Chapter 388-71 WAC
HOME AND COMMUNITY SERVICES AND PROGRAMS

WAC

ADULT PROTECTIVE SERVICES

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-71-0120 What adjunct services are provided? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0120, filed 1/11/00, effective 2/11/00.] Repealed by WSR 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.090,74.39A.050, chapter 74.34 RCW.

388-71-0150 When is the name of a personal aide placed on a registry? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0150, filed 1/11/00, effective 2/11/00.] Repealed by WSR 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW.

388-71-0155 Prior to placing his or her name on the registry is the personal aide notified? [Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0155, filed 1/11/00, effective 2/11/00.] Repealed by WSR 04-19-136, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 34.05.020, 74.08.-090, 74.39A.050, chapter 74.34 RCW.

388-71-0194 Home and community services—Nursing services. [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0194, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.090, 2003 1st sp.s. c 25, 2003 c 140. WSR 03-24-001, § 388-71-0194, filed 11/19/03, effective 12/20/03. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0194, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. WSR 02-21-098, § 388-71-0194, filed 10/21/02, effective 11/21/02.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0200, 388-106-0300, 388-106-0305, 388-106-0400, 388-106-0500.

388-71-0202 Long-term care services—Definitions. [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0202, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 04-04-042, § 388-71-0202, filed 1/29/04, effective 2/29/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0202, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0202, filed 10/21/02, effective 11/21/02.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0215.

388-71-0203 Long-term care services—Assessment of task self-performance and determination of required assistance. [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0203, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0203, filed 10/21/02, effective 11/21/02.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0230.

388-71-0205 Long-term care services—Service plan. [Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. WSR 02-21-098, § 388-71-0205, filed 10/21/02, effective 11/21/02.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-71-0235.

388-71-0210 What is the purpose of WAC 388-71-0210 through 388-71-0260? [Statutory Authority: RCW 74.08.090, 74.09.-520. WSR 05-11-082, § 388-71-0210, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0215 What definitions apply to WAC 388-71-0210 through 388-71-0260? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0215, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.-020.

388-71-0220 What is an assessment? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0220, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0225 What is the purpose of a comprehensive assessment? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0225, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0230 How are my needs for MPC services assessed? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0230, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0235 What is a service plan? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0235, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0240 What services may I receive under MPC as a child? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0240, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0245 What services are not covered under MPC for children? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0245, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06,

effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0250 Am I eligible for MPC services? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0250, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0255 How do children remain eligible for MPC services? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0255, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0260 Are there limitations to MPC services for children? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0260, filed 5/17/05, effective 6/17/05.] Repealed by WSR 06-05-022, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020.

388-71-0400 What is the intent of the department's home and community programs? [Statutory Authority: RCW 74.39A.130, 74.09.520, 74.08.090. WSR 00-04-056, § 388-71-0400, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0405 What are the home and community programs? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0405, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0405, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.08.090, 74.39A.130. WSR 00-04-056, § 388-71-0405, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.

388-71-0410 What services may I receive under HCP? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0410, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0410, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. WSR 02-21-098, § 388-71-0410, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.-090, 74.39.010, 74.09.520. WSR 00-04-056, § 388-71-0410, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0300, 388-106-0305, 388-106-0400, 388-106-0500 and 388-106-0600.

388-71-0415 What other services may I receive under the waiver-funded programs? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0415, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.-050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.090, 2003 1st sp.s. c 25, 2003 c 140. WSR 03-24-001, § 388-71-0415, filed 11/19/03, effective 12/20/03. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0415, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.39.020. WSR 00-04-056, § 388-71-0415, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0300, 388-106-0305.

388-71-0420 What services are not covered under HCP? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0420, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0420, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.08.090, 74.39A.130. WSR 00-04-056, § 388-71-0420, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0020.

388-71-0425 Who can provide HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0425, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0425, filed 6/12/03, effective 7/13/03. Statutory Authority: 1999 c 175, chapters 70.126, 70.127 RCW, RCW 74.08.044. WSR 00-04-056, § 388-71-0425, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0040.

388-71-0430 Am I eligible for one of the HCP programs? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0430, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0430, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.030. WSR 00-13-077, § 388-71-0430, filed 6/19/00, effective 7/20/00. Statutory Authority: RCW 74.39.010, 74.08.090, 74.39A.110, 74.09.520. WSR 00-04-056, § 388-71-0430, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0210, 388-106-0310, 388-106-0410, 388-106-0510, 388-106-0610.

388-71-0435 Am I eligible for COPES-funded services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0435, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0435, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.030. WSR 00-13-077, § 388-71-0435, filed 6/19/00, effective 7/20/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0310.

388-71-0440 Am I eligible for MPC-funded services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0440, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.04.200, 74.09.520, 74.39.020, 74.39A.090, 2003 1st sp.s. c 25, 2003 c 140. WSR 03-24-001, § 388-71-0440, filed 11/19/03, effective 12/20/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-23-063, § 388-71-0440, filed 11/18/02, effective 12/19/02. Statutory Authority: RCW 74.09.520. WSR 00-04-056, § 388-71-0440, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0210.

388-71-0442 Am I eligible for medically needy residential waiver services? [Statutory Authority: 2001 c 269, RCW 74.09.-700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0442, filed 6/12/03, effective 7/13/03.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0410.

388-71-0445 Am I eligible for chore-funded services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0445, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0445, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.39A.110, 74.39A.150. WSR 01-02-051, § 388-71-0445, filed 12/28/00, effective 1/28/01. Statutory Authority: RCW 74.09.520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. WSR 00-18-099, § 388-71-0445, filed 9/5/00, effective 10/6/00. Statutory Author-

ity: RCW 74.39A.110, 74.39A.150. WSR 00-04-056, § 388-71-0445, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0610.

388-71-0450 How do I remain eligible for services? [Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. WSR 02-21-098, § 388-71-0450, filed 10/21/02, effective 11/21/02. Statutory Authority: 42 C.F.R. 441.302, RCW 74.09.520. WSR 00-04-056, § 388-71-0450, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0220, 388-106-0320, 388-106-0420, 388-106-0520, and 388-106-0620.

388-71-0455 Can my services be terminated if eligibility requirements for HCP change? [Statutory Authority: RCW 74.09.510, 74.09.520. WSR 00-04-056, § 388-71-0455, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0220, 388-106-0320, 388-106-0420, 388-106-0520 and 388-106-0620.

388-71-0460 Are there limitations to HCP services I can receive? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39.005. WSR 03-15-010, § 388-71-0460, filed 7/3/03, effective 8/3/03. Statutory Authority: RCW 74.09.520. WSR 00-04-056, § 388-71-0460, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0130.

388-71-0465 Are there waiting lists for HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0465, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39.041 and 2003 1st sp.s. c 25 § 206(9). WSR 04-01-090, § 388-71-0465, filed 12/16/03, effective 1/16/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0465, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.39.010, 74.39A.120. WSR 00-04-056, § 388-71-0465, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0235, 388-106-0335, 388-106-0435, and 388-106-0535.

388-71-0470 Who pays for HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0470, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0470, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. WSR 00-18-099, § 388-71-0470, filed 9/5/00, effective 10/6/00. Statutory Authority: RCW 74.39A.120, 74.39.010, 74.39.020. WSR 00-04-056, § 388-71-0470, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, 388-106-0525 and 388-106-0625.

388-71-0475 What is the maximum amount that the department pays per month for your COPES care? [Statutory Authority: RCW 74.08.090. WSR 00-04-056, § 388-71-0475, filed 1/28/00, effective 2/28/00.] Repealed by WSR 03-09-092, filed 4/18/03, effective 5/19/03. Statutory Authority: Chapter 74.39 RCW.

388-71-0480 If I am employed, can I still receive HCP services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0480, filed 7/26/04, effective 8/26/04. Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0480, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.09.520, 74.09.530, 74.39A.110, [74.39A.]120, [74.39A.]130, 1998 c 346 § 205 (1)(c), and RCW 74.39A.030. WSR 00-18-099, § 388-71-0480, filed 9/5/00, effective 10/6/00. Statutory Authority: RCW 74.39A.140, 74.39A.150. WSR 00-04-056, § 388-71-0480, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0230, 388-106-0330, 388-106-0430, 388-106-0530, 388-106-0630.

388-71-0525 Are there any exemptions from the training requirements? [Statutory Authority: RCW 74.08.090, 74.09.-520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0525, filed 1/13/00, effective 2/13/00.] Repealed by WSR 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.

388-71-0530 Are there special rules about training for parents who are the individual providers of division of developmental disabilities (DDD) adult children? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.-842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0530, filed 1/13/00, effective 2/13/00.] Repealed by WSR 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.

388-71-0531 How many hours can my individual provider, agency provider, or personal aide work if I am receiving COPES, Medicaid Personal Care, or Chore services? [Statutory Authority: RCW 74.08.090, 74.09.520. WSR 04-04-042, § 388-71-0531, filed 1/29/04, effective 2/29/04.] Repealed by WSR 04-15-001, filed 7/7/04, effective 8/7/04. Statutory Authority: 2004 c 3, RCW 74.08.090, 74.09.520.

388-71-0535 Are there special rules about training for parents who are the individual providers of non-DDD adult children? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0535, filed 1/13/00, effective 2/13/00.] Repealed by WSR 02-10-117, filed 4/30/02, effective 5/31/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121.

388-71-0545 Under what conditions will the department/AAA deny payment to or terminate the contract of an individual provider, or deny payment to a home care agency provider? [Statutory Authority: RCW 74.08.090, 74.09.-520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0545, filed 1/13/00, effective 2/13/00.] Repealed by WSR 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.-842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.

388-71-0550 Are there other conditions under which the department/AAA may deny payment, or deny or terminate a contract to an individual provider? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0550, filed 1/13/00, effective 2/13/00.] Repealed by WSR 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.

388-71-0555 When can the department/AAA summarily suspend an individual provider's contract? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0555, filed 1/13/00, effective 2/13/00.] Repealed by WSR 01-11-019, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095.

388-71-05665 What definitions apply to WAC 388-71-05670 through 388-71-05909? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05665, filed 12/1/09, effective 1/1/10. Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-05665, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05665, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05910, filed 4/30/02, effective

5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05670 What is orientation? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05670, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05911, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05675 What content must be included in an orientation? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05675, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05912, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05680 Is competency testing required for orientation? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05680, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05913, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05685 Is there a challenge test for orientation? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05685, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05914, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05690 What documentation is required for orientation? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05690, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05690, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05915, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05695 Who is required to complete orientation, and when must it be completed? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05695, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.-020. WSR 06-05-022, § 388-71-05695, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05695, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05916, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05700 What is basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05700, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05917, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05705 Is there an alternative to the basic training for some health care workers? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05705, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05918, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05710 What core knowledge and skills must be taught in basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05710, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05919, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05715 Is competency testing required for basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05715, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05920, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05720 Is there a challenge test for basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05720, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05921, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05725 What documentation is required for successful completion of basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05725, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05922, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05730 Who is required to complete basic training, and when? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05730, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050. WSR 03-19-076, § 388-71-05923, filed 9/12/03, effective 10/13/03. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05923, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05735 What is modified basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05735, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05924, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05740 What knowledge and skills must be included in modified basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05740, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05925, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05745 Is competency testing required for modified basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05745, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05926, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05750 Is there a challenge test for modified basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05750, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05927, filed

4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05755 What documentation is required for successful completion of modified basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05755, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05928, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05760 Who may take modified basic training instead of the full basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05760, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05929, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05765 What are the training requirements and exemptions for parents who are individual providers for their adult children receiving services through DDD? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05765, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05930, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05770 What are the training requirements and exemptions for parents who are individual providers for their adult children who do not receive services through DDD? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05770, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05931, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05775 What is continuing education? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05775, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05775, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05932, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05780 How many hours of continuing education are required each year? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05780, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05933, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05785 What kinds of training topics are required for continuing education? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05785, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05934, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05790 Is competency testing required for continuing education? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05790, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05935, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05795 May basic or modified basic training be completed a second time and used to meet the continuing education requirement? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05795, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05936, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05799 What are the documentation requirements for continuing education? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05799, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05937, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0580 Self-directed care—Who must direct self-directed care? [Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0580, filed 1/13/00, effective 2/13/00.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05640.

388-71-05805 What is nurse delegation core training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05805, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05810 What knowledge and skills must nurse delegation core training include? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-05810, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05810, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05815 Is competency testing required for nurse delegation core training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05815, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05820 Is there a challenge test for nurse delegation core training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05820, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05825 What documentation is required for successful completion of nurse delegation core training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05825, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05830 Who is required to complete nurse delegation core training, and when? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05830, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05832 What is safety training and is there a challenge test for safety training? [Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05832, filed 11/7/11, effective 12/8/11. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-05832, filed 5/17/05, effective 6/17/05.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05835 Who is required to complete safety training, when, and how often must it be completed? [Statutory Authority:

RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05835, filed 11/7/11, effective 12/8/11. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05835, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05938, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05836 Will DSHS deny payment of an individual provider who does not complete safety training? [Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05836, filed 11/7/11, effective 12/8/11.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05837 What is competency testing? [Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05837, filed 11/7/11, effective 12/8/11.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05840 What components must competency testing include? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05840, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05939, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05845 What experience or training must individuals have to be able to perform competency testing? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05845, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05940, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05850 What training must include the DSHS-developed competency test? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05850, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05850, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05941, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05855 How must competency test administration be standardized? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05855, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05942, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05860 What form of identification must providers show a tester before taking a competency or challenge test? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05860, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05860, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05943, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05865 How many times may a competency test be taken? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05865, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05944, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05870 What are an instructor's or training entity's responsibilities? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05870, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05945, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05875 Must instructors be approved by DSHS? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05875, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05875, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05946, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05880 Can DSHS deny or terminate a contract with an instructor or training entity? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05880, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05880, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05947, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05885 What is a guest speaker, and what are the minimum qualifications to be a guest speaker for basic training? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05885, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05948, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05890 What are the minimum qualifications for an instructor for basic, modified basic or nurse delegation core and specialized diabetes training? [Statutory Authority: RCW 74.08.090 and 74.39A.360. WSR 09-24-092, § 388-71-05890, filed 12/1/09, effective 1/1/10. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05890, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-15-064, § 388-71-05949, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05895 What additional qualifications are required for instructors of nurse delegation core training and specialized diabetes nurse delegation training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-05895, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-05895, filed 12/24/03, effective 1/24/04.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05899 What must be included in a class on adult education? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05899, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05950, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05905 What physical resources are required for basic, modified basic, or nurse delegation core classroom training and testing? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05905, filed 12/24/03, effective 1/24/04. Statutory Authority: Chap-

ter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05951, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-05909 What standard training practices must be maintained for basic, modified basic, or nurse delegation core classroom training and testing? [Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, amended and recodified as § 388-71-05909, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05952, filed 4/30/02, effective 5/31/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-05910 What definitions apply to WAC 388-71-05911 through 388-71-05952? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05910, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05665.

388-71-05911 What is orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05911, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05670.

388-71-05912 What content must be included in an orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05912, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05675.

388-71-05913 Is competency testing required for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05913, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05680.

388-71-05914 Is there a challenge test for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05914, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05685.

388-71-05915 What documentation is required for orientation? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05915, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05690.

388-71-05916 Who is required to complete orientation, and when must it be completed? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05916, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05695.

388-71-05917 What is basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05917, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05700.

388-71-05918 Is there an alternative to the basic training for some health care workers? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05918, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.-050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05705.

388-71-05919 What core knowledge and skills must be taught in basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05919, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05710.

388-71-05920 Is competency testing required for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05920, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05715.

388-71-05921 Is there a challenge test for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05921, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05720.

388-71-05922 What documentation is required for successful completion of basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05922, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05725.

388-71-05923 Who is required to complete basic training, and when? [Statutory Authority: RCW 74.39A.050. WSR 03-19-076, § 388-71-05923, filed 9/12/03, effective 10/13/03. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05923, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05730.

388-71-05924 What is modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05924, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05735.

388-71-05925 What knowledge and skills must be included in modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05925, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05740.

388-71-05926 Is competency testing required for modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05926, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05745.

388-71-05927 Is there a challenge test for modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05927, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05750.

388-71-05928 What documentation is required for successful completion of modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05928, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05755.

388-71-05929 Who may take modified basic training instead of the full basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05929, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05760.

388-71-05930 What are the training requirements and exemptions for parents who are individual providers for their adult children receiving services through DDD? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05930, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05765.

388-71-05931 What are the training requirements and exemptions for parents who are individual providers for their adult children who do not receive services through DDD? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05931, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05770.

388-71-05932 What is continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05932, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05775.

388-71-05933 How many hours of continuing education are required each year? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05933, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05780.

388-71-05934 What kinds of training topics are required for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05934, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05785.

388-71-05935 Is competency testing required for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05935, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05790.

388-71-05936 May basic or modified basic training be completed a second time and used to meet the continuing education requirement? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05936, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05795.

388-71-05937 What are the documentation requirements for continuing education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05937, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05799.

388-71-05938 What is competency testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05938, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05835.

388-71-05939 What components must competency testing include? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05939, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05840.

388-71-05940 What experience or training must individuals have to be able to perform competency testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05940, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05845.

388-71-05941 What training must include the DSHS-developed competency test? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05941, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05850.

388-71-05942 How must competency test administration be standardized? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05942, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05855.

388-71-05943 What form of identification must providers show a tester before taking a competency or challenge test? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05943, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05860.

388-71-05944 How many times may a competency test be taken? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05944, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05865.

388-71-05945 What are an instructor's or training entity's responsibilities? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05945, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05870.

388-71-05946 Must instructors be approved by DSHS or an AAA? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05946, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05875.

388-71-05947 Can DSHS or the AAA deny or terminate a contact with an instructor or training entity? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05947, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05880.

388-71-05948 What is a guest speaker, and what are the minimum qualifications to be a guest speaker for basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05948, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05885.

388-71-05949 What are the minimum qualifications for an instructor for basic or modified basic training? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-15-064, § 388-71-05949, filed 7/11/02, effective 8/11/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05890.

388-71-05950 What must be included in a class on adult education? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05950, filed 4/30/02, effective 5/31/02.] Decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05899.

388-71-05951 What physical resources are required for basic or modified basic classroom training and testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05951, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority:

RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05905.

388-71-05952 What standard training practices must be maintained for basic or modified basic classroom training and testing? [Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-05952, filed 4/30/02, effective 5/31/02.] Amended and decodified by WSR 04-02-001, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. Recodified as § 388-71-05909.

388-71-0600 What are residential services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0600, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.-090. WSR 02-21-098, § 388-71-0600, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.44 [74.08.044]. WSR 00-04-056, § 388-71-0600, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0010.

388-71-0605 Am I eligible for residential services? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0605, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, and 74.08.090. WSR 01-14-055, § 388-71-0605, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 74.08.44 [74.08.044]. WSR 00-04-056, § 388-71-0605, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0905.

388-71-0610 Who pays for residential care? [Statutory Authority: 2001 c 269, RCW 74.09.700, 74.08.090, 74.04.050, 74.09.575 and chapter 74.39 RCW. WSR 03-13-052, § 388-71-0610, filed 6/12/03, effective 7/13/03. Statutory Authority: RCW 74.08.44 [74.08.044]. WSR 00-04-056, § 388-71-0610, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, and 388-106-0525.

388-71-06100 What is the difference between an individual provider and a prospective individual provider? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06100, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06120 What qualifies an individual provider or prospective individual provider to be listed on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06120, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0613 For what days will the department pay the residential care facility? [Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, and 74.08.090. WSR 01-14-055, § 388-71-0613, filed 6/29/01, effective 7/30/01.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0225, 388-106-0325, 388-106-0425, and 388-106-0525.

