers through the establishment of a referral registry of individual providers and prospective individual providers. Before placing an individual provider or prospective individual provider on the referral registry, the department shall determine that:
- 9 (a) The individual provider or prospective individual provider has 10 met the minimum requirements for training set forth in RCW 11 ((74.39A.050)) 74.39A.051;
 - (b) The individual provider or prospective individual provider has satisfactorily undergone a criminal background check conducted within the prior twelve months; and
 - (c) The individual provider or prospective individual provider is not listed on any long-term care abuse and neglect registry used by the department.
 - (2) The department shall remove from the referral registry any individual provider or prospective individual provider that does not meet the qualifications set forth in subsection (1) of this section or to have committed misfeasance or malfeasance in the performance of his or her duties as an individual provider. The individual provider or prospective individual provider, or the consumer to which the individual provider is providing services, may request a fair hearing to contest the removal from the referral registry, as provided in chapter 34.05 RCW.
 - (3) The department shall provide routine, emergency, and respite referrals of individual providers and prospective individual providers to consumers and prospective consumers who are authorized to receive long-term in-home care services through an individual provider.
- 31 (4) The department shall give preference in the recruiting, 32 training, referral, and employment of individual providers and 33 prospective individual providers to recipients of public assistance or 34 other low-income persons who would qualify for public assistance in the 35 absence of such employment.
- **Sec. 709.** 2012 c 1 s 201 (uncodified) (Initiative Measure No. 1163) is amended to read as follows:

The state auditor shall conduct performance audits of the long-term in-home care program. The first audit must be completed within twelve months after January 7, 2012, and must be completed on a ((biannual)) biennial basis thereafter. As part of this auditing process, the state shall hire five additional fraud investigators to ensure that clients receiving services at taxpayers' expense are medically and financially qualified to receive the services and are actually receiving the services.

Sec. 710. 2012 c 1 s 303 (uncodified) (Initiative Measure No. 10 1163) is amended to read as follows:

Notwithstanding any action of the legislature during 2011, all long-term care workers as defined under RCW 74.39A.009(16), as it existed on April 1, 2011, are covered by sections 101 through 113 of this act or by the corresponding original versions of the statutes, as referenced in section 302 (1) through (13) on the schedules set forth in those sections, as amended by chapter . . ., Laws of 2012 (this act), except that long-term care workers employed ((as)) by community residential service ((providers are covered by sections 101 through 113 of this act beginning January 1, 2016)) businesses are exempt to the extent provided in RCW 18.88B.041, 74.39A.056, 74.39A.074, 74.39A.331, 74.39A.341, and 74.39A.351.

<u>NEW SECTION.</u> **Sec. 711.** 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.

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