388-71-06130 When will an individual provider or prospective individual provider be denied placement on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06130, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06135 When may an individual provider or prospective individual provider be denied placement on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06135, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06140 How does an individual provider or prospective individual provider apply to be placed on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06140, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0615 If I leave a hospital, residential facility, or nursing facility, are there resources available to help me find a place to live? [Statutory Authority: RCW 74.42.450, 74.08.-090. WSR 00-04-056, § 388-71-0615, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0950.

388-71-06160 Does an individual provider or prospective individual provider have any ongoing responsibilities in order to continue to be listed on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06160, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06180 Are there training requirements for being placed on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06180, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0620 Am I eligible for a residential discharge allowance? [Statutory Authority: RCW 74.42.450, 74.08.090. WSR 00-04-056, § 388-71-0620, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0955.

388-71-06200 When will an individual provider or prospective individual provider be removed from the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06200, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06220 What is the procedure for removing an individual provider or prospective individual provider from the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06220, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06240 By what procedures will the department deny an individual provider or prospective individual provider's application to be placed on the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06240, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06260 Who must be notified if a complaint is received about an individual provider? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06260, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06280 Are referral registry staff considered mandatory reporters? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06280, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06300 What is reasonable cause for mandatory reporting? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06300, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06340 How does a consumer/employer apply to use the referral registry services? [Statutory Authority: RCW 74.08.-090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06340, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06360 How does a consumer/employer obtain a list of names from the referral registry? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06360, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06380 Who hires an individual provider or prospective individual provider? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06380, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06400 Does a consumer/employer who is eligible to have his or her individual provider paid through medicaid or state-only funds from DSHS need to gain approval from his/her case manager, social worker or nurse? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06400, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-06420 How can a consumer/employer use the referral registry to get an individual provider in an emergency or as a critical personal care back-up? [Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06420, filed 6/3/11, effective 7/4/11.] Repealed by WSR 14-13-062, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-0700 What are the requirements for nursing facility eligibility, assessment, and payment? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0700, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.39A.040, 74.42.056. WSR 00-22-018, § 388-71-0700, filed 10/20/00, effective 10/31/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0350, 388-106-0355, and 388-106-0360.

388-71-0726 Adult day health transportation. [Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0726, filed 2/24/03, effective 7/1/03.] Repealed by WSR 15-01-174, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0742 Adult day centers—Client policies and procedures. [Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0742, filed 2/24/03, effective 7/1/03.] Repealed by WSR 15-01-174, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0768 Adult day centers—Physical environment requirements. [Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0768, filed 2/24/03, effective 7/1/03.] Repealed by WSR 15-01-174, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0800 What is PACE? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0800, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0800, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.

388-71-0801 What is specialized diabetes nurse delegation training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0801, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-0805 What services does PACE cover? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0805, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0805, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0700.

388-71-0806 What knowledge and skills must specialized diabetes nurse delegation training include? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0806, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0810 Who provides these services? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0810, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0810, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0811 Is competency testing required for the specialized diabetes nurse delegation training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0811, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0815 Where are these services provided? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0815, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0815, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0816 Is there a challenge test for specialized diabetes nurse delegation training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0816, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0820 How do I qualify for medicaid-funded PACE services? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0820, filed 6/16/03, effective 7/17/03; WSR 02-15-138, § 388-71-0820, filed 7/22/02, effective 8/22/02. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0820, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0705.

388-71-0821 What documentation is required for successful completion of specialized diabetes nurse delegation training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0821, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520.

388-71-0825 What are my appeal rights? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0825, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0825, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1305.

388-71-0826 Who is required to complete the specialized diabetes nurse delegation training, and when? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0826, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-0830 Who pays the PACE provider? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0830, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0710.

388-71-0835 How do I enroll into the PACE program? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0835, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0835, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0705.

388-71-0840 How do I disenroll from the PACE program? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0840, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0840, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0715.

388-71-0845 What are my rights as a PACE client? [Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520. WSR 03-13-091, § 388-71-0845, filed 6/16/03, effective 7/17/03. Statutory Authority: RCW 74.04.057, 74.08.090, 74.09.520 and 74.39A.030. WSR 99-19-048, § 388-71-0845, filed 9/13/99, effective 10/14/99.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-1300.

388-71-0900 What is the intent of WAC 388-71-0900 through 388-71-0960? [Statutory Authority: RCW 74.08.090, 74.09.-520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0900, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0905 What is private duty nursing (PDN) for adults? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0905, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0910 Am I financially eligible for medicaid-funded private duty nursing services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0910, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0915 Am I medically eligible to receive private duty nursing services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0915, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0915, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0920 How is my eligibility determined? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0920, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0925 Am I required to pay participation toward PDN services? [Statutory Authority: RCW 74.08.090, 74.09.-520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0925, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0930 Are PDN costs subject to estate recovery? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0930, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0935 Who can provide my PDN services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0935, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0940 Are there limitations or other requirements for PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0940, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0945 What requirements must a home health agency meet in order to provide and get paid for my PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0945, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0950 What requirements must a private RN or LPN meet in order to provide and get paid for my PDN services? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0950, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0955 Can I receive PDN in a licensed adult family home (AFH)? [Statutory Authority: RCW 74.08.090, 74.09.-520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0955, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0960 Can I receive services in addition to PDN? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0960, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0960, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-0965 Can I choose to self-direct my care if I receive PDN? [Statutory Authority: RCW 74.08.090, 74.09.520, 42 C.F.R. 440.80. WSR 01-11-018, § 388-71-0965, filed 5/4/01, effective 6/4/01.] Repealed by WSR 05-24-091, filed 12/6/05, effective 1/6/06. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 440.80. Later promulgation, see chapter 388-106 WAC.

388-71-1000 What is the Senior Citizens Services Act? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1000, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015.

388-71-1005 Who administers the Senior Citizens Services Act funds? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1005, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520.

388-71-1010 What services does the SCSA fund? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1010, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1100.

388-71-1015 How do I apply for SCSA-funded services? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1015, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1105.

388-71-1020 Am I eligible for SCSA-funded services at no cost? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1020, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-1110.

388-71-1025 What income and resources are exempt when determining eligibility? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1025, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1115.

388-71-1030 What if I am not eligible to receive SCSA-funded services at no cost? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1030, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed

5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1120.

388-71-1035 What are my rights under SCSA? [Statutory Authority: RCW 74.38.030. WSR 00-04-056, § 388-71-1035, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1300.

388-71-1065 What is the purpose of the respite care program? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1065, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-0015, 388-106-1205.

388-71-1070 What definitions apply to respite care services? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1070, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-1200.

388-71-1075 Who is eligible to receive respite care services? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1075, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520. Later promulgation, see WAC 388-106-1210.

388-71-1080 Who may provide respite care services? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1080, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1215.

388-71-1085 How are respite care providers reimbursed for their services? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1085, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1220.

388-71-1090 Are participants required to pay for the cost of their services? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1090, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1225.

388-71-1095 Are respite care services always available? [Statutory Authority: RCW 74.41.040. WSR 00-04-056, § 388-71-1095, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-1230.

388-71-1100 What is volunteer chore services (VCS)? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.100. WSR 00-04-056, § 388-71-1100, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0015, 388-106-0650.

388-71-1105 Am I eligible to receive volunteer chore services? [Statutory Authority: 2004 c 276 § 206 (6)(b) and *Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-1105, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.100. WSR 00-04-056, § 388-71-1105, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520. Later promulgation, see WAC 388-106-0655.

388-71-1110 How do I receive information on applying for volunteer chore services? [Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.030, 74.39A.100. WSR 00-04-056, § 388-71-1110, filed 1/28/00, effective 2/28/00.] Repealed by WSR 05-11-082, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.-520.

ADULT PROTECTIVE SERVICES

WAC 388-71-0100 What are the statutory references for WAC 388-71-0100 through 388-71-01281? The statutory references for WAC 388-71-0100 through 388-71-01281 are:

(1) Chapter 74.34 RCW;
(2) Chapter 70.128 RCW;
(3) Chapter 70.97 RCW;
(4) Chapter 18.20 RCW;
(5) Chapter 11.88 RCW;
(6) Chapter 18.51 RCW;
(7) Chapter 72.36 RCW;
(8) Chapter 71A.20 RCW;
(9) Chapter 71.05 RCW;
(10) Chapter 34.05 RCW;
(11) Chapter 11.94 RCW;
(12) RCW 18.88A.020 RCW;
(13) RCW 74.39.007;
(14) RCW 4.28.080;
(15) RCW 74.34.068
(16) 42 U.S.C. § 1396r;
(17)42 U.S.C. § 1395i-3;
(18) 42 C.F.R. Part 483, Subpart I; and
(19) 42 C.F.R. § 488.335.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-0100, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-0100, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0100, filed 1/11/00, effective 2/11/00.]

WAC 388-71-0105 What definitions apply to adult protective services? In addition to the definitions found in chapter 74.34 RCW, the following definitions apply to adult protective services:

"ALTSA" means DSHS aging and long-term support administration.

"Adult family home" means a home or building licensed under chapter 70.128 RCW.

"ALJ" means an administrative law judge, an impartial decision-maker who is an attorney and presides at an administrative hearing. The office of administrative hearings (OAH), which is a state agency, employs the ALJs. ALJs are not DSHS employees or DSHS representatives.

"APS" means adult protective services.

"Basic necessities of life" means food, water, shelter, clothing, and medically necessary health care, including but not limited to health-related treatment or activities, hygiene, oxygen, and medication.

"BOA" means the DSHS board of appeals. The board of appeals consists of lawyers who are members of the Washington State Bar Association. An ALJ's decision can be appealed to the board of appeals, allowing a level of review before an appeal to the court system may be considered.

"DSHS" means the department of social and health services.

"Enhanced service facility" means a home or building licensed under chapter 70.97 RCW.

"Facility" means a residence licensed as an assisted living facility under chapter 18.20 RCW, an adult family home

under chapter 70.128 RCW, a nursing home under chapter 18.51 RCW, a soldier's home under chapter 72.36 RCW, a residential habilitation center under chapter 71A.20 RCW, an enhanced services facility under chapter 71.05 RCW, or any other facility or residential program licensed or certified by DSHS's aging and long-term support administration.

"Final finding" means a substantiated initial finding of abandonment, abuse, financial exploitation, or neglect that:

(1) Has been upheld through the administrative appeal described in WAC 388-71-01205 through 388-71-01280; or

(2) Is not timely appealed to the office of administrative hearings. A final finding may be appealed to superior court and the court of appeals under the Administrative Procedure Act, chapter 34.05 RCW.

"**Intermediate care facility for individuals with intellectual disabilities (ICF/IID)**" means a facility certified under 42 C.F.R. Part 483, Subpart I.

"Legal representative" means a guardian appointed under chapter 11.88 RCW or an attorney-in-fact under chapter 11.94 RCW.

"Nursing assistant" means a nursing assistant as defined under RCW 18.88A.020 or successor laws.

"Nursing facility," "NF," or **"medicaid-certified nursing facility"** means a nursing home licensed under chapter 18.51 RCW, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to medicaid recipients under section 1919(a) of the federal Social Security Act (42 U.S.C. Sec. 1396r). All beds in a nursing facility are certified to provide medicaid services, even though one or more of the beds may also be certified to provide medicare skilled nursing facility services.

"Nursing home" means any facility licensed to operate under chapter 18.51 RCW.

"Person with a duty of care" includes, but is not limited to, the following:

(1) A guardian appointed under chapter 11.88 RCW;

(2) A person named in a durable power of attorney as the attorney-in-fact as defined under chapter 11.94 RCW; or

(3) A person providing the basic necessities of life to a vulnerable adult where:

(a) The person is employed by or on behalf of the vulnerable adult; or

(b) The person voluntarily agrees to provide, or has been providing, the basic necessities of life to the vulnerable adult on a continuing basis.

"Personal aide" means the same as found in RCW 74.39.007.

"Self-directed care" means the same as found in RCW 74.39.007.

"Skilled nursing facility," "SNF," or **"medicare-certified skilled nursing facility"** means a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to medicare recipients under section 1819(a) of the federal Social Security Act (42 U.S.C. § 1395i-3).

"Substantiated initial finding" means a determination made by the department upon investigation of an allegation of abandonment, abuse, financial exploitation, neglect, or self-neglect that more likely than not occurred.

[Statutory Authority: RCW 74.08.090. WSR 18-02-044, § 388-71-0105, filed 12/26/17, effective 1/26/18. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-0105, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-0105, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0105, filed 1/11/00, effective 2/11/00.]

PART A—PROGRAM DESCRIPTION

WAC 388-71-0110 What is the purpose of an adult protective services investigation? The purpose of an adult protective services investigation is to:

(1) Investigate allegations of abandonment, abuse, financial exploitation, neglect, or self-neglect.

(2) Provide protective services with the consent of the vulnerable adult or his or her legal representative when the allegation is substantiated, or prior to substantiation when it appears abandonment, abuse, financial exploitation, neglect or self-neglect may be occurring and protective services could assist in ending or preventing harm to the vulnerable adult.

(3) When an allegation is substantiated, APS may investigate whether other vulnerable adults may be at current risk of abuse, neglect, abandonment or financial exploitation by the person.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-0110, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-0110, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0110, filed 1/11/00, effective 2/11/00.]

WAC 388-71-0115 When is an investigation conducted? The department will conduct an investigation when:

(1) The reported circumstances fit the definition of abandonment, abuse, financial exploitation, neglect, or self-neglect as defined in chapter 74.34 RCW; and

(2) The alleged victim is a vulnerable adult as defined in chapter 74.34 RCW.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-0115, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-0115, filed 9/21/04, effective 10/22/04. Statutory Authority: RCW 74.08.090, 74.34.165, and 74.39A.050(9). WSR 00-03-029, § 388-71-0115, filed 1/11/00, effective 2/11/00.]

WAC 388-71-01201 What state-only funded services may be offered to a vulnerable adult victim of abandonment, abuse, financial exploitation, neglect or self-neglect? (1) Subject to available funding, state-only funded in-home personal care/household services and state-only funded placement in a department licensed and contracted adult family home, assisted living facility or nursing facility may be offered without regard to the vulnerable adult's functional status or income/resources, if:

(a) The vulnerable adult is the subject of an open APS case involving an allegation of abandonment, abuse, financial exploitation, neglect, and/or self-neglect;

(b) The services would help protect the vulnerable adult from harm;

(c) APS cannot verify alternative resources or options for payment for services available to the vulnerable adult at the time;

(d) Services are provided in the least restrictive and most cost effective setting available to appropriately meet the needs of the vulnerable adult;

(e) APS is actively pursuing other service alternatives and/or resolution of the issues that resulted in the need for protective services; and

(f) The state-only funded services are temporary and provided with the consent of the vulnerable adult or legal representative only until the situation has stabilized. State-only funded protective services are provided by DSHS on a discretionary basis and are not a benefit and not an entitlement. Termination of state-only funded temporary protective services is exempt from notification and appeal requirements.

(2) State-only funded services to an individual vulnerable adult shall be based on assessed need and limited to:

(a) Up to one hundred forty-three hours of in-home personal care/household services per month; and

(b) A cumulative maximum total of ninety days service in any twelve-month period of time, with nursing facility services not exceeding thirty days of the ninety-day total. An exception to rule cannot be used to grant an extension.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01201, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-0121 (codified as WAC 388-71-01201), filed 9/21/04, effective 10/22/04.]

PART B—NOTIFICATION AND ADMINISTRATIVE APPEAL OF A SUBSTANTIATED FINDING

WAC 388-71-01202 When does the department make a substantiated initial finding of an individual used by a nursing facility or skilled nursing facility to provide services to vulnerable adults? If, after review of the results of the investigation, the department determines that an individual used by such nursing facility or skilled nursing facility to provide services to vulnerable adults, has abandoned, abused, neglected, or financially exploited a vulnerable adult, or has misappropriated a vulnerable adult's property, the department will make a substantiated initial finding to that effect. However, a substantiated initial finding of neglect will not be made if the individual demonstrates that the neglect was caused by factors beyond their control.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01202, filed 2/8/16, effective 4/1/16.]

WAC 388-71-01205 When does APS notify the alleged perpetrator of a substantiated initial finding? (1) APS will notify the alleged perpetrator in writing within ten working days of making a substantiated initial finding of abandonment, abuse, financial exploitation or neglect of a vulnerable adult.

(2) The time frame for notification can be extended beyond ten working days to include the time needed to translate the notification letter or make provisions for the safety of the alleged victim.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01205, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01205, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01210 How may APS give the alleged perpetrator notice of the substantiated initial finding? APS will notify the alleged perpetrator of the substantiated initial finding using one of the following methods:

(1) Personal service of the notice as provided in RCW 4.28.080; or

(2) Sending a copy of the notice by first-class mail and certified mail/return receipt requested, at the alleged perpetrator's last known mailing address or post office box.

(3) If the department knows the alleged perpetrator is not residing at the last known mailing address, then it will also attempt personal service.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01210, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01210, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01215 When is notice to the alleged perpetrator complete? Notice is complete when:

(1) Personal service is made;

(2) Mail is properly stamped, addressed and deposited in the United States mail;

(3) A parcel is delivered to a commercial delivery service with charges prepaid; or

(4) A parcel is delivered to a legal messenger service with charges prepaid.

[Statutory Authority: RCW 34.05.020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01215, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01220 What proves that APS provided notice of the substantiated initial finding to the alleged perpetrator? APS may prove notice was provided to the alleged perpetrator by any of the following:

(1) A sworn statement or declaration of personal service;

(2) The certified mail receipt signed by the recipient;

(3) An affidavit or certificate of mailing; or

(4) A signed receipt from the person who accepted the commercial delivery or legal messenger service.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01220, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01220, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01225 What information must not be in the APS finding notice to the alleged perpetrator? APS may not use the identities of the alleged victim, reporter, or witnesses in the substantiated initial finding notice to the alleged perpetrator.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01225, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01225, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01230 Will APS notify anyone other than the alleged perpetrator of the substantiated initial finding of abandonment, abuse, financial exploitation or neglect? (1) In a manner consistent with confidentiality requirements concerning the vulnerable adult, witnesses, and reporter, APS may provide notification of a substantiated initial finding to:

(a) Other divisions within the department;

(b) The agency or program identified under RCW 74.34.068 with which the alleged perpetrator is associated as an employee, volunteer or contractor;

(c) Law enforcement;

(d) Other investigative authority consistent with chapter 74.34 RCW;

(e) The facility in which the incident occurred; and

(f) The appropriate licensing agency.

(2) In the notification APS will identify the finding as a substantiated initial finding.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01230, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01230, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01235 Can an alleged perpetrator challenge a substantiated initial finding of abandonment, abuse, financial exploitation or neglect? An alleged perpetrator of abandonment, abuse, financial exploitation or neglect may request an administrative hearing to challenge a substantiated initial finding made by APS on or after the effective date of this rule.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01235, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01235, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01240 How does an alleged perpetrator request an administrative hearing to challenge a substantiated initial finding of abandonment, abuse, financial exploitation or neglect? (1) To request an administrative hearing the alleged perpetrator must send, deliver, or fax a written request to the office of administrative hearings (OAH). OAH must receive the written request no later than 5:00 p.m. on the thirtieth calendar day from the mailing date on the department's letter of notice or no later than 5:00 p.m. on the thirtieth calendar day from the date the department's letter of notice was personally served upon the alleged perpetrator, whichever occurs first, as required by WAC 388-02-0035(2). If the alleged perpetrator requests a hearing by fax, the alleged perpetrator must also mail a copy of the request to OAH on the same day.

(2) The alleged perpetrator must complete and submit the form to request an administrative hearing provided by APS or submit a written request for a hearing that includes:

(a) The full legal name, current address and phone number of the alleged perpetrator;

(b) A brief explanation of why the alleged perpetrator disagrees with the substantiated initial finding;

(c) A description of any assistance needed in the administrative appeal process by the alleged perpetrator, including a foreign or sign language interpreter or any accommodation for a disability;

(d) The alleged perpetrator should keep a copy of the request.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01240, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01240, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01245 What laws and rules will control the administrative hearings held regarding substantiated initial findings? Chapters 34.05 and 74.34 RCW, chapter 388-02 WAC, and the provisions of this chapter govern any administrative hearing regarding a substantiated initial finding. In the event of a conflict between the provisions of this chapter and chapter 388-02 WAC, the provisions of this chapter shall prevail.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01245, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01245, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01247 What additional rules apply to administrative hearings held regarding substantiated initial findings made against a nursing assistant employed in a nursing facility or skilled nursing facility? Upon receipt of a written request for a hearing from a nursing assistant employed in a nursing facility or skilled nursing facility, the office of administrative hearings will schedule a hearing, taking into account the following requirements:

(1) The hearing decision must be issued within one hundred twenty days of the date the office of administrative hearings receives a hearing request, except as provided in subsection (6);

(2) Neither the department nor the nursing assistant can waive the one hundred twenty day requirement;

(3) The hearing will be conducted at a reasonable time and at a place that is convenient for the nursing assistant;

(4) The hearing, and any subsequent appeals, will be governed by this chapter, chapter 34.05 RCW, and chapter 388-02 WAC, or its successor regulations;

(5) A continuance may be granted for good cause upon the request of any party, as long as the hearing decision can still be issued within one hundred twenty days of the date of the receipt of the appeal, except under the circumstances described in subsection (6);

(6) If the ALJ finds that extenuating circumstances exist that will make it impossible to render a decision within one hundred twenty days, the ALJ may extend the one hundred twenty-day requirement by a maximum of sixty days; and

(7) To comply with the time limits described in this section, the nursing assistant must be available for the hearing and other preliminary matters. If the hearing decision cannot be issued within the time limits described in this subsection due to the unavailability of the nursing assistant, then, after the time limits have expired, the nursing assistant's name will be placed on the registry pending the outcome of the hearing.

(8) If a substantiated initial finding made against a nursing assistant employed in a nursing facility or skilled nursing facility is upheld in an ALJ's initial decision, the nursing assistant's name will be placed on the registry.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01247, filed 2/8/16, effective 4/1/16.]

WAC 388-71-01250 How is confidential information protected in the appeal process? (1) All information and documents provided by the department to the alleged perpetrator shall be used by the alleged perpetrator only to challenge the findings in the administrative hearing.

(2) Confidential information such as the name and other personal identifying information of the person making a report to APS and the vulnerable adult shall be redacted from documents and in testimony to protect the identify [identity] of such persons, unless otherwise ordered by the ALJ consistent with chapter 74.34 RCW and other applicable state and federal laws.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01250, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01250, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01255 How does the administrative law judge make a decision regarding the substantiated initial finding? (1) If the ALJ determines that a preponderance of the evidence in the hearing record supports the substantiated initial finding that the alleged perpetrator abandoned, abused, financially exploited or neglected a vulnerable adult, the ALJ shall uphold the substantiated initial finding.

(2) If the ALJ determines that the substantiated initial finding is not supported by a preponderance of the evidence in the hearing record, the ALJ shall remand the matter to the department to modify the finding consistent with the initial decision of the ALJ.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01255, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01255, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01260 When is the alleged perpetrator notified of the administrative law judge's decision? The ALJ will send a written initial decision to the alleged perpetrator and the department within ninety calendar days after the administrative hearing record is closed.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01260, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01260, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01265 What if the alleged perpetrator or the department disagrees with the decision? If the alleged perpetrator or the department disagrees with the ALJ's initial decision, either party may challenge the initial decision by filing a petition for review with the department's board of appeals in accordance with chapter 34.05 RCW and chapter 388-02 WAC. If the alleged perpetrator files a petition for review, the department will not change the substantiated finding in its records until a final decision is issued on the alleged perpetrator's petition for review.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01265, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01265, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01270 What happens if the administrative law judge rules against the department? If the department appeals the ALJ's decision, the department will not modify the substantiated initial finding in the department's records until a final agency decision is issued. If the department does not appeal the ALJ's initial decision, the department will modify the substantiated initial finding in the department's records consistent with the ALJ's initial decision and document the ALJ's initial decision in the record.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01270, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01270, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01275 When does the APS substantiated initial finding become a final finding? (1) A substantiated initial finding becomes a final finding when:

(a) The department gives the alleged perpetrator notice of the substantiated initial finding pursuant to WAC 388-71-01210 and the alleged perpetrator does not request an administrative hearing as set forth in WAC 388-71-01240; or

(b) The ALJ dismisses the alleged perpetrator's request for hearing following default or withdrawal by the alleged perpetrator, or issues an initial order upholding the substantiated initial finding and the alleged perpetrator fails to file a petition for review of the ALJ's initial decision with the department's board of appeals consistent with the procedures contained in chapter 34.05 RCW and chapter 388-02 WAC; or

(c) A party requests review of the substantiated finding consistent with the procedures contained in chapter 34.05 RCW and chapter 388-02 WAC and the department's board of appeals issues a review decision upholding the substantiated finding.

(2) A final finding is permanent, except under the circumstances described in subsection (3) of this section.

(3) A final finding may be removed from the department's registry under the following circumstances:

(a) The department determines the finding was made in error;

(b) The finding is rescinded following judicial review;

(c) When the department is notified that a person with a final finding is deceased; or

(d) When a final finding is made against a nursing assistant, employed in a nursing facility or skilled nursing facility based upon a singular instance of neglect of a resident, the department may remove the finding of neglect from the department's registry in response to a petition. Any such removal shall be based upon a written petition by the nursing assistant at least one year after the finding of neglect has been finalized and in accordance with requirements of federal law, 42 U.S.C.1396r (g)(1)(D).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01275, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01275, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01280 Does the department disclose information about final findings of abuse, abandonment, neglect and financial exploitation? The department will maintain a registry of final findings of abuse, abandonment, neglect and financial exploitation and, upon request of any person, the department may disclose the identity of a person with a final finding of abandonment, abuse, financial exploitation or neglect.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01280, filed 2/8/16, effective 4/1/16. Statutory Authority: RCW 34.05.-020, 74.08.090, 74.39A.050, chapter 74.34 RCW. WSR 04-19-136, § 388-71-01280, filed 9/21/04, effective 10/22/04.]

WAC 388-71-01281 To whom does the department report a final substantiated finding against a nursing assistant employed in a nursing facility or skilled nursing facility? The department will report a final finding of abandonment, abuse, neglect, financial exploitation of a resident within ten working days to the following:

(1) The nursing assistant employed in a nursing facility or skilled nursing facility where the abuse, abandonment, neglect or financial exploitation occurred;

(2) The current administrator of the facility in which the incident occurred;

(3) The administrator of the facility that currently employs the nursing assistant, if known;

(4) The department's registry;

(5) The appropriate licensing authority; and

(6) Any other lists maintained by a state or federal agency as appropriate.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 16-05-022, § 388-71-01281, filed 2/8/16, effective 4/1/16.]

INDIVIDUAL PROVIDER AND HOME CARE AGENCY PROVIDER QUALIFICATIONS

WAC 388-71-0500 What is the purpose of this chapter? The purpose of this chapter is to describe the:

(1) Qualifications of an individual provider, as defined in WAC 388-106-0010;

(2) Qualifications of a long-term care worker employed by a home care agency, as defined in WAC 388-106-0010 and chapter 246-335 WAC;

(3) Conditions under which the department or the area agency on aging (AAA) will pay for the services of an individual provider or a home care agency long-term care worker;

(4) Training requirements for an individual provider and home care agency long-term care worker;

(5) Client's options for obtaining a long-term care worker. A client, as described in WAC 388-71-0836, eligible to receive long-term care services, or his/her legal representative acting on the client's behalf, may choose to receive personal care services in the client's home from an individual provider or a long-term care worker from a home care agency. If the client chooses to receive services from a home care agency, the agency will assign a long-term care worker employed by the agency to provide services to the client. Individual providers and home care agency long-term care workers are "long-term care workers" as defined in RCW 74.39A.009 and are subject to background checks under RCW 74.39A.056 and 43.20A.710; and

(6) Contracting requirements.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0500, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0500, filed 12/20/12, effective 1/20/13; WSR 05-11-082, § 388-71-0500, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0500, filed 10/21/02, effective 11/21/02. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-0500, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0500, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0500, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0505 How does a client hire an individual provider? The client or legal representative:

(1) Has the primary responsibility for locating, screening, hiring, supervising, and terminating an individual provider;

(2) Establishes an employer/employee relationship with the individual provider; and

(3) May receive assistance from the social worker/case manager or other resources in this process.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0505, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0505, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0505, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0507 What responsibilities do clients have related to individual provider work week limits? Clients must comply with WAC 388-114-0090.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.270, and 2016 1st sp.s. c 30. WSR 17-08-065, § 388-71-0507, filed 3/31/17, effective 5/1/17.]

WAC 388-71-0510 How does a person become an individual provider? In order to become an individual provider, a person must:

(1) Be eighteen years of age or older;

(2) Provide the social worker/case manager/designee with:

(a) A valid Washington state driver's license or other valid picture identification; and either

(b) A Social Security card; or

(c) Proof of authorization to work in the United States.

(3) Complete the required DSHS form authorizing a background check;

(4) Disclose any criminal convictions and pending charges, and also disclose civil adjudication proceedings and negative actions as those terms are defined in WAC 388-71-0512;

(5) Effective January 8, 2012, be screened through Washington state's name and date of birth background check. Preliminary results may require a thumb print for identification purposes.

(6) Effective January 8, 2012, be screened through the Washington state and national fingerprint-based background check, as required by RCW 74.39A.056.

(7) Results of background checks are provided to the department and the employer or potential employer unless otherwise prohibited by law or regulation for the purpose of determining whether the person:

(a) Is disqualified based on a disqualifying criminal conviction or a pending charge for a disqualifying crime as listed in WAC 388-113-0020, civil adjudication proceeding, or negative action as defined in WAC 388-71-0512 and 388-71-0540; or

(b) Should or should not be employed as an individual provider based on his or her character, competence, and/or suitability.

(8) For those providers listed in RCW 43.43.837(1), a second Washington state and national fingerprint-based background check is required if they have lived out of the state of Washington since the first national fingerprint-based background check was completed.

(9) The department may require an individual provider to have a Washington state name and date of birth background check or a Washington state and national fingerprint-based background check, or both, at any time.

(10) Sign a home and community-based service provider contract/agreement to provide personal care services to a person under a medicaid state plan or federal waiver such as COPES or other waiver programs.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0510, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0510, filed 12/20/12, effective 1/20/13. Statutory Authority: 2004 c 276 § 206 (6)(b) and*Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0510, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0510, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0510, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0512 What is included in Washington state's name and date of birth background check and the Washington state and national fingerprint-based background check? (1) Washington state's name and date of birth background check includes a check of:

(a) Records contained in databases maintained by the Washington state patrol, including records of pending charges and criminal convictions.

(b) Records maintained by the Washington state department of corrections and the Washington state administrative office of the courts judicial information system.

(c) Records of negative actions, final findings, or civil adjudication proceedings of any agency or sub-agency.

(i) A "negative action" includes the denial, suspension, revocation, or termination of a license, certification, or contract for the care of children, as defined in RCW 26.44.020, or vulnerable adults, as defined in RCW 74.34.020, for noncompliance with any state or federal regulation.

(ii) A "civil adjudication proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds any agency finding of, domestic violence, abuse, sexual abuse, exploitation, financial exploitation, neglect, abandonment, violation of a child or vulnerable adult under any provision of law, including but not limited to chapters 13.34, 26.44, or 74.34 RCW or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudication proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

(iii) Negative actions and civil adjudication proceedings include but are not limited to, findings made and actions taken by:

(A) DSHS adult protective services;

(B) DSHS residential care services;

(C) DSHS children's protective services;

(D) The Washington state department of health; and

(E) The nursing assistant registry;

(iv) Any pending charge, criminal conviction, civil adjudication proceeding or negative action disclosed by the applicant.

(2) The Washington state and national fingerprint-based background check includes a check of:

(a) Washington state records;

(b) Federal Bureau of Investigation (FBI) records; and

(c) The national sex offender registry.

(3) Except as prohibited by federal law, results are shared with the employer or prospective employer and with the department of health, as authorized.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0512, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0513 Is a background check required of a long-term care worker employed by a home care agency licensed by the department of health? In order to be a long-term care worker employed by a home care agency, a person must:

(1) Complete the required DSHS form authorizing a background check.

(2) Disclose any disqualifying criminal convictions and pending charges as listed in WAC 388-113-0020, and also disclose civil adjudication proceedings and negative actions as those terms are defined in WAC 388-71-0512.

(3) Effective January 8, 2012, be screened through Washington state's name and date of birth background check. Preliminary results may require a thumb print for identification purposes.

(4) Effective January 8, 2012, be screened through the Washington state and national fingerprint-based background check, as required by RCW 74.39A.056.

(5) Results of background checks are provided to the department and the employer or potential employer for the purpose of determining whether the person:

(a) Is disqualified based on a disqualifying criminal conviction or a pending charge for a disqualifying crime as listed in WAC 388-113-0020, civil adjudication proceeding, or negative action as defined in WAC 388-71-0512 and listed in WAC 388-71-0540; or

(b) Should or should not be employed based on his or her character, competence, and/or suitability.

(6) For those providers listed in RCW 43.43.837(1), a second national fingerprint-based background check is required if they have lived out of the state of Washington since the first national fingerprint-based background check was completed.

(7) The department may require a long-term care worker to have a Washington state name and date of birth background check or a Washington state and national fingerprint-based background check, or both, at any time.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0513, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0513, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.-830, 74.39.095. WSR 01-11-019, § 388-71-0513, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0514 Can an individual provider or licensed home care agency long-term care worker work pending the outcome of the national fingerprint-based background check? An individual provider or licensed home care agency long-term care worker may work up to one hundred twenty days pending the outcome of the Washington state and national fingerprint-based background check, provided that the person is not disqualified as a result of Washington state's name and date of birth background check or for character, competence, or suitability.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0514, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0515 What are the responsibilities of an individual provider when providing services to a client? An individual provider must:

(1) Take direction from the client, who is the IP's employer, or when appropriate, from the client's legal representative;

(2) Understand the client's plan of care that has been signed by the client or legal representative, which may be translated or interpreted, as necessary, and as requested by the client;

(3) Provide the services as outlined on the client's plan of care, as described in WAC 388-106-0010, according to the client's direction, supervision, and prioritization of tasks within the number of hours authorized;

(4) Accommodate the client's individual preferences and unique needs in providing care;

(5) Contact the client, client's representative and case manager when there are changes that affect the personal care and other tasks listed on the plan of care;

(6) Observe and consult with the client or client's representative, regarding change(s) in health, take appropriate action, and respond to emergencies;

(7) Notify the case manager immediately when the client enters a hospital, or moves to another setting;

(8) Notify the case manager immediately in the event of the client's death;

(9) Notify the department or AAA immediately when unable to staff/serve the client;

(10) Notify the department/AAA when the individual provider will no longer provide services. The individual provider must:

(a) Give at least two weeks' notice, and

(b) Notify the client or the client's representative in writing: and

(c) Notify the client's case manager.

(11) Complete and keep accurate time sheets of authorized/paid hours that are accessible to the social worker/case manager; under WAC 388-106-0130, the department does not pay for shared benefit(s) or informal support provided to the client by anyone, including the IP; and

(12) Comply with all applicable laws, regulations, and the individual provider contract.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0515, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520, 2009 c 571, and Washington state 2009-11 budget, section 206(17). WSR 10-06-112, § 388-71-0515, filed 3/3/10, effective 4/3/10. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0515, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.08.090, 74.09.520, and 74.39A.090. WSR 02-21-098, § 388-71-0515, filed 10/21/02, effective 11/21/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0515, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0515, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0516 What are the responsibilities of home care agency when providing care to a client? In providing care to a client, a home care agency must:

(1) Ensure that the assigned home care agency long-term care worker(s) understands the client's plan of care that is signed by the client or legal representative, and which may be translated or interpreted, as necessary for the client;

(2) Provide tasks from services outlined in a client's plan of care, as described in WAC 388-106-0010;

(3) Accommodate the client's individual preferences and unique needs in providing care;

(4) Contact the client, client's representative and case manager when there are changes observed by the assigned home care agency long-term care worker that affect the personal care and other tasks listed on the plan of care;

(5) Ensure that the assigned home care agency long-term care worker(s) observes the client for and consults with the client or representative, regarding change(s) in health, takes appropriate action, and responds to emergencies;

(6) Notify the case manager immediately when the client enters a hospital, or moves to another setting;

(7) Notify the case manager immediately in the event of the client's death;

(8) Notify the department or AAA immediately when unable to staff/serve the client;

(9) Notify the department or AAA when the home care agency will no longer provide services and the home care agency must:

(a) Give at least two weeks' notice; and

(b) Notify the client or the client's representative in writing; and

(c) Notify the case manager.

(10) Comply with time keeping requirements, and keep accurate time sheets of authorized/paid hours that are accessible to the appropriate department or designee staff; under WAC 388-106-0130, the department does not pay for shared benefit(s) or voluntary informal support that may be provided to the client by anyone, including providers; and

(11) Comply with all applicable laws and regulations.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0516, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0517 What are the responsibilities of a home care agency when the home care agency long-term care worker is a family member of the client and the client is receiving in-home medicaid-funded personal care or DDD respite services? A home care agency must not bill the department for in-home medicaid-funded personal care or DDD respite services when the agency employee providing care is a family member of the client served, unless approved to do so through an exception to rule under WAC 388-440-0001. For purposes of this section, family member means related by blood, marriage, adoption, or registered domestic partnership.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0517, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0518 What responsibilities do individual providers have related to work week limitation? Individual providers must comply with WAC 388-114-0100.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.270, and 2016 1st sp.s. c 30. WSR 17-08-065, § 388-71-0518, filed 3/31/17, effective 5/1/17.]

WAC 388-71-0520 What are the training requirements for an individual provider or a home care agency long-term care worker? An individual provider or a home care agency long-term care worker, hired on or after January 7, 2012, must meet the training requirements described in WAC 388-71-0836 through 388-71-1006. These training requirements also apply to individual providers or home care agency long-term care workers who were hired before January 7, 2012, if they did not complete prior training requirements within one hundred twenty days of hire and they want to be reinstated to work as a long term care worker. These training requirements and certification if required must be met prior to reinstating these individual to work as a long term care worker.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0520, filed 12/20/12, effective 1/20/13. Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-71-0520, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0520, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, § 388-71-0520, filed 12/24/03, effective 1/24/04. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-0520, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0520, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0523 What are the training/certification requirements for individual providers and home care agency long-term care workers?

Who	Status	Orientation Training	Safety Training	Basic Training	Continuing Education	Certification HCA-C
(1) An individual provider who is a licensed, certified health care professional	RN, LPN, CN-A, and allied health professionals listed in WAC 388-71-0839	Not required	Not required	Not required	Required. Ten hours through June 30, 2012 Twelve hours from July 1, 2012 forward per WAC 388-71-0990 and 388-71-0991	Not required
(2) An individual provider or home care agency long-term care worker with specific employment history.	Employed as a long-term care worker at some point between January 1, 2011 and January 6, 2012 and who completed the basic training requirements in effect on date of his or her hire. WAC 388-71-0840.	Not required	Not required	Not required	Required. Ten hours through June 30, 2012. Twelve hours from July 1, 2012 forward per WAC 388-71-0990 and 388-71-0991.	Not required
(3) Individual provider/home care agency long-term care worker.	Contracted with the department OR hired by a licensed home care agency to provide personal care service as defined in WAC 388-71-0836 and is not exempt under subsection (1) or (2) of this table.	Required. Two hours per WAC 388-71-0860.	Required. Three hours per WAC 388-71-0860.	Required. Seventy hours per WAC 388-71-0870 and 388-71-0875.	Required. Twelve hours per WAC 388-71-0990 and 388-71-0991.	Required per WAC 388-71-0975.
(4) An individual provider with limited hours.	Contracted individual providing twenty hours or less of care for one person per calendar month and does not meet criteria in (1) or (2) of this table.	Required. Two hours per WAC 388-71-0860.	Required. Three hours per WAC 388-71-0860.	Required. Thirty hours per WAC 388-71-0880.	Not required prior to June 30, 2014.	Not required

Who	Status	Orientation Training	Safety Training	Basic Training	Continuing Education	Certification HCA-C
(5) Parent, step-parent, or adoptive parent as individual provider.	Department paid individual providing care for his or her adult child **ONLY** and **receiving services through the division of developmental disabilities** and not exempt under (1) or (2) of this table.	Required. Two hours per WAC 388-71-0895.	Required. Three hours per WAC 388-71-0895.	Required. Seven hours per WAC 388-71-0890.	Not required	Not required
(6) Biological, step, or adoptive parent/adult child as individual provider.	Who is a department paid individual providing care **ONLY** to his or her child or parent, and does not meet criteria in (5) and is not exempt under (1) or (2) of this table.	Required. Two hours per WAC 388-71-0860.	Required. Three hours per WAC 388-71-0860.	Required. Thirty hours per WAC 388-71-0880.	Required for adult child per WAC 388-71-0990 and 388-71-0991. Not required for parent provider per WAC 388-71-1001.	Not required.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0523, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0540 When will the department, AAA, or department designee deny payment for services of an individual provider or home care agency long-term care worker? The department, AAA, or department designee will deny payment for the services of an individual provider or home care agency provider:

(1) When the services are provided by an employee of the home care agency who is related by blood, marriage, adoption, or registered domestic partnership to the client;

(2) When he or she is the client's spouse, except in the case of an individual provider for a chore services client. Note: For chore spousal providers, the department pays a rate not to exceed the amount of a one-person standard for a continuing general assistance grant, per WAC 388-478-0020;

(3) When he or she is the natural/step/adoptive parent of a minor client aged seventeen or younger receiving services under medicaid personal care;

(4) When he or she is a foster parent providing personal care to a child residing in their licensed foster home;

(5) When he or she has had any of the following:

(a) A history of noncompliance with federal or state laws or regulations in the provision of care or services to children or vulnerable adults;

(b) When he or she has a conviction or pending charge for a disqualifying crime listed in WAC 388-113-0020 (1), (2) or equivalent conviction or pending charge as described in WAC 388-113-0020(3).

(c) Been found to have abused, neglected, financially exploited, or abandoned a minor or vulnerable adult by court of law or a disciplining authority, including the department of health. Examples of legal proceedings in which such findings could be made include juvenile court proceedings under chapter 13.34 RCW, domestic relations proceeding under Title 26 RCW, or proceedings involving a court ordered permanent restraining order or order of protection, either active or expired, against the individual that was based upon abuse, neglect, financial exploitation or mistreatment of a minor or vulnerable adult;

(d) A finding of abuse or neglect of a child under RCW 24.44.020 and chapter 388-15 WAC that is:

(i) Listed on the department's background check central unit (BCCU) report; or

(ii) Disclosed by the individual, except for findings made before December, 1998. Findings made before December 1998 require a character, competence, and suitability determination.

(e) A finding of abuse, neglect, financial exploitation, or abandonment of a vulnerable adult that is:

(i) Listed on any registry, including the department's registry;

(ii) Listed on the department's background check central unit (BCCU) report; or

(iii) Disclosed by the individual, except for adult protective services findings made before October 2003. Findings made before October 2003 require a character, competence, and suitability determination.

(6) Who has registered sex offender status;

(7) Who has had a license, certification, medicaid or medicare provider agreement, or a contract for the care of children or vulnerable adults denied, suspended, revoked, not renewed, or terminated, for noncompliance with state and/or federal regulations;

(8) Who obtained or attempted to obtain a license, certification or contract by fraudulent means or misrepresentation;

(9) Who knowingly, or with reason to know, made a false statement of material fact on his or her application for a license, certification, contract or any data attached to the application, or in any matter involving the department;

(10) Who willfully prevented or interfered with or failed to cooperate with any inspection, investigation, or monitoring visit made by the department, including refusal to permit

authorized department representatives to interview clients or have access to their records;

(11) When the client's assessment or reassessment does not identify an unmet need;

(12) Who is terminated by the client (in the case of an individual provider) or by the home care agency (in the case of an agency provider);

(13) Who does not successfully complete applicable training requirements, within the timeframes described in WAC 388-71-0875, 388-71-0880, 388-71-0890 and 388-71-0991. If an individual provider or long-term care worker employed by a home care agency does not complete required training within the required timeframe, and:

(a) If the worker is not required to be a certified home care aide, then the long-term care worker may not provide care until the training is completed; or

(b) If the worker is required to be a certified home care aide, then the long-term care worker may not provide care until the certification has been granted.

(14) Who does not successfully complete the certification or recertification requirements as described under WAC 388-71-0975; or

(15) Who has had a home care aide certification denied, suspended, or revoked. If the individual is otherwise qualified, payment for services may resume when his or her certification has been reissued.

In addition, the department, AAA, or department designee may deny payment to or terminate the contract of an individual provider as provided under WAC 388-71-0543, 388-71-0546, and 388-71-0551.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0540, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0540, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520, 2009 c 571, and Washington state 2009-11 budget, section 206(17). WSR 10-06-112, § 388-71-0540, filed 3/3/10, effective 4/3/10. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 07-24-026, § 388-71-0540, filed 11/28/07, effective 1/1/08. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-71-0540, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0540, filed 5/17/05, effective 6/17/05. Statutory Authority: Chapter 74.39A RCW and 2000 c 121. WSR 02-10-117, § 388-71-0540, filed 4/30/02, effective 5/31/02. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.-710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0540, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0540, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0543 When may the department, AAA, or department designee deny payment for the services of an individual provider? In addition to mandatory denials of payment under WAC 388-71-0540, the department, AAA, or department designee may deny payment for the services of an individual provider who:

(1) Has been convicted of:

(a) Any crime that the department determines is reasonably related to the competency of the person to provide care to a client; or

(b) A crime involving a firearm used in commission of a felony or in any act of violence against a person.

(2) Is engaged in the misuse of alcohol, controlled substances, or legend drugs;

(3) Has committed an act of domestic violence toward a family or household member;

(4) Has been found in any final decision of a federal or state agency to have abandoned, neglected, abused or financially exploited a vulnerable adult, unless the department is required to deny payment under WAC 388-71-0540;

(5) Has had a license for the care of children or vulnerable adults denied, suspended, revoked, terminated, or not renewed unless the department is required to deny payment under WAC 388-71-0540;

(6) Has had any health care provider license, certification or contract denied, suspended, revoked, terminated, even though the license was later reinstated after satisfactory completion of conditions or other requirements. This provision also applies to a long-term care worker who voluntarily relinquished a license, certification or contract in lieu of revocation or termination;

(7) Has had any residential care facility or health care facility license, certification, contract denied, suspended, revoked, terminated, even though the license, certification or contract was later reinstated after satisfactory completion of conditions or other requirements. This provision also applies to a long-term care worker who voluntarily relinquished a license, certification or contract in lieu of revocation or termination;

(8) Has been enjoined from operating a facility for the care and services of children or adults; or

(9) Has been the subject of a sanction or corrective or remedial action taken by federal, state, county, or municipal officials or safety officials related to the care or treatment of children or vulnerable adults, unless the department is required to deny payment under WAC 388-71-0540.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0543, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0544 When may the department, AAA, or department designee deny payment to a home care agency for the services of a long-term care worker that it employs? In addition to mandatory denials of payment under WAC 388-71-0540, the department, AAA, or department designee may deny payment to a home care agency for services provided to a department client by a home care agency long-term care worker that it employs, who:

(1) Has been convicted of:

(a) Any crime that the department determines is reasonably related to the competency of the person to provide care to a client; or

(b) A crime involving a firearm used in commission of a felony or in any act of violence against a person.

(2) Is engaged in the misuse of alcohol, controlled substances, or legend drugs;

(3) Has committed an act of domestic violence toward a family or household member;

(4) Has been found in any final decision of a federal or state agency to have abandoned, neglected, abused or financially exploited a vulnerable adult, unless such decision requires a denial of payment under this chapter;

(5) Has had a license for the care of children or vulnerable adults denied, suspended, revoked, terminated, or not renewed, except as provided for under WAC 388-71-0540;

(6) Has had any health care provider license, certification or contract denied, suspended, revoked, terminated, even though the license was later reinstated after satisfactory completion of conditions or other requirements. This provision also applies to a long-term care worker who voluntarily relinquished a license, certification or contract in lieu of revocation or termination;

(7) Has had any residential care facility or health care facility license, certification, contract denied, suspended, revoked, terminated, even though the license, certification or contract was later reinstated after satisfactory completion of conditions or other requirements. This provision also applies to a long-term care worker who voluntarily relinquished a license, certification or contract in lieu of revocation or termination;

(8) Has been enjoined from operating a facility for the care and services of children or adults; or

(9) Has been the subject of a sanction or corrective or remedial action taken by federal, state, county, or municipal officials or safety officials related to the care or treatment of children or vulnerable adults.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0544, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0546 When may the department, AAA, or department designee reject your choice of an individual provider? The department, AAA, or department designee may reject your request to have a family member or other person serve as your individual provider if the case manager has a reasonable, good faith belief that the person is, or will be, unable to appropriately meet your needs. Examples of circumstances indicating an inability to meet your needs include, but are not limited to:

(1) Evidence of misuse of alcohol, controlled substances, or legend drugs;

(2) A reported history of domestic violence committed by the individual provider, no-contact orders entered against the individual provider, or criminal conduct committed by the individual provider (whether or not the conduct is automatically disqualifying under WAC 388-71-0540 or under chapter 388-113 WAC);

(3) A report from any knowledgeable person that the individual provider lacks the ability or willingness to provide adequate care;

(4) The individual provider has other employment or responsibilities that prevent or interfere with the provision of required services; or

(5) Excessive commuting distance that would make it impractical for the individual provider to provide services as they are needed and outlined in your service plan.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0546, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0546, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-71-0546, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0546, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0551 When may the department, AAA, or department designee terminate an individual provider's contract? The department, AAA, or department designee may terminate an individual provider's contract to provide personal care services under this chapter or chapters 388-106 and 388-112 WAC if the provider's inadequate performance or inability to deliver quality care is jeopardizing the client's health, safety, or well-being. Examples include, but are not limited to:

(1) The provider's home care aide certification has been revoked;

(2) The provider's inadequate performance or inability to deliver quality care is jeopardizing the client's health, safety, or well-being;

(3) The department has determined that the provider lacks the character, competence or suitability necessary to protect the client's health, safety or well-being; and

(4) The provider has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC or equivalent conviction or pending charge;

(5) The provider has been the subject of a negative action as described in WAC 388-71-0540; and

(6) The department, AAA or department designee may also terminate the individual provider's contract in accordance with the terms of the contract.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-71-0551, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0551, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.-520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-71-0551, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0551, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0553 When may the department summarily suspend an individual provider's contract? The department, AAA, or managed care entity may summarily suspend the contract pending a hearing based on a reasonable, good faith belief that the client's health, safety, or well-being is in imminent jeopardy. Examples of circumstances indicating jeopardy could include, but are not limited to:

(1) The individual provider has committed domestic violence or abuse, neglect, abandonment, or exploitation of a child, as defined in RCW 26.44.020, or a vulnerable adult, as defined in RCW 74.34.020;

(2) The individual provider is engaged in the misuse of alcohol, controlled substances, or legend drugs during working hours;

(3) The individual provider engages in other behavior directed toward the client or other persons involved in the client's life that places the client at risk of harm;

(4) A report from the client's health care provider that the client's health is negatively affected by inadequate care being provided by the individual provider;

(5) A complaint from the client or client's representative that the client is not receiving adequate care from the individual provider;

(6) The individual provider failed to engage in essential interventions identified in the service plan, such as medications or medical supplies;

(7) The individual provider failed to respond appropriately to emergencies; and/or

(8) The department, AAA or department designee may also summarily suspend the individual provider's contract in accordance with the terms of the contract.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0553, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0556 When can the department, AAA, or managed care entity otherwise terminate an individual provider's contract? The department, AAA, or managed care entity may otherwise terminate the individual provider's contract for default or convenience in accordance with the terms of the contract and to the extent that those terms are not inconsistent with these rules.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.-020. WSR 06-05-022, § 388-71-0556, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0556, filed 5/4/01, effective 6/4/01.]

WAC 388-71-0560 What are the client's rights if the department denies, terminates, or summarily suspends an individual provider's contract? (1) If the department denies, terminates, or summarily suspends the individual provider's contract, the client has the right to:

(a) An administrative hearing to appeal the decision, as described in chapter 388-02 WAC and Title 182 WAC, and

(b) Receive services from another currently contracted qualified individual provider or home care agency long-term care worker, or to receive services through other programs the client is eligible for.

(2) The hearing rights provided under this section are rights of the client and not the individual provider.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0560, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0560, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0560, filed 1/13/00, effective 2/13/00.]

WAC 388-71-0561 When does an individual provider have the right to an administrative hearing and how can a hearing be requested? (1) An individual provider has the right to an administrative hearing when the department denies payment to the individual provider because:

(a) He or she has not been certified by the department of health as a home care aide within the required timeframe; or

(b) If exempted from certification, he or she has not completed required training within the required timeframe.

(2) An individual provider has the right to an administrative hearing when the department terminates the individual provider's contract, or takes other enforcement measures against the individual provider because:

(a) He or she has not completed required training within the required timeframe; or

(b) His or her certification as a home care aide has been revoked by the department of health.

(3) In an administrative hearing challenging an action under subsection (1) or (2) above, the individual provider may not challenge an action by the department of health that affects the individual provider's certification. Actions by the department of health must be challenged through an appeal to the department of health, as provided in department of health rules.

(4) To request an administrative hearing, an individual provider must send, deliver, or fax a written request to the office of administrative hearings (OAH). OAH must receive the written request within thirty calendar days of the date the department's notice letter is served upon the individual provider.

(5) The individual provider should keep a copy of the request.

(6) The appeal process will be governed by the Administrative Procedure Act (chapter 34.05 RCW), RCW 74.39A.-085, chapter 388-02 WAC, Title 182 WAC and this chapter. If there is a conflict between chapter 388-02 WAC, Title 182 WAC and this chapter, this chapter will govern.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0561, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0562 When does a medicaid contracted home care agency have the right to an administrative hearing and how can a hearing be requested? (1) A medicaid contracted home care agency has the right to an administrative hearing when the department or a department designee terminates its contract or takes other enforcement action related to its contract because the home care agency:

(a) Knowingly employs a long-term care worker who has not completed training within the required timeframe.

(b) Knowingly employs a long-term care worker who does not meet the certification or recertification requirements or whose certification has been revoked by the department of health.

(2) In an administrative hearing under subsection (1) or (2) above, the medicaid contracted home care agency may not challenge an action taken by the department of health that affects a long-term care worker's certification. Actions by the department of health must be challenged through an appeal to the department of health, as provided in department of health rules.

(3) To request an administrative hearing, a home care agency must send, deliver, or fax a written request to the office of administrative hearings (OAH). OAH must receive the written request within thirty calendar days of the date the department's notice letter is served upon the home care agency.

(4) The home care agency should keep a copy of the request.

(5) The appeal process will be governed by the Administrative Procedure Act (chapter 34.05 RCW), RCW 74.39A.-085, chapter 388-02 WAC, Title 182 WAC and this chapter. If there is a conflict between chapter 388-02 WAC, Title 182 WAC and this chapter, this chapter will govern.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0562, filed 12/20/12, effective 1/20/13.]

WAC 388-71-05640 Self-directed care—Who must direct self-directed care? Self-directed care under chapter 74.39 RCW must be directed by an adult client for whom the health-related tasks are provided. The adult client is responsible to train the individual provider in the health-related tasks which the client self-directs.

[Statutory Authority: RCW 74.39A.050, 2003 c 140, chapters 18.79, 18.88A RCW. WSR 04-02-001, recodified as § 388-71-05640, filed 12/24/03, effective 1/24/04. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050,

43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830, 74.39.095. WSR 01-11-019, § 388-71-0580, filed 5/4/01, effective 6/4/01. Statutory Authority: RCW 74.08.090, 74.09.520, 43.20A.050, 43.43.842, 74.39A.090, 43.20A.710, 74.39.050, 43.43.830. WSR 00-03-043, § 388-71-0580, filed 1/13/00, effective 2/13/00.]

SAFETY TRAINING

WAC 388-71-05833 What content must be included in safety training? Safety training may include the use of video tapes, audio tapes and other print or electronic media. Safety training consists of introductory information in the following areas:

(1) Safety planning and accident prevention, including but not limited to:

(a) Proper body mechanics;

(b) Fall prevention;

(c) Fire safety;

(d) In-home hazards;

(e) Long-term care worker safety; and

(f) Emergency and disaster preparedness.

(2) Standard precautions and infection control, including but not limited to:

(a) Proper hand washing;

(b) When to wear gloves and how to correctly put them on and take them off;

(c) Basic methods to stop the spread of infection;

(d) Protection from exposure to blood and other body fluids;

(e) Appropriate disposal of contaminated/hazardous articles;

(f) Reporting exposure to contaminated articles; and

(g) What to do when sick or injured, including whom to report this to.

(3) Basic emergency procedures, including but not limited to:

(a) Evacuation preparedness;

(b) When and where to call for help in an emergency;

(c) What to do when a client is falling or falls;

(d) Location of any advanced directives and when they are given; and

(e) Basic fire emergency procedures.

One hour of completed classroom instruction or other form of training (such as video or online course) equals one hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05833, filed 11/7/11, effective 12/8/11.]

WAC 388-71-05834 When does a safety training attestation process need to be completed? All individual providers must contact the training partnership and follow their procedures to confirm that they have completed the training, once it is completed.

[Statutory Authority: RCW 43.20A.710, 74.08.090, and chapter 43.43 RCW. WSR 11-23-013, § 388-71-05834, filed 11/7/11, effective 12/8/11.]

REFERRAL REGISTRY

WAC 388-71-06020 What is the purpose of WAC 388-71-06020 through 388-71-06165? The purpose of this chapter is to describe the operation of the home care referral registry.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06020, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06020, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06040 What definitions apply to WAC 388-71-06020 through 388-71-06165? The following definitions apply to WAC 388-71-06020 through 388-71-06165:

"Applicant" is a person who is applying to be placed on the referral registry as an individual provider of personal care or respite care services.

"Consumer" means an adult or child with a functional or developmental disability who qualifies for personal care or respite care paid for through medicaid or state-only funds and chooses to use the referral registry to find and employ an individual provider. Consumer also includes an individual who is acting as a representative on behalf of the consumer.

"Department" or **"DSHS"** means the department of social and health services, including but not limited to the department's developmental disabilities administration and aging and long-term support administration.

"HCRR" means the home care referral registry.

"Individual provider" or **"IP"** means a person, including a personal aide, who is employed by a consumer and who has a contract with the department to provide personal care services or respite care services under chapter 388-71 or 388-825 WAC.

"Prospective IP" means someone who has met the initial requirements for employment under chapter 74.39A RCW, is placed on the referral registry, and is seeking employment but has not been matched with a consumer.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06040, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06040, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06060 What is the purpose of the referral registry? The purpose of the referral registry is to help consumers find individual providers of personal care or respite care by maintaining a list of prescreened providers. The referral registry:

(1) Takes into account the consumer's needs and preferences when identifying potential individual providers;

(2) Is voluntary for providers and consumers;

(3) Promotes job opportunities for providers;

(4) Provides access to the database for consumers who want to search for a provider; and

(5) Increases a consumer's choice through an established pool of available providers on the registry.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06060, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06060, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06080 Who is eligible to request a list of providers from the referral registry? The following persons are eligible to request a list of providers from the referral registry:

(1) Consumers who qualify for personal care or respite care paid for with medicaid or state-only funds.

(2) Persons who are authorized to act on behalf of consumers who qualify for personal care or respite care.

(3) Case management staff within the department or an area agency on aging.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06080, filed 6/12/14, effective 7/13/14. Statutory Authority: RCW 74.08.090, 74.09.520, and 2010 c 37. WSR 11-13-009, § 388-71-06080, filed 6/3/11, effective 7/4/11.]

WAC 388-71-06125 Who hires an IP or prospective IP? The consumer or consumer's designated representative is responsible for interviewing, screening, hiring, supervising, and terminating an IP or prospective IP as required under WAC 388-71-0505 or 388-825-315.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06125, filed 6/12/14, effective 7/13/14.]

WAC 388-71-06145 What requirements must an applicant satisfy to be placed on the referral registry as a provider? The applicant must satisfy the following requirements to be placed on the referral registry as a provider:

(1) Be eighteen years of age or older;

(2) Provide:

(a) A social security card;

(b) A current driver's license issued by the state of Washington or another state in which the applicant resides or has recently resided; or

(c) A current identification card, which includes the applicant's photograph, issued by the state of Washington or another state in which the applicant resides or has recently resided;

(3) Complete an application and prescreening with the registry coordinator;

(4) Satisfactorily complete a Washington state patrol name and date of birth background screening as required by WAC 388-71-0510 and 388-825-320;

(5) Review "Becoming an IP" booklet unless the applicant has already worked as an individual provider for more than three months;

(6) Complete orientation and safety training as required by WAC 388-71-0860;

(7) Have a current provider contract(s) with DSHS or initiate the process for obtaining a provider contract(s); and

(8) Satisfactorily complete a national fingerprint-based background screening if the applicant has lived in the state of Washington for less than three years.

Applicants who do not meet the provider requirements under this section will not be placed on the referral registry.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06145, filed 6/12/14, effective 7/13/14.]

WAC 388-71-06150 What requirements does an IP or prospective IP have to meet in order to continue to be listed on the referral registry? In order to continue to be listed on the referral registry, an IP or prospective IP must:

(1) Satisfactorily complete the background screening process every two years or as required by the department;

(2) After being matched with a consumer:

(a) Satisfactorily complete a national fingerprint-based background screening, as required by RCW 74.39A.056, unless determined exempt or fingerprints are already on file with the department;

(b) Complete required training under WAC 388-71-0523 or 388-825-355; and

(c) Meet certification requirements, unless exempt, under WAC 388-71-0523 or 388-825-355.

(3) The department may require an IP or prospective IP to have a Washington state name and date of birth background screening or a Washington state and national fingerprint-based background screening, or both, at any time.

Failure to comply with any of the requirements under this section may result in removal from the referral registry.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06150, filed 6/12/14, effective 7/13/14.]

WAC 388-71-06155 When will an IP or prospective IP be removed from the referral registry? An IP or prospective IP will be removed from the referral registry when he or she:

(1) Fails to meet the ongoing requirements set forth in WAC 388-71-06150;

(2) In the performance of his or her duties as an IP, has committed any unlawful act or provided care in an improper manner, including but not limited to:

(a) An act that jeopardized the health and safety of any persons; or

(b) Has demonstrated a pattern of poor performance.

(3) Requests that his or her name be removed from the referral registry;

(4) Has had his or her individual provider contract terminated under WAC 388-71-0551 or 388-825-385.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06155, filed 6/12/14, effective 7/13/14.]

WAC 388-71-06165 Can the removal of an IP or prospective IP from the referral registry be contested? An IP, prospective IP, or the consumer to whom the individual provider is providing services may request a fair hearing to contest removal from the referral registry by using the procedures described in this section.

(1) All fair hearing requests to contest removal from the referral registry must be in writing and mailed, delivered, or faxed to the office of administrative hearings (OAH). OAH must receive the written request within 28 calendar days of the date the department's notice is mailed to or personally served upon the IP or the prospective IP, whichever occurs first.

(2) The IP, prospective IP, or consumer should keep a copy of his or her request for a fair hearing.

(3) The appeal process will be governed by chapter 34.05 RCW, chapter 388-02 WAC, and this chapter. If there is a conflict between chapter 388-02 WAC and this chapter, this chapter will govern.

A consumer's right to appeal the department's denial, termination, or suspension of an individual provider's contact is described in WAC 388-71-0560.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 14-13-062, § 388-71-06165, filed 6/12/14, effective 7/13/14.]

ADULT DAY SERVICES

WAC 388-71-0701 What definitions apply to WAC 388-71-0702 through 388-71-0776? The following definitions apply to WAC 388-71-0702 through 388-71-0776:

(1) "**Abuse**" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment of a vulnerable adult.

(a) In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.

(b) Abuse includes sexual abuse, mental abuse, physical abuse, personal exploitation of a vulnerable adult, and improper use of a restraint against a vulnerable adult, which have the following meanings:

(i) "**Sexual abuse**" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual contact may include interactions that do not involve touching, including but not limited to sending a client sexually explicit messages, or cuing or encouraging a client to perform sexual acts. Sexual abuse also includes any sexual conduct between a staff person, who is not also a client, with a client, of a center.

(ii) "**Physical abuse**" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or use of chemical or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.

(iii) "**Mental abuse**" means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling or swearing.

(iv) "**Personal exploitation**" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(2) "**Adult day care**" or "**ADC**" means a supervised daytime program that provides services under WAC 388-71-0704 for clients who meet the eligibility requirements in WAC 388-71-0708.

(3) "**Adult day center**" means an adult day care or adult day health center.

(4) "**Adult day health**" or "**ADH**" means a supervised daytime program that provides ADC services under WAC 388-71-0704 and skilled services under WAC 388-71-0706 for clients who meet the eligibility requirements in WAC 388-71-0710.

(5) "**Adult day services**" is a generic term that refers to adult day care and adult day health services.

(6) "**Authorizing practitioner**" means a physician, osteopath, nurse practitioner, or physician assistant who has the licensed ability to write medical orders for skilled care and interventions that require a practitioner order.

(7) "**Chemical restraint**" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has a temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

(8) "**Chronic-care management**" means regular monitoring of the client's chronic health condition, training the client and caregiver, providing treatments or interventions when warranted and regular communication with primary care practitioners and caregivers to help implement and keep current the clinical care plan while ensuring the treatments have the intended effect of improving health, maintaining health, or slowing declining health when the diagnosis is a nonreversible condition.

(9) "**Client**" or "**participant**" means a person who receives services at an adult day center.

(10) "**Department service plan**" means a client's comprehensive assessment reporting evaluation (CARE) assessment including personal care and skilled care needs.

(11) "**Direct care staff**" are staff in an adult day center that interact with participants by providing care, services, and guidance.

(12) "**The discharge plan**" is a plan that outlines specific measurable goals expected to occur due to individualized treatments provided to a participant, indicating discharge is appropriate. This plan is developed and addressed on the participant's ADC and ADH negotiated care plan and is updated with each significant change of condition or when the client partially or completely meets the expected measurable goal(s). Planned discharge outcomes reflect the end of treatment because the client meets the measurable outcomes or he or she is unable to participate in or benefit from treatment.

(13) "**Involuntary seclusion**" means the involuntary confinement of a client to a room or area where the client is physically prevented from leaving.

(14) "**Medical device**" means any piece of medical equipment used to treat a client's assessed need. A medical device is not always a restraint and should not be used as a restraint, unless assessed and approved by a physician or primary care provider. Some medical devices have considerable safety risks associated with use. Examples of medical devices with known safety risks may be, but are not limited to transfer poles, posey or lap belts, and side rails.

(15) "**Maintenance**" is continuing clinically appropriate skilled services that are justified as reasonable, necessary, and appropriate to sustain minimal loss of function. Maintenance interventions have discharge measurable goals that outline when maintenance skilled services are no longer beneficial.

(16) "**Medically necessary**" means the service is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the client that endangers life, causes suffering or pain, results in an illness or infirmity, threatens to cause or aggravate a disability, or causes physical deformity or malfunction.

(17) "**Negotiated care plan**" means a client centered, goal specific service plan that outlines the specific needs of the client, contains measurable, achievable, and realistic goals for the client, states how the adult day center will meet

the assessed and agreed upon needs, when the assessed and agreed upon needs will be met, and by what discipline the assessed and agreed upon needs will be met.

(18) "**Physical restraint**" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include briefly holding, without undue force, a vulnerable adult in order to calm or comfort him or her, or holding a vulnerable adults hand to safely escort him or her from one area to another.

(19) "**Preliminary service plan**" means the initial intake, evaluation, and preliminary care plan including the client's strengths, deficits, and potential needs. The adult day center must determine based on the preliminary service plan whether they can meet those needs and accept the client into the adult day program.

(20) "**Rehabilitative service**" means a service provided using applicable physical therapy, occupational therapy, or speech therapy standards of practice and is considered medically necessary if the type, amount, and duration of service outlined in the plan of care increases the likelihood of meeting one or more of the following goals: Improve function, minimize loss of function, improve cognition or minimize loss of cognition, or decrease risk of injury and disease.

(21) "**Significant change**" means:

(a) A lasting change, decline, or improvement in the client's baseline physical, mental, or psychosocial status;

(b) The change is significant enough so that the current assessment or negotiated care plan does not reflect the client's current status; and

(c) A new assessment may be needed when the client's condition does not return to baseline within a two week period of time.

(22) "**Skilled nursing services**" means services that are reasonable and necessary for the treatment of a client's illness or injury and are consistent with the unique nature and severity of the client's illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practices, including WAC 246-840-700, without regard to whether the illness or injury is acute, chronic, terminal, or expected to last for a significant amount of time.

(23) "**Specific goals**" mean expected outcomes individualized to the client's need(s) that stipulate the measurable, detailed, and expected progress the client may make while receiving the service. The specific goals address the who, what, when, why, and how of the expected final outcome. If a client's specific goal is to prevent a decline in his or her condition, the goal must have measurable outcomes that identify the intervention to prevent the decline and how to measure this prevention. If you cannot measure the expected outcome of the clinical intervention then you are not preventing a decline.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0701, filed 9/19/17, effective 10/20/17.]

WAC 388-71-0702 What is the purpose of adult day services? (1) WAC 388-71-0702 through 388-71-0776 contains the eligibility requirements for community options program entry system (COPES) waiver, roads to community living (RCL), or other agency approved funding for adult day care and adult day health services.

(2) These rules also contain the requirements that apply to adult day care and adult day health centers that contract with the department, area agency on aging, other department designee to provide COPES waiver and RCL services to department clients, and adult day centers who are owned and operate on a private pay basis. Nothing in these rules may be construed as requiring the department, an area agency on aging, or other designee to contract with an adult day care or adult day health center.

(3) An adult day center is a community-based program designed to meet the needs of adults with impairments through individualized goal specific plans of care. This type of structured, comprehensive, nonresidential program provides a variety of health, social, and related support services in a protective setting. Adult day centers support families and caregivers with the following goals:

(a) Provide an opportunity for the client to live in his or her community;

(b) Provide the client with clinical and nonclinical services to meet unmet needs;

(c) Assist the client to maintain maximum independence in his or her activities of daily living (ADL); and

(d) Measure the client's progress through individualized interventions, as outlined in his or her negotiated care plan.

(4) An adult day center evaluates the client's needs and offers services with goal specific interventions to meet those needs and enhance his or her quality of life. The client attends on a scheduled and planned basis. The adult day center evaluates potential clients to determine if center is able to meet their identified needs. Nothing in this generic description may be construed to modify the specific services or eligibility requirements referenced in this chapter of adult day care and adult day health.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0702, filed 9/19/17, effective 10/20/17; WSR 15-01-174, § 388-71-0702, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.-050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0702, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0704 What services are provided in adult day care? Adult day care is a supervised nonresidential program providing services as defined in WAC 388-106-0800. Services are appropriate for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's authorizing practitioner. The adult day care center must offer and provide onsite the following services. These services must meet the level of care needed by the client as assessed by the department case manager for waiver funded clients and do not exceed the scope of services that the adult day care center is able to provide.

(1) Assistance with activities of daily living:

(a) Locomotion outside of room, locomotion in room, walks in room;

(b) Body care;

(c) Eating;

(d) Repositioning;

(e) Medication management that does not require a licensed nurse;

(f) Transfer;

(g) Toileting;

(h) Personal hygiene at a level that ensures client safety while in attendance at the program; and

(i) Bathing at a level that ensures client safety and comfort while in attendance at the program.

(2) Social services on a consultation basis, which may include:

(a) Referrals to other providers for services not within the scope of COPES waiver or RCL reimbursed adult day care services;

(b) Caregiver support and education; or

(c) Assistance with coping skills.

(3) Routine health monitoring with consultation from a registered nurse that a consulting nurse acting within the scope of practice can provide with or without an authorizing practitioner's order. Examples include:

(a) Obtaining baseline and routine monitoring information on client health status, such as vital signs, weight, and dietary needs;

(b) General health education such as providing information about nutrition, illnesses, and preventative care;

(c) Communicating changes in client health status to the client's caregiver;

(d) Annual and as needed updating of the client's medical record; or

(e) Assistance as needed with coordination of health services provided outside of the adult day care program.

(4) General therapeutic activities that an unlicensed person can provide or that a licensed person can provide with or without an authorizing practitioner's order. These services are planned for and provided based on the client's abilities, interests, and goals. Examples include:

(a) Recreational activities;

(b) Diversionary activities;

(c) Relaxation therapy;

(d) Cognitive stimulation; or

(e) Group range of motion or conditioning exercises.

(5) General health education that an unlicensed person can provide or that a licensed person can provide with or without an authorizing practitioner's order, including but not limited to topics such as:

(a) Nutrition;

(b) Stress management;

(c) Disease management skills; or

(d) Preventative care.

(6) A nutritional meal and snacks every four hours, including a modified diet if needed and within the scope of the program, as provided under WAC 388-71-0770;

(7) Supervision and/or protection if needed for client safety;

(8) Assistance with arranging transportation to and from the program; and

(9) First aid and provisions for obtaining or providing care in an emergency. NOTE: If the client requires the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of an authorizing practitioner, consider adult day health services.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0704, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-71-0704, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-71-0704, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0704, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0706 What services are provided in adult day health? Adult day health is a supervised nonresidential program providing skilled nursing and/or rehabilitative therapy services in addition to all services provided in an adult day care center. Adult day health services are only appropriate for adults with medical or disabling conditions that require the skilled intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's authorizing practitioner.

The adult day health center must offer and provide onsite the following services:

(1) All services under WAC 388-71-0704; and

(2) Skilled nursing services other than routine health monitoring with nurse consultation; or

(3) At least one of the following skilled therapy services: physical therapy, occupational therapy, or speech-language pathology or audiology, as defined under chapters 18.74, 18.59 and 18.35 RCW; and

(4) Psychological or counseling services, including assessing for psycho-social therapy need, dementia, abuse or neglect, and alcohol or drug abuse; making appropriate referrals; and providing brief, intermittent supportive counseling. These services are provided by social services professionals.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0706, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010 and 74.39A.020. WSR 06-05-022, § 388-71-0706, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.-090, 74.09.520. WSR 05-11-082, § 388-71-0706, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.-090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0706, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0708 What are the eligibility criteria for enrollment in adult day care? Clients are eligible for adult day care services if they meet criteria outlined in WAC 388-106-0805.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0708, filed 12/23/14, effective 1/23/15; WSR 05-11-082, § 388-71-0708, filed 5/17/05, effective 6/17/05. Statutory Authority: 2004 c 276 § 206 (6)(b) and*Townsend vs. DSHS,* U.S. District Court, Western District of Washington, No. C 00-0944Z. WSR 04-16-029, § 388-71-0708, filed 7/26/04, effective 8/26/04. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0708, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0710 What are the eligibility criteria for enrollment in adult day health? Clients are eligible for adult day health services if they meet the criteria outlined in WAC 388-106-0815 which references WAC 388-106-0300 and 388-106-0305.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0710, filed 12/23/14, effective 1/23/15; WSR 05-11-082, § 388-71-0710, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0710, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0712 What is considered skilled nursing in adult day health? (1) Skilled nursing services are medically necessary services provided directly or indirectly

by a registered nurse under an authorizing practitioner's supervision, or by a licensed practical nurse under physician or registered nurse supervision, that a licensed nurse acting within the scope of practice can provide or supervise. Authorizing practitioner orders must be obtained when required by applicable state practice laws for licensed nurses. Authorizing practitioner orders must be obtained upon initial service, updated when a significant change occurs changing the nursing intervention or at least annually.

(2) Skilled nursing services must exceed the level of routine health monitoring, general health education, and general therapeutic activities as defined in WAC 388-71-0704, and must be provided with the reasonable expectation that the services will improve, restore, maintain function or slow the client's decline of the disease or functional ability. Skilled nursing services are:

(a) Specific to a client's diagnosis;

(b) Individualized to the client with planned measurable outcome goals; and

(c) Reevaluated every ninety days or sooner when there is a significant health change for effect on improvement or maintenance of health status, or slowing the decline of the disease or functional ability.

(3) Skilled nursing services, including the initial client nursing assessment and development of the nursing plan of care, must be provided or supervised by a registered nurse in accordance with nursing practice standards under chapter 246-840 WAC.

(4) A skilled nursing service is not a qualifying adult day health service merely because the service is ordered by an authorizing practitioner or is provided by a nurse. If, by way of example, the service can be performed by the client or at the client's direction by a person other than a licensed nurse, it is not a qualifying adult day health service.

(5) Skilled nursing services must be medically necessary as defined under WAC 182-500-0070. Medically necessary skilled nursing services include but at [are] not limited to:

(a) Assessment, care and evaluation with collaboration of services of an acute or chronic unstable or unpredictable medical condition, with time specific measurable treatment goals, requiring frequent skilled intervention by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse according to WAC 246-840-705 and ordered by the authorizing practitioner;

(b) Evaluation and management of the care plan when unstable medical conditions or complications require complex nonskilled care and skilled nurse oversight to ensure that the nonskilled care is achieving its purpose;

(c) Time-limited training by licensed nursing staff to teach the client and/or the client's caregiver self-care for newly diagnosed, acute, or episodic medical conditions that require the skills of a licensed nurse to teach, and that will optimize client function, as illustrated by the following examples:

(i) Self administration of an injection;

(ii) Prefilling insulin syringes;

(iii) Irrigating a catheter;

(iv) Caring for a colostomy or urostomy;

(v) Wound dressing changes or aseptic technique; or

(vi) Disease self-management.

(d) Skilled interventions provided directly by a licensed nurse such as:

(i) Inserting or irrigating a catheter;

(ii) Administering medications or oxygen;

(iii) Administering and managing infusion therapy; or

(iv) Treating decubitus ulcers, or other types of wound care.

(e) Provide holistic collaborative care of the client's acute, chronic, unstable or unpredictable medical condition or disease.

(6) Medically necessary skilled nursing services, by way of example, do **not** include:

(a) Reminding or coaching the client;

(b) Monitoring of a medical condition that does not require frequent skilled nursing intervention or a change in authorizing practitioner treatment orders, or where there is no reasonable expectation that skilled services will maintain, improve, or slow the effect of a progressive disabling condition on the pain, health or functioning of a client;

(c) Medication assistance when the client is capable of self-administration or is having this need met through paid or unpaid caregivers;

(d) Evaluation and management of the care plan when the complexity of care to be provided by nonskilled persons does not require skilled nurse oversight beyond routine health monitoring;

(e) Continued training by nursing staff to teach self-care for newly diagnosed, acute, or episodic medical conditions when it is apparent that the training should have achieved its purpose or that the client is unwilling or unable to be trained;

(f) ADC services that can be provided by an adult day care center, such as routine health monitoring, general health education, or general therapeutic activities; or

(g) Group therapy or training where three or more clients are being simultaneously treated or trained by the nurse.

(7) Skilled nursing services must be documented as provided under WAC 388-71-0746 and 182-502-0020.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0712, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0712, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0714 What is considered rehabilitative therapy in adult day health? (1) Skilled rehabilitative therapy services are medically necessary services provided by or under the supervision of a licensed physical, occupational, or speech-language pathology or audiology therapist that the therapist acting within the scope of practice can provide or supervise directly or indirectly. Authorizing practitioner orders must be initially obtained and updated when a significant change occurs or at least annualy [annually] when required by applicable state practice laws for licensed therapists.

(a) Persons that can provide rehabilitative care under the direction and supervision of a licensed therapist include occupational therapy aides, occupational therapy assistants, physical therapy aides, physical therapy assistants, and nurses within their respective scopes of practice. Adult day health program aides, specifically trained in rehabilitative techniques, may also provide care under the direction and supervision of a licensed therapist.

(b) Services, group or individual, must be related to an active written plan of care with time specific measurable treatment goals approved by the authorizing practitioner;

(c) Services, group or individual, must require the assessment, knowledge and skills of a licensed therapist; and

(d) Services, group or individual, must be provided with the reasonable expectation that the services will improve, restore, maintain function, or slow decline. Rehabilitative services are:

(i) Specific to a client diagnosis;

(ii) Individualized to the client with planned, measurable outcomes; and

(iii) Reevaluated every ninety days for effect on improvement of health status or slowing the decline.

(2) Skilled rehabilitative therapy is not a qualifying adult day health service merely because the therapy is ordered by an authorizing practitioner or is provided by a therapist or under the supervision of a therapist. If, by way of example, the therapy can be performed independently by the client or at the client's direction by a person other than a licensed therapist, it is not a qualifying adult day health service.

Skilled rehabilitative therapy services must be medically necessary as defined under WAC 182-500-0070.

(3) Medically necessary physical therapy services may, but do not necessarily include:

(a) Assessing baseline mobility level, strength, range of motion, endurance, balance, and ability to transfer;

(b) One to one and group treatment to relieve pain, develop, restore, or maintain functioning, with individualized and measurable client treatment goals;

(c) Establishing a maintenance or restorative program with measurable treatment goals, and providing written and oral instruction to the client, caregivers, or program staff as needed to assist the client in implementing the program;

(d) Training the client or the client's caregivers in the use of supportive, adaptive equipment or assistive devices;

(e) Evaluation and management of the care plan when medical conditions or complications require complex nonskilled care and skilled therapist oversight to ensure that the nonskilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of a physical therapist acting within the therapist's scope of practice.

(4) Medically necessary occupational therapy services may, but do not necessarily include:

(a) Administering a basic evaluation to determine baseline level of functioning, ability to transfer, range of motion, balance, strength, coordination, activities of daily living and cognitive-perceptual functioning;

(b) Teaching and training the client, caregivers, or program staff in the use of therapeutic, creative, and self-care activities to improve or maintain the client's capacity for self-care and independence, and to increase the range of motion, strength and coordination;

(c) One to one and group treatment to develop, restore, or maintain functioning with individualized and measurable client treatment goals;

(d) Training the client or the client's caregivers in the use of supportive, adaptive equipment or assistive devices;

(e) Evaluation and management of the care plan when medical conditions or complications require complex nonskilled care and skilled therapist oversight to ensure that the nonskilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of an occupational therapist acting within the therapist's scope of practice.

(5) Medically necessary speech-language pathology or audiology services may, but do not necessarily include;

(a) Assessing baseline level of speech, swallowing, auditory, or communication disorders;

(b) Establishing a treatment program to improve speech, swallowing, auditory, or communication disorders;

(c) Providing speech therapy procedures that include auditory comprehension tasks, visual and/or reading comprehensive tasks, language intelligibility tasks, training involving the use of alternative communication devices, or swallowing treatment;

(d) Training the client or the client's caregivers in methods to assist the client in improving speech, communication, or swallowing disorders;

(e) Evaluation and management of the care plan when medical conditions or complications require complex nonskilled care and skilled therapist oversight to ensure that nonskilled care is achieving its purpose; or

(f) Providing other medically necessary services that can only be provided by or under the direct or indirect supervision of a speech-language pathology or audiology therapist acting with the therapist's scope of practice.

(6) Medically necessary skilled rehabilitative therapy services, by way of example, do **not** include:

(a) Reminding or coaching the client in tasks that are not essential to the skilled therapy or intervention in the client's service plan;

(b) Monitoring of a medical condition that does not require frequent skilled therapist intervention or a change in authorizing practitioner treatment orders, or where there is no reasonable expectation that skilled services will maintain, improve, or slow the effect of a progressive disabling condition on the pain, health or functioning of a client;

(c) Massage therapy;

(d) Evaluation and management of the care plan when the complexity of the care to be provided by nonskilled persons does not require the skills of a licensed therapist for oversight;

(e) Continued training by therapy staff to teach self-care for newly diagnosed, acute, or episodic medical conditions when it is apparent that the training should have achieved its purpose or that the client is unwilling or unable to be trained;

(f) ADC services that can be provided by an adult day care center, such as routine health monitoring, general health education, or general therapeutic activities; or

(g) Group therapy or training where the ratio of licensed therapists and assisting program staff to clients is inadequate to ensure that:

(i) The group activity contributes to the individual client's planned therapy goals; and

(ii) The complexity of the individual client's need can be met.

(7) Skilled therapy services must be documented as provided under WAC 388-71-0746 and 182-502-0020.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0714, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0714, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0716 What kind of assessment and service plan is required to determine a client's unmet needs for adult day care? (1) The department or an authorized case manager must perform a comprehensive assessment reporting evaluation (CARE) to determine a client's need for adult day care, per WAC 388-106-0065. Based on the assessment, the case manager determines whether the client should be referred for day care services or whether the client's needs can be met in other ways.

(2) If the case manager determines an unmet need for an ADC service that may be provided at a day care center, the case manager works with the client and/or the client's representative to develop a service plan that documents the needed services and the number of days per week that the services are to be provided. The case manager refers the client to a waiver-contracted day care center that the client and the case manager agree can potentially meet the client's needs.

(3) Clients receiving adult day care services must be reassessed at least annually.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0716, filed 12/23/14, effective 1/23/15; WSR 05-11-082, § 388-71-0716, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0716, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0718 What is the adult day care center's responsibility in developing the client's negotiated care plan? (1) Upon the department's or authorized case manager's referral of a community options program entry system (COPES), roads to community living (RCL), or other agency approved client to an ADC center, the ADC center must respond in writing to the department or authorized case manager within two working days, acknowledging receipt of the referral and the center's ability to process and evaluate the referred client.

(2) The case manager will provide the client's department service plan to the ADC center within five working days after the client or client's representative has signed it.

(3) The ADC center must schedule and conduct an intake and evaluation visit with the referred client or the client and his or her authorized representative to determine the client's willingness to attend the ADC center and evaluate the ADC center's ability to meet the client's assessed needs and specific goals as defined in the client's department service plan. The intake and evaluation must be based on an interview with the client or the client and his or her authorized representative.

(4) Within ten paid service days from the date the client started attending the ADC center, the ADC center must complete and provide a preliminary service plan to the client or the client and his or her representative and the client's case manager that outlines the client's strengths, deficits, and potential needs. The ADC center must determine whether it can meet the client's needs, how it will meet the client's needs, and whether it will accept the client into the program. The ADC center must not accept a client whose needs the center cannot meet. The ADC center must document in the client's file the date it accepted the client into the ADC program. If the client is not accepted into the ADC program, the preliminary service plan must include the reason(s) why the client was not accepted.

(5) Within thirty calendar days of the date the client was accepted into the ADC program, the ADC center must work with the client or the client and his or her authorized representative to develop and complete a negotiated care plan signed by the client or the client's authorized representative and the ADC center.

(6) The negotiated care plan must limit the frequency of services to the number of days authorized in the department authorized service plan. The negotiated care plan must include:

(a) A list of the care and services the ADC center will provide the client;

(b) Identification of who will provide the client's care and services;

(c) When and how the ADC center will provide the care and services;

(d) How the ADC center will manage the client's medications and how the client will receive his or her medications when attending the ADC center;

(e) The client's activity preferences and how the ADC center will meet these preferences;

(f) Other preferences and choices about issues important to the client, including, but not limited to:

(i) Food;

(ii) Daily routine;

(iii) Grooming;

(iv) How the ADC center will accommodate the client's preferences and choices; and

(g) If needed, a plan to:

(i) Follow in case of a foreseeable crisis due to the client's assessed needs;

(ii) Reduce tension, agitation, and problem behaviors;

(iii) Respond to the client's special needs, including, but not limited to medical devices and related safety plans, and if medical devices are used, ADC center staff must ensure the medical device will not be used as a physical restraint for discipline or staff convenience while attending the ADC center;

(iv) Respond to the client's refusal of care or treatment, including when the ADC center should notify the client's physician or practitioner of the client's refusal; and

(v) Identify any communication barriers the client may have and how the ADC center will use the client's behaviors and nonverbal gestures to communicate with him or her.

(7) The ADC center must:

(a) Ensure medical devices will never be used as a physical restraint for discipline or staff convenience;

(b) Update the negotiated care plan annually and whenever there is a significant change in the client's condition and needs;

(c) Share the negotiated care plan with the client's case manager whenever it is updated, annually, and after a significant change;

(d) Ensure the client's case manager reviews the negotiated care plan to ensure all services are appropriate and all authorized care needs have been included;

(e) Keep the current negotiated care plan in the client's file; and

(f) Offer a copy of the negotiated care plan to the client or the client and his or her authorized representative.

(8) The ADC center must report changes in the client's condition or unanticipated absences more than three consecutive scheduled days of service to the client's case manager within one week.

(a) Unanticipated absences may include but are not limited to absences due to client illness or change in transportation access.

(b) The case manager may follow up with the client or the client and his or her representative and determine if any updates to the assessment, client's department service plan, or service authorizations are needed.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0718, filed 9/19/17, effective 10/20/17; WSR 15-01-174, § 388-71-0718, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.-050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0718, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0720 What is the adult day health center's responsibility in working with the department or their designee to obtain, use and update the CARE assessment? (1) The department or an authorized case manager must perform a CARE assessment to determine a client's need for adult day health, per WAC 388-106-0065. Based on the assessment, the case manager determines whether the client should be referred for day health services or whether the client's needs can be met in other ways.

(2) If the client **has** a department or area agency on aging case manager, the adult day health center or other referral source must notify the case manager of the client's potential adult day health service need. The case manager must assess the client's need for skilled nursing or skilled rehabilitative therapy within the department's normal time frames for client reassessments.

(3) If the client **does not have** a department or area agency on aging case manager, the adult day health center or other referral source must notify the department of the referral and the client's potential adult day health service need, or refer the client to the department for intake. The department's assigned case manager must assess the client's need for adult day health services within the department's normal time frames for initial client eligibility assessments.

(4) The case manager may consult with the client's authorized practitioner, department or area agency on aging nursing services staff, or other pertinent collateral contacts, concerning the client's need for skilled nursing or rehabilitative therapy.

(5) If the department or area agency on aging case manager determines and documents a potential unmet need for day health services, the case manager works with the client and/or the client's representative to develop a service plan that documents the potential unmet needs and the anticipated number of days per week that the services are needed. The case manager refers the client to a department contracted adult day health center for evaluation and the development of a preliminary service plan.

(6) The department or area agency on aging case manager must reassess adult day health clients at least annually. Clients must also be reassessed if they have a break in service of more than thirty days. The adult day health center must inform the case manager of the break in service so payment authorization can be discontinued.

(7) COPES and RCL recipients of adult day health services must be assessed by the department or an authorized case manager for initial or continued eligibility as follows:

(a) Annual reassessment for department clients; or

(b) A new client to the center who potentially could be eligible for state paid ADH services are to be referred to the local department offices for intake and assessment for eligibility.

(8) The department or area agency on aging case manager must review a client's continued eligibility for adult day health services every ninety days, coinciding with the quarterly review completed by the adult day health program. At the case manager's discretion, additional information will be gathered through face to face, collateral or other contact methods to determine continued eligibility. Services will be continued, adjusted, or terminated based upon the case manager's determination during the eligibility review.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0720, filed 12/23/14, effective 1/23/15; WSR 05-11-082, § 388-71-0720, filed 5/17/05, effective 6/17/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0720, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0722 What is the adult day health center's responsibility in developing the client's negotiated care plan? (1) Upon the department's or authorized case manager's referral of a community options program entry system (COPES), roads to community living (RCL), or other agency approved client to an ADH center, the ADH center must respond in writing to the department or authorized case manager within two working days, acknowledging receipt of the referral and the center's ability to process and evaluate the referred client.

(2) The case manager must provide the client's department service plan to the ADH center within five working days after obtaining the client or client's authorized representative's signature on the service plan.

(3) The ADH center must schedule and conduct an intake and evaluation visit with the referred client or the client and his or her authorized representative to determine the client's willingness to attend the ADH center and evaluate the ADH center's ability to meet the client's needs as defined in the client's department service plan.

(4) Within ten paid service days from the date the client started attending the ADH center, the center must complete an intake and evaluation and provide a preliminary service plan to the client or the client and his or her authorized representative and the client's case manager.

(a) The ADH center's intake and evaluation must include multidisciplinary assessments based on interviews and evaluations of the client's strengths and limitations with the client or the client and his or her authorized representative.

(b) If the department service plan indicates a nursing or rehabilitative need during the intake and evaluation period, licensed professionals must conduct evaluations and assessments of the client's clinical or rehabilitative needs.

(c) The preliminary service plan must include:

(i) Client specific problems or needs as identified in the intake and evaluation;

(ii) The needs for which the client chooses not to accept services or refuse care or services;

(iii) What the center will do to ensure health and safety of the client related to the refusal of any care or service;

(iv) Client specific and agreed upon goals;

(v) Client preferences; and

(vi) How the center will meet the client's needs and preferences.

(d) Based on the ADH center intake and evaluation, the ADH center must determine whether it can meet the client's needs, how it will meet the client's needs, and whether it will accept the client into the ADH program.

(i) The ADH center must not accept a client whose needs the center cannot meet.

(ii) If the client is accepted into the ADH program, the ADH center must document the date of acceptance in the client file.

(iii) If the client is not accepted into the ADH program, the preliminary service plan must include the reason(s) why the client was not accepted.

(e) The ADH center must provide the client, or the client's authorized representative, and the client's case manager, a copy of the evaluation and preliminary service plan within ten paid days of service.

(5) The ADH center will be reimbursed under WAC 388-71-0724 for any service days provided from the state of the intake and evaluation, if the case manager has authorized services.

(6) Upon the department's or authorized case manager's approval of the ADH center's preliminary service plan, the ADH center must obtain and provide to the case manager any required practitioner's orders for skilled nursing, rehabilitative therapy services, and medical devices that pertain to those services and interventions the ADH center is providing to the client under WAC 388-71-0712 through 388-71-0714. Orders from authorizing practitioners are not necessary for medical devices that are within the professional scope of practice of occupational or physical therapists working within the day center.

(a) The authorizing practitioner orders must:

(i) Include the frequency of authorized service;

(ii) Include use of and parameters for the authorized medical devices;

(iii) Include how often the client is to be seen by the authorizing practitioner;

(iv) Include the client's consent to follow up with the authorizing practitioner; and

(v) Be reviewed, updated, or revised when a significant change occurs, at least annually, or sooner if required by the prescriber.

(b) The case manager or nursing services staff may follow up with the practitioner, or other pertinent collateral contacts, concerning the client's need for skilled services.

(c) Services must not be authorized for payment without current practitioner orders.

(d) The authorizing practitioner must only authorize services, supports, and interventions that are within the practitioner's professional scope of practice.

(7) Within thirty calendar days of acceptance into the program, the ADH center's multidisciplinary team must work with either the client or the client and his or her authorized representative to develop and complete a negotiated care plan signed by the client or the client's authorized representative and the ADH center. The negotiated care plan may be developed initially in lieu of the preliminary service plan.

(8) The negotiated care plan must be consistent with the department-authorized service plan, include all authorized ADC and ADH services, limit the frequency of services to the number of days in the department authorized service plan, and must include:

(a) A list of the care and services the ADH center will provide the client;

(b) Time specific, measurable, and individualized client goals;

(c) Who will provide the client's care and services;

(d) When and how the ADH center will provide the care and services;

(e) How the ADH center will manage the client's medications, including how the client will receive his or her medications when attending the ADH center;

(f) The client's activity preferences and how the ADH center will meet these preferences;

(g) Other preferences and choices about issues important to the client including, but not limited to:

(i) Food;

(ii) Daily routine;

(iii) Grooming; and

(iv) How the ADH center will accommodate the preferences and choices;

(h) Individualized discharging or transition goals;

(i) If needed, a plan to:

(i) Address potential behavioral issues identified in the assessment, service plan, or through the intake and evaluation;

(ii) Follow in case of a foreseeable crisis due to a client's assessed needs;

(iii) Reduce tension, agitation, and problem behaviors;

(iv) Respond to the client's special needs, including, but not limited to medical devices and related safety plans, and if medical devices are used, ADH center staff must ensure the medical device will not be used as a physical restraint for discipline or staff convenience, while attending the ADH center;

(v) Respond to the client's refusal of care or treatment, including when the ADH center should notify the client's physician or practitioner of the client's refusal; and

(vi) Identify any communication barriers the client may have and how the ADH center will use the client's behaviors and nonverbal gestures to communicate with him or her.

(9) The ADH center must:

(a) Ensure medical devices will never be used as a physical restraint for discipline or staff convenience;

(b) Review and update each service in the negotiated care plan every ninety days or more often if the client's condition changes;

(c) Share the negotiated care plan with the client's case manager whenever it is updated, annually, or after significant change;

(d) Ensure the client's case manager reviews the negotiated care plan to ensure all services are appropriate and all authorized care needs have been included;

(e) Obtain the case manager's approval whenever it is updated, annually, or after a significant change;

(f) Keep the current negotiated care plan in the client's file, provide; and

(g) Offer a copy of the negotiated care plan to the client or the client and his or her authorized representative.

(10) The client's case manager must review the negotiated care plan to ensure all services are appropriate and all authorized care needs have been included.

(11) The ADH center must report changes in the client's condition or unanticipated absences of more than three consecutive scheduled days of service to the client's case manager within one week.

(a) Unanticipated absences may include, but are limited to absences due to client illness or a change in transportation access.

(b) The case manager may follow up with the client or the client and his or her authorized representative and determine if any updates to the assessment, client's department service plan, or service authorizations are needed.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0722, filed 9/19/17, effective 10/20/17; WSR 15-01-174, § 388-71-0722, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0722, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0723 What is the adult day center's responsibility in the use of medical devices, restraints, and prevention of abuse? (1) **Medical devices**. When the adult day center staff use a medical device, it must not be used as a physical restraint for discipline or staff convenience.

(2) **Physical restraints**. When the adult day center staff provide services for a client, which may include but are not limited to transportation, outings, and services at the facility, the adult day center must ensure the client has a right to be free from physical restraints used for discipline or staff convenience.

(3) **Chemical restraints**. When the adult day center staff provide services for a client, which may include but are not limited to transportation, outings, and services at the facility, the adult day center must ensure the client is free from chemical restraints used for discipline or staff convenience.

(4) **Involuntary seclusion**. When the adult day center staff provides services for a client, which may include but are not limited to transportation, outings, and services at the facility, the adult day center must ensure the client's right to be free from involuntary seclusion or isolation used for discipline or staff convenience.

(5) **Prevention of abuse**. When the adult day center staff provides services for a client, which may include but are not limited to transportation, outings, and services at the facility, the adult day center must:

(a) Ensure the client's right to be free from abandonment, verbal, sexual, physical, and mental abuse, personal exploitation, financial exploitation, neglect, and involuntary seclusion;

(b) Protect the client who is an alleged victim of abandonment, verbal, sexual, physical, and mental abuse, personal exploitation, financial exploitation, neglect, and involuntary seclusion; and

(c) Meet the requirements of chapter 74.34 RCW regarding mandatory reporting.

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 17-19-098, § 388-71-0723, filed 9/19/17, effective 10/20/17.]

WAC 388-71-0724 How do I apply for an adult day program state contract? (1) The department, or an area agency on aging (or other department designee) as authorized by the department, must determine that the adult day care or day health center meets the applicable adult day care or day health requirements and any additional requirements for contracting with the area agency on aging, according to each AAA's procurement procedure, through a state contract.

(2) All ADH centers must also have a core provider agreement with the health care authority in order to bill for providing care and services to the COPES or RCL participants.

(3) If a center is contracting for both day care and day health, requirements of both adult day services must be met.

(4) A prospective provider desiring to provide adult day services shall be provided an application form from the department or the area agency on aging. A prospective provider convicted of abuse or neglect of a vulnerable adult is not eligible to provide adult day services in any capacity within the organization per chapter 74.34 RCW.

(5) The prospective provider will provide the area agency on aging with evidence of compliance with, or administrative procedures to comply with, the adult day service rules under this chapter.

(6) The area agency on aging will conduct a site inspection of the adult day center and review of the requirements for contracting.

(7) Within thirty days of completing the site visit, the area agency on aging will advise the prospective provider in writing of any deficiencies in meeting contracting requirements.

(8) The area agency on aging will verify correction of any deficiencies within thirty days of receiving notice from the prospective provider that deficiencies have been corrected, before contracting can take place.

(9) The area agency on aging will provide the department with a written recommendation as to whether or not the center meets contracting requirements.

(10) Minimum application information required to apply for contract(s) with the department, or an area agency on aging includes:

(a) Mission statement, business structure, bylaws, articles of organization or articles of incorporation if applicable and current business license;

(b) Names and addresses of the center's owners, officers, and directors as applicable;

(c) Organizational chart;

(d) Fiscal policies and procedures;

(e) A business plan to address the future financial needs of the center. This plan must include projected program growth, capital purchases, projected revenue, projected expenses, and plans for fund raising, if applicable. Also

include an annual program operating budget including all anticipated revenue sources and expenditures and any fees generated;

(f) The most current financial statement prepared in accordance with generally accepted account principles (GAAP) or the latest audit report of the organization by a certified public accountant;

(g) Program policies and operating procedure manual;

(h) Personnel policies and job descriptions and qualifications of each paid staff position and volunteer position functioning as staff;

(i) Policies and procedures meeting the requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and local law enforcement for other participants;

(j) Floor plan of the facility;

(k) Local building inspection, fire department, and health department reports with food handler permits if applicable;

(l) Updated TB test results for each staff member according to WAC 388-71-0750;

(m) Sample client case file including all forms that will be used;

(n) Activities calendar for the month prior to application, or a sample calendar if the day service provider is new.

(o) Role and function of the board of directors if applicable and advisory committee;

(p) Monthly menu or sample if center is new; and

(q) Certificates of insurance per WAC 388-71-0736.

(10) The area agency on aging or other department designee monitors the adult day center at least annually to determine continued compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the area agency on aging.

(a) The area agency on aging will send a written notice to the provider indicating either compliance with contracting requirements or any deficiencies based on the annual monitoring visit and request a corrective action plan. The area agency on aging will determine the date by which the corrective action must be completed

(b) The area agency on aging will notify the department of the adult day center's compliance with contracting requirements or corrected deficiencies and approval of the corrective action plan for continued contracting.

(11) Adult day care services are reimbursed on an hourly basis up to four hours per day. Service provided four or more hours per day will be reimbursed at the daily rate.

(12) Adult day center reimbursements are adopted by rule with adjustments determined by the state legislature. Providers seeking current reimbursement rates can refer to the billing instructions.

(13) A one-time only initial intake evaluation provided by an adult day health center, including development of a negotiated care plan, is reimbursed at an established rate as may be adopted in rule. Rate adjustments are determined by the state legislature. Separate reimbursement is not available for subsequent evaluations.

(14) Transportation to and from the program site is not reimbursed under the adult day care rate. Transportation arrangements are made with locally available transportation companies or informal resources.

(15) Transportation to and from the program site is reimbursed under the adult day health daily rate. Adult day health is required to assist clients in arranging or providing transportation to and from the program sites.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0724, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0724, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0728 Can a client receive both adult day care and adult day health? (1) A COPES or RCL-eligible client may receive adult day care services on some days and adult day health services on different days if the service plan documents which level of service are to be provided on which days. However, ADC services must be provided on all days that adult day health skilled services are provided, and reimbursement is limited to the day health rate on days that day health services are provided.

(2) Clients receiving services from the department in an adult family home, assisted living, or other licensed community residential facility may not receive COPES or RCL-funded adult day care, but may receive COPES funded adult day health services when the skilled nursing or rehabilitative services are approved by the client's case manager as part of the client's service plan.

(3) A licensed assisted living facility providing department-approved day care under chapter 388-78A WAC is subject to any applicable provisions of that chapter and is also subject to the rules under this chapter if the facility contracts with an area agency on aging or the department to provide COPES waiver or RCL funded adult day services.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0728, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0728, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0730 What other funds are available through the area agency on aging? (1) Except as provided under this section, the adult day services rules under this chapter do not apply to adult day care or day health services funded under chapters 74.38 and 74.41 RCW.

(2) An area agency on aging that elects to provide adult day services using Senior Citizens Services Act funding under chapter 74.38 RCW or respite care funding under chapter 74.41 RCW must contract with an adult day center that meets all administrative and facility requirements under WAC 388-71-0736 through 388-71-0774.

(3) The adult day care or day health services funded under chapters 74.38 or 74.41 RCW must be the same as the day care services required under WAC 388-71-0704 or the day health services required under WAC 388-71-0706. The area agency on aging may require additional services by contract.

(4) The area agency on aging may, by contract, establish eligibility and assessment requirements for day care or day health services in accordance with locally identified needs. However, funding provided under chapters 74.38 or 74.41 RCW may only be used to meet the needs of individuals who are not eligible for adult day care under WAC 388-71-0708 or for adult day health under WAC 388-71-0710, or who are

eligible for those services and are not receiving them because of funding limitations.

(5) Nothing in this section or chapter may be construed as requiring an area agency on aging to contract with an adult day center, whether or not the center has a COPES and RCL contract. Nor may anything in this section or chapter be construed as creating an entitlement to state-funded adult day services authorized under chapters 74.38 and 74.41 RCW.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0730, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0730, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0732 What are the client's hearing rights? (1) If the department or area agency on aging denies, terminates, or reduces a COPES or RCL individual client's adult day care or day health services, the client has the right to an administrative hearing as provided under chapter 388-02 WAC. If a client funded with Senior Citizen Services Act or respite care has a complaint, grievance or dispute, the resolution process is a hearing as outlined in the departments area agency on aging polity and procedure manual chapter 6. The area agency on aging would work with the client through this process.

(2) An adult day care or day health center has those hearing or dispute resolution rights that are afforded under RCW 43.20B.675 and the center's contract with the area agency on aging or the department. An adult day health center has any other applicable hearing or dispute resolution rights under WAC 182-502-0220.

(3) Adult day health centers are subject to all applicable provisions of chapter 182-502 WAC, and the department's aging and long term support administration may exercise the department's authority under that chapter to the same extent as the health care authority.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0732, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0732, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0734 Would the department limit expenditures in the adult day service program? (1) In order to provide adult day services within the limits of available funding, the department may limit services when program expenditures exceed the budget appropriation or when limiting services is required to prevent expenditures from exceeding the appropriation.

(2) When adult day health program expenditures exceed available funding, the department may limit adult day health services based on the four care level system as determined through the established department assessment and described in chapter 388-105 WAC.

(a) Using the care level determined by the department assessment tool, the department will limit adult day services on a statewide basis to clients whose total scores exceed the assessed need level identified by the department as necessary to provide adult day health services to the extent of available funding.

(b) At least thirty days before implementing the limitation on services under this subsection, the department will notify the area agencies on aging, adult day health centers, and the affected adult day health clients that services are being limited and for what period of time the limitation is estimated to remain in effect.

(c) For purposes of RCW 74.08.080, the reduction in services shall be deemed an assistance adjustment for an entire class of recipients that is required by state laws prohibiting the department from expending funds in excess of appropriations.

(3) The department may adopt additional or alternative rules to control costs, such as, but not limited to, imposing a moratorium on contracting with new adult day centers, limiting services to clients based on level of care need, or reducing the numbers of days per week that clients may receive services.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0734, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.200, 74.09.520, 74.39A.030. WSR 05-02-064, § 388-71-0734, filed 1/4/05, effective 2/4/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0734, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0736 What business and administrative documentation does the center need? (1) Adult day centers must have written documentation of the organizational structure and administration of the program.

(2) Organizational and administrative documentation must include but are not limited to:

(a) Core values and mission statment [statement] of the organization;

(b) Ethical standards of the center and professional standards of conduct;

(c) Short and long-range program goals;

(d) Definition of the target population, including number, age, and needs of participants;

(e) Geographical definition of the service area;

(f) Hours and days of operation (Centers or a combination of centers under single ownership must operate at least three days a week for four consecutive hours, with each center providing at least four hours of programming a day.);

(g) Description of basic services and any optional services;

(h) Description of service delivery

(i) Business structure, articles of organization or bylaws, as applicable;

(j) Current business license;

(k) Names and addresses of the center's owners, officers, and directors, as applicable;

(l) Certificates of insurance, including but not limited to property and general liability insurance; business auto if the center uses vehicles to transport clients; professional liability; workers' compensation; employers' liability if applicable; coverage for acts and omissions of employees and volunteers; and certificates of insurance for any subcontractors;

(m) Minutes of last three meetings of the board of directors, if applicable, and the advisory committee;

(n) Role and functions of an advisory committee, which must meet at least twice a year and which must be representative of the community and include family members of current or past clients and nonvoting staff representatives (When an adult day center is a subdivision of a multifunction organization, a committee or subcommittee of the governing body

of the multifunction organization may serve as the advisory committee. A single purpose agency may utilize its governing board as an advisory committee.);

(o) An organizational chart illustrating the lines of authority and communication channels of the center, which must be available to all staff and clients;

(p) A calendar of programming (or sample calendar if the center is new);

(q) A monthly menu (or sample menu if the center is new);

(r) Current building, health, food service and fire safety inspection reports, and food handler permits, as applicable; and

(s) Quality improvement plans and results.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0736, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0736, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0738 What operating policies and procedures does the center need? (1) All policies and procedures must include date of initial development and/or revision along with date of being reviewed and approved on a regular basis, at least annually, by the advisory committee, and conform to the requirements outlined in WAC 388-71-0702 through 388-71-0774, as applicable.

(2) Policies and procedures must include:

(a) Procedures for evaluations, reevaluation, and the development of a negotiated care plan with clients and/or representatives, including provisions for the utilization of a multidisciplinary team for this process;

(b) If applicable, research procedures that comply with chapter 388-04 WAC;

(c) Procedure for developing staffing schedules with staff to participant ratios being at a minimum one staff to six participants;

(d) Policy regarding the utilization of community resources;

(e) Gift policy;

(f) Marketing policy and procedures;

(g) Policy and procedure for contracting for services;

(h) Medication policy including but not limited to: Disposal of wasted or contaminated medications;

(i) Emergency and evacuation policy and procedures for fire safety as approved by the local fire authority must be adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire evaluation drills;

(j) Grievance and complaint policies and procedures for staff and participants;

(k) Admission and discharge criteria policy and procedure. Discharge policies must include specific measurable criteria that establish when the participant is no longer eligible for services and under what circumstances the participant may be discharged. Unless the discharge is initiated by the client's department or authorized case manager, the center must notify the client, client representative if applicable, and case manager in writing of the specific reasons for the discharge. The center must also provide the client with adequate information about appeal and hearing rights. The discharge may occur due to the client's choice, other criteria as defined in the center's policy such as standards of conduct or inappropriate behavior, or changes in circumstances making the client ineligible for services under WAC 388-71-0708 or 388-71-0710;

(l) Health Insurance Portability and Accountability Act (HIPAA) policy and procedure;

(m) Confidentiality policy and procedure;

(n) Policy regarding how the center will comply with all applicable nondiscrimination laws, including but not limited to age, race, color, gender, religion, national origin, creed, marital status, sexual orientation, Vietnam era or disabled veteran's status, or sensory, physical, or mental handicap;

(o) A policy and procedure to afford the participants' their bill of rights describing the client's rights and responsibilities must be developed, posted, distributed to, and explained to participants, families, staff, and volunteers. Participants will be provided the bill of rights in the language understood by the individual upon request;

(p) Policies and procedures to ensure that the client's record/chart is appropriately organized and thinned according to the center's policy.

(q) Client record policy and procedures for:

(i) Confidentiality and the protection of records that define procedures governing the use and removal, and conditions for release of information contained in the records;

(ii) The release of client information and circumstances under which a signed authorization from the client or client representative is required; and

(iii) The retention, storage and access to records per the agency's contract with the department and/or the department's designee, including contingency plans in the event the center discontinues operation.

(r) The center must have an advance directive policy as required by the Patient Self Determination Act of 1990 (see 42 C.F.R. § 489.102 and chapter 70.122 RCW); and

(s) A policy and procedure for illness/injury/medical emergency/death must be followed in the event a participant becomes ill, is injured, or dies. The procedures must describe arrangements for hospital inpatient and emergency room service and include directions on how to secure ambulance transportation and complete incident reports.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0738, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0738, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0740 What are the center's fiscal operational responsibilities? (1) Adult day centers must demonstrate fiscal responsibility. Fiscal policies, procedures, reports, statements and records must be developed in accordance with generally accepted accounting principles (GAAP) and enable the administrator to meet the fiscal reporting needs of the governing body.

(2) Adult day centers must develop a yearly plan to address the future financial needs of the center. The plan must include projected program growth, capital purchases, projected revenue, projected expenses, and plans for fund raising, if applicable.

(3) Adult day centers must create a total center operating budget, including all expenditures, revenue sources and participant fees generated annually.

(4) An annual financial statement or the latest audit report of the organization by a certified public accountant performed at least every two years must be available.

(5) A statement of charges for services (fee schedule), including private pay rates and/or ancillary charges for additional services outside the scope of these rules, must be available.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0740, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0740, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0744 What are the center's requirements for client records? (1) The adult day center must follow their policies and procedures to ensure that the client's record/chart is appropriately organized and that confidentiality of information is maintained.

(2) Client information forms must be standardized, with each page showing the client's name or identification number.

(3) Individual client files must include:

(a) Personal/biographical data, including addresses, phone numbers, emergency contacts, and client representatives, reviewed and updated as needed;

(b) Application, enrollment, and consent to services forms;

(c) Department-authorized service plan and service authorization;

(d) All client information, including but not limited to the intake evaluation, date of acceptance to the center, negotiated care plan, attendance and service records, progress notes, and correspondence;

(e) Signed authorizations concerning the release of client information, photographs, and receipt of emergency medical care, as appropriate;

(f) Client photograph, with client or client representative permission, updated as needed per change in the client's appearances or picture being difficult to clearly view;

(g) Transportation plans regarding how the client will be transported back and forth from the center and who is responsible for the transportation;

(h) Fee determination forms;

(i) Appropriate medical information, with client consent, including but not limited to significant illnesses, accidents, treatments, medical conditions, allergies, medications, tobacco use, and alcohol or substance use;

(j) Advance directives (if any) and a statement signed by the client that he or she has received the center's policies concerning advance directives; and, as applicable;

(k) Authorizing practitioner orders for skilled nursing and/or rehabilitative therapy containing department-required information and in accordance with applicable licensing and practice act regulations.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0744, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0744, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0746 What are the adult day center's client records requirements? (1) If the client's record is hand-written it must be legibly written in ink, dated, and signed by the recording person with his/her title. Identification of the author may be a signature, initials, or other unique identifier within the requirements of applicable licensing standards and center policy. All hand-written documentation must be legible to someone other than the author. If signature is a unique identifier, such as initials, there must be a key readily available for use by the department of their designee. The negotiated care plan must have the center's author's full name and title on the signature line.

(2) If the client's record is an automated electronic record then it must be within a secured client record system to ensure confidentiality for all records, in accordance with state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). If electronic signature is a unique identifier then there must be a key readily available for use by the department or their designee. The negotiated care plan must have the center's author's full name and title on the signature line.

(3) Progress notes must be entered into the file chronologically and timely. Adult day health centers' professional interventions must be charted directly after providing the service. Adult day care centers must have progress summary notes at least monthly. Client dates and hours of attendance are to be kept daily.

(4) Consultation, care plan reviews and updating orders, hardcopy or electronic records, must be dated and initialed by the center's reviewer(s) or authorizing practitioner. The authorizing practitioner must update the skilled clinical orders at least annually or when a significant change occurs warranting a change in the skilled clinical intervention. The authorizing practitioner does not need to review the care plan but does need to update skilled clinical orders as outlined above.

(5) Documentation of medication use must include the name of the medication, dosage, frequency of administration, route of administration, site of injection if applicable, date and time and signature or initials of the person administering the medication, title, and date.

(6) If the client records are thinned or achieved, per your policy and procedure, all records must be readily available to the federal, state or their designee for monitoring purposes.

(7) Department-contracted adult day health centers must comply with all other applicable documentation requirements under WAC 182-502-0020.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0746, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0746, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0748 What are the adult day centers' record retention requirements? (1) The adult day center must maintain a secure client record system to ensure confidentiality for all records, whether paper or electronic, in accordance with state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

(2) The adult day center must maintain a permanent registry of all clients with dates of admission, attendance and discharge.

(3) The adult day center must follow their written policies concerning record and maintenance and retention, see WAC 388-71-0738 operating policy section.

(4) Client records maintained on the center's premises must be in a secure storage area that includes locking cabinets or storage. Computerized records must be backed up, daily for any changes made in the record that day and a full backup on a weekly basis. Weekly backup records would be stored off-site either in a physical, (cd, tape or thumb drive) or electronic file, (through the cloud backup system) compliant with HIPAA.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0748, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0748, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0750 What are the adult day center's personnel policies and procedures requirements? (1) Personnel policies and procedures must be in place to ensure that staff is trained and knowledgeable to provide quality services in a safe environment. Policies must include at least the following:

(a) The center must have policies concerning the recruitment, orientation, training, evaluation, and professional development of staff and volunteers.

(b) The center must have job descriptions for each paid staff and volunteer position, which functions as staff, that are in accordance with ADA requirements and that specify qualifications for the job, delineation of tasks, essential functions and lines of supervision and authority.

(c) Each employee must receive, review, and sign a copy of the job description at the time of employment and whenever job descriptions are modified. Volunteers who function as staff must receive written descriptions of responsibilities.

(d) Probationary evaluations and annual performance evaluations, in accordance with job descriptions, must be conducted and must conform to the policy of the funding or parent organization. Both the employee and supervisor will sign and date the written evaluation. Copies will be kept in locked personnel files.

(e) Each staff person or volunteer, who functions as a staff person, is to have tuberculosis (TB) testing according to current local health authorities recommendations.

(f) The center must have policies to restrict a staff person or participant's contact with clients when the staff person or participant has a known communicable disease in the infectious stage that is likely to spread in the center.

(g) Policies must also be established concerning hand washing, universal precautions, infection control, infectious waste disposal, bloodborne pathogens, and laundry and handling of soiled and clean items.

(2) The center must have policies and procedures concerning suspected participant abuse, neglect, or exploitation reporting that include provisions preventing access to any participant until the center investigates and takes action to assure the participants' safety.

(3) The center must not interfere with the lawful investigation of a complaint, coerce a participant, or conceal evidence of alleged improprieties occurring within the center.

(4) The center must have policies that meet the requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and to local law enforcement for other participants.

(5) Each employee must receive or have access to a copy of the program's personnel policies at the time of employment.

(6) Whenever volunteers function in the capacity of staff, all applicable personnel policies pertain.

(7) The center must conform to federal and state labor laws and be in compliance with equal opportunity guidelines.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0750, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0750, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0752 What are the adult day centers' staffing qualifications and requirements? (1) Staff selection is dependent on participant needs, program design, and contracting requirements. The center must have the proper balance of professionals and paraprofessionals or nonprofessionals to adequately meet the needs of participants. Services must be delivered by those with adequate professional training. A staff person can have multiple functions, such as an administrator who is also responsible for providing nursing services or social services.

(2) To ensure continuity of direction and supervision, there must be a clear division of responsibility between the governing body and the adult day center administrator.

(3) The administrator must be given full authority and responsibility to plan, staff, direct, and implement the program. The administrator must also have the responsibility for establishing collaborative relations with other community organizations to ensure necessary support services to participants and their families/caregivers.

(4) The administrator must be on site to manage the center's day-to-day operations during hours of operation. If the administrator is responsible for more than one site, or has duties not related to adult day center administration or provision of services, a program director must be designated for each additional site and must report to the administrator.

(5) The administrator must be responsible for the development of a written plan of operation with approval of the governing body and the development, coordination, supervision, fiscal control, and evaluation of services provided through the adult day center.

(6) A nurse or other personnel with a current first aid and CPR card must be on-site whenever participants are attending the adult day care or health program.

(7) Required credentials must be verified to ensure that they are current and in good standing for licensed and certified staff.

(8) Adult day centers may utilize a range of staff under contract or consulting from a larger parent organization or from a private entity to provide services.

(9) Staff commonly utilized by both adult day care and adult day health centers must meet the following requirements:

(a) An activity coordinator must have a bachelor's degree in recreational therapy or a related field and one year of experience (full-time equivalent) in social or health services; or an associate degree in recreational therapy or a related field plus two years of appropriate experience; or three years of paid experience in an activity program and expertise with the population served at the center.

(b) The nurse must be a registered nurse (RN) with valid state credentials in good standing and have at least one-year applicable experience (full-time equivalent) in ambulatory care or hospital nursing or geriatric or preferably in home health or older adult community based nursing and/or work with disabled clients. In addition to a registered nurse, an adult day center can utilize a licensed practical nurse (LPN), but the LPN must be supervised in compliance with all applicable nurse practice acts and standards. The LPN must have valid state credentials in good standing and at least one-year applicable experience (full-time equivalent) in ambulatory care of hospital nursing or geriatric or preferably in home health or older adult community based nursing and/or work with disabled clients. In the adult day care center the RN/LPN does not need to be on site during all hours of operation. In the adult day health center the RN and/or LPN must be on site when the attending participants' who need nursing services are attending the ADH program. If there are no participants who have nursing service interventions identified on their negotiated care plan in attendance then the nurse is not required to be on site during the ADH program time.

(c) The social services professional must have a master's degree in social work, gerontology, or other human services field, or counseling and at least one year of professional work experience (full-time equivalent), or a bachelor's degree in social work, counseling, or a related field and two years of experience in a human services field.

(d) Program assistant/aides or personal care aides must have the appropriate knowledge, skills and training to meet the individual needs of the participants before they are allowed to provide care and services. The assistant/aide competencies must be documented demonstrating their qualification to meet the needs of the center's participants within their job description.

(e) Consultants from a larger parent organization without formal contracts may be utilized whenever the center is part of a larger organization that has the ability to provide professional services within the larger framework.

(f) Consultants, with appropriate, valid state credentials may be utilized as needed to meet the requirements outlined in this chapter. The rehabilitative consultants must perform the professional assessment of the participant, train the staff regarding the participants therapy needs and therapeutic intervention/s, monitor the rehabilitation program and evaluate the participants progress for discharge planning.

(g) Secretary/bookkeepers must have at least a high school diploma or equivalent and skills and training to carry out the duties of the position.

(h) If the adult day center provides transportation drivers must have a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR. The driver must meet all state requirements for licensure or certification.

(i) Volunteers may be individuals or groups who desire to work with adult day center clients and must take part in program orientation and training. Volunteers and staff must mutually determine the duties of volunteers. Duties to be performed under the supervision of a staff member must either supplement staff in established activities or provide additional services for which the volunteer has special talents. Volunteers will be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.

(j) Dietitians must be certified with valid state credentials and have a minimum of one year applicable experience (full-time equivalent).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0752, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0752, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0754 What are the adult day center's staff ratio requirements? (1) Direct care staff in adult day centers will vary based upon the number of participants and their care and service requirements. The centers must provide sufficient numbers of qualified staff to meet the participants' needs, but at a minimum must have one staff to six clients for:

(a) Adequate nutrition and hydration;

(b) Health monitoring, education and referral to health services if needed;

(c) Assistance with activities of daily living;

(d) Socialization, recreation, therapeutic activities and stimulation;

(e) Transportation assistance;

(f) Supervision and protection; and

(g) Provision of a safe environment.

(2) The staffing level must be sufficient to serve the number and functioning levels of adult day center participants, meet program objectives, and provide access to other community resources.

(3) There must be sufficient maintenance and housekeeping personnel to assure that the facility is clean, sanitary, and safe at all times.

(4) To ensure adequate care and safety of participants, there must be provision for qualified substitute staff.

(5) As the number of participants with functional impairments, skilled nursing or skilled rehabilitative therapy needs increases, the required staff-participant ratio must be adjusted accordingly.

(6) Direct service staff to participant ratio must be met according to each program the center is contracted to provide, i.e. COPES/RCL and memory care and wellness services (MCWS). The center is required to have daily documentation outlining how they met the staff to resident ratio. This data would include but not be limited to names/titles of employees with date and hours worked and participants' names and date and hours attended.

(7) Staff counted in the staff-participant ratio is those who are trained and able to provide direct service to participants. When there is one participant present, to ensure safety of participant, there must be at least two organizational staff members who have the skills, knowledge and ability to meet the clients need and at least one is currently certified in CPR and first aid.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0754, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0754, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0756 What are the adult day care centers' minimum staff requirements? (1) The minimum staffing requirements for adult day care centers include an administrator/program director, activity coordinator, a consulting registered nurse, and a consulting social worker.

(2) The administrator/program director must have a master's degree and one year of supervisory experience in health or social services (full-time equivalent); or a bachelor's degree in health, social services or a related field, with two years of supervisory experience (full-time equivalent) in a social or health service setting; or a high school diploma or equivalent and four years of experience in a health or social services field, of which two years must be in a supervisory position, and have expertise with the populations served at the center.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0756, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0756, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0758 What are the adult day health centers' minimum staff requirements? (1) The minimum staffing requirements for adult day health centers include an administrator, program director, registered nurse, activity coordinator, a PT/OT or speech therapist, and a social worker. The administrator and program director may be the same person.

(2) The program administrator must have a master's degree and one year of supervisory experience in health or social services (full-time equivalent), or a bachelor's degree and two years of supervisory experience in a social or health service setting. The degree may be in nursing.

(3) The program director must have a bachelor's degree in health, social services or a related field with one year of supervisory experience (full-time equivalent) in a social or health service setting. Upon approval by the department, a day health center may request an exception for an individual with an associate's or vocational degree in health, social services, or a related field with four years of experience in a health or social service setting, of which two years must be in a supervisory position.

(4) Registered nurses and licensed practical nurses per WAC 388-71-0752.

(5) Therapists, regardless of specific expertise, such as physical therapists, occupational therapists, speech therapists, recreation therapists, mental health therapists, or any other therapists used, must have valid state credentials and one year of experience in a social or health setting.

(6) Rehabilitative therapeutic assistants must be certified with valid state credentials, have at least one year of applicable experience (full-time equivalent), and meet the requirements of chapter 246-915, 246-847, or 246-828 WAC.

(7) A certified or registered nursing assistant must meet the requirements of chapter 18.88A RCW.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0758, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0758, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0760 What are the adult day centers' employee file requirements? (1) Each employee must have an individual file containing the employee's application, verification of references, TB status, signed job description, and all performance evaluations. Copies of current license, certificate, or registration and verification of current good standing, and a current certification of CPR and first aid training, if applicable, must also be in the file.

(2) Centers must maintain employee records for the duration of staff employment and at least seven years after termination of employment.

(3) Employee records must contain documentation demonstrating the employee was oriented to the facility, job and possesses the knowledge, skills and ability to perform their assigned duties. The record should also contain documentation demonstrating the employee understands and will follow the center's policies and procedures regarding but not limited to medication disposal, the emergency and evacuation plan, the abuse, neglect, abandonment and financial exploitation of vulnerable adults and universal precaution policies and procedures.

(4) Background checks pursuant to RCW 43.43.830 and 43.43.832 must be performed for all applicants hired, existing employees, and volunteers who function as staff or who have unsupervised access to participants. Unsupervised access to participants is prohibited until a background check has been completed and the employee's suitability for employment has been determined. Background checks must be updated every two years and documentation maintained in the employees' or volunteers' functioning as staff, record.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0760, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0760, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0762 What are the adult day centers' employee education and training requirements? (1) Provision must be made for orientation of new employees, contractors, and volunteers.

(2) Every year, all staff, contractors, and volunteers, functioning as staff, must receive, at a minimum, quarterly in-service training and staff development that meets their individual training needs to support program services. This must be documented and readily accessible in the personnel file.

(3) Staff, contractors, and volunteers, who function as staff, must receive training regarding the following at a minimum:

(a) How to document in participants' records;

(b) What the center's emergency plan and evacuation procedure is and how to implement;

(c) How to respond to aggressive or assaultive participants;

(d) How to receive and respond to grievances;

(e) What are universal precautions and how to implement in the day to day operations in the center;

(f) Reporting requirements such as but not limited to:

(i) Mandatory reporting for abuse, neglect, abandonment, and exploitation of vulnerable adults; and

(ii) Local health department procedure for disease outbreak.

(4) At a minimum, one staff person per shift must have current training and certification in CPR/first aid.

(5) Staff and volunteers functioning as staff, must receive education and training on all applicable policies and procedures within two weeks of employment.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0762, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0762, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0764 How will medications be provided in an adult day center? (1) The center must develop written medication policies that support and promote safe medication storage and administration for each participant and meet the requirements of chapters 69.41 RCW and 246-88 WAC and other applicable statutes. These policies must be explained and accessible to all staff, contractors, volunteers, and participants that have responsibility in this area.

(2) Participants who need to take medications while at the center, and who are able to self medicate, must be encouraged and expected to bring and take their own medications as prescribed. Some participants may need assistance with their medications, and some may need to have their medications administered by qualified program staff.

(3) In order for the center staff to administer any prescribed medication, there must be a written authorization from the participant's authorizing practitioner stating that the medication is to be administered at the program site.

(4) Staff must be trained to observe medication usage and effects, and to document and report any concerns or difficulties with medications.

(5) At a minimum, medication policies must include the following:

(a) How medications will be labeled and stored. Medications must be:

(i) Labeled according to your policy including prescribed and over the counter medications;

(ii) Kept in a locked storage area organized so client's medications are not mixed together; and

(iii) If refrigeration is necessary, medications should be in a locked box, if not in a separate refrigerator dedicated to medication refrigeration.

(b) Procedures for administration of medications, including:

(i) What program staff are allowed and able to administer medications and under what circumstances;

(ii) How nonprescription medications such as aspirin or laxatives are to be used; and

(iii) How the administration of medications will be entered in participant case records as described in WAC 388-71-0744.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0764, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0764, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0766 What are the adult day centers' facility requirements? (1) Selection of a location for a center must be based on information about potential participants in the service area and be made in consultation with other agencies, organizations, and institutions serving older individuals and those with functional impairments, as well as considering the availability of a suitable location.

(2) Centers must have available a current floor plan of the facility indicating usage of space with interior measurements, building inspection report from the local, city or county, building department, if applicable, fire department inspection report, and the local health department kitchen inspection report and permit if operating an on-site kitchen.

(3) When possible, the facility should be located at street level. If the facility is not located at street level, it is essential to have a ramp and/or elevators. All new adult day service centers contracted with the department after February 1, 2014 must have a ramp, at least a 1:12 slope, for emergency evacuation if the center has any step or stairs to be navigated during an emergency evacuation. An evacuation plan for relocation of participants to another building must also be in place in the event of an emergency. The center must post a floor plan of the center and indicate the evacuation route from each room to the outside meeting place.

(5) Each adult day center colocated in a facility housing other services must have its own separate identifiable space for main activity areas during operational hours. Certain space can be shared, such as the kitchen and therapy rooms.

(6) Each center must provide appropriate hardware on doors of storage rooms, closets, bathrooms, and other rooms to prevent participants from being accidentally locked in.

(7) When possible, the location should be within a transit authority's core service area.

(8) The facility must have sufficient space to accommodate the full range of program activities and services. The facility must be adaptable to accommodate variations of activities (group and/or individual) and services. The program must provide and maintain essential space necessary to provide services and to protect the privacy and dignity of the participants receiving services. There must be sufficient private space to permit staff to work effectively and without interruption. There must be sufficient space available for private discussions.

(9) The facility must provide at least sixty square feet of program space for multipurpose use for each day center participant. In determining adequate square footage, only those activity areas commonly used by participants are to be included. Hallways, dining and kitchen areas are to be included only if these areas are used by clients for activities other than meals. Reception or lobby areas, storage areas, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

(10) Storage space.

(a) There must be adequate storage space for program and operating supplies.

(b) Toxic substances, whether for activities or cleaning, must be stored in an area not accessible to participants. Substances must be clearly marked, the contents identified, and stored in original containers.

(11) Restrooms.

(a) The facility's restrooms must be located as near the activity area as possible, preferably no more than forty feet away. The facility must include at least one toilet for every ten participants. The facility must provide privacy for the participant when using the restroom facilities.

(b) Programs that have a large number of participants who require more scheduled toileting or assistance with toileting must have at least one toilet for every eight participants.

(c) The toilets shall be equipped for use by mobility-limited persons and easily accessible from all program areas. One toilet area should be designed to allow assistance from one or two staff. More accessible units may be required based upon the needs of the participants.

(d) Each restroom must contain an adequate supply of soap, toilet tissues, and paper towels.

(e) After month/day/year all newly contracted adult day service facilities or contracted adult day service provider opening another site must have at least one roll in shower for participant use. Showers are to be accessible to those who require bathing as an ADC service.

(12) Rest area.

(a) In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy and to isolate participants who become ill or disruptive, or who may require rest.

(b) The rest area must be located away from activity areas and near a restroom and the nurse's office. There must be at least one bed, couch, or recliner for every ten participants that can be used for resting or the isolation of a participant who is ill or suspected of coming down with a communicable disease.

(c) If beds are used, the mattresses and pillow must be protected, cleaned and disinfected after each participant use. The bed linens must be clean and changed after each use by different participants to prevent the spread of infection.

(13) Loading zones/parking/entrances/exits.

(a) A loading zone with sufficient space for getting in and out of a vehicle must be available for the safe arrival and departure of participants and the use of emergency personnel.

(b) There must be sufficient parking available to accommodate family caregivers, visitors, and staff.

(c) When necessary, arrangements must be made with local authorities to provide safety zones for those arriving by motor vehicle and adequate traffic signals for people entering and exiting the facility.

(d) Adequate lighting must be provided in all loading and parking zones, entrances, and exits.

(e) An adult day center must be visible and recognizable as a part of the community. The entrance to the facility must be clearly identified. The center must also be appealing and protective to participants and others.

(f) At least two well-identified exits must be accessible from the building.

(14) Atmosphere and design.

(a) The center's design must facilitate the participants' movement throughout the facility and encourage involvement in activities and services.

(b) The environment must reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to get his/her orientation to time and space.

(c) A facility must be architecturally designed in conformance with the requirements of section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act to accommodate individuals with a disability and meet any state and local barrier-free requirements.

(d) Illumination levels in all areas must be adequate, and careful attention must be given to avoiding glare. Attention must be paid to lighting in transitional areas, such as outside to inside and between different areas of the facility.

(e) Sound transmission must be controlled. Excessive noise, such as fan noise, must be avoided.

(f) Comfortable conditions must be maintained within a comfortable temperature range. Excessive drafts must be avoided uniformly throughout the facility.

(g) Sufficient furniture must be available for the entire population present. Furnishings must accommodate the needs of participants and be attractive, comfortable, sturdy, clean and safe. Straight-backed chairs with arms must be used during activities and meals.

(h) A telephone must be available for participant use. Local calls are to be available at no cost to the participant.

(15) Safety and sanitation.

(a) The facility and grounds must be safe, clean, and accessible to all participants, and must be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.

(b) Nonslip surfaces must be provided on stairs, ramps, and interior floors.

(c) Alarm/warning systems are necessary to ensure the safety of the participants in the facility in order to alert staff to potentially dangerous situations. This system needs to be activated when the center's staff have determined a participant/s have the potential safety issues with wandering. It is recommended that call bells be installed or placed in the rest areas, restroom stalls, and showers.

(d) An emergency evacuation plan with outside meeting location at a safe distance from the building must be strategically posted in each facility so that all participants, staff, and visitors can view it. If the center provides services to primarily non-English speaking clients the evacuation plan must also contain instructions in the primary language used by clients of the center. The center's emergency disaster plan must be readily available to all staff and reviewed routinely to ensure a safe and secure environment during a disaster.

(e) The facility must be free of hazards, such as high steps, steep grades, and exposed electrical cords. Steps and curbs must be painted and the edges of stairs marked appropriately to highlight them. All step, stairs, ramps, and bathrooms accessible to those with disabilities must be equipped with securely anchored handrails on both sides.

(f) Emergency first-aid kits and manuals must be visible and accessible to staff. Contents of the kits must be replenished after use and reviewed as needed.

(g) Maintenance and housekeeping must be carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.

(h) If smoking is permitted, the center must follow chapter 70.160 RCW, Smoking in public places.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0766, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0766, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0770 What are the adult day centers' food and nutrition service requirements? Centers must provide meal service to all participants as outlined in WAC 388-71-0704 and 388-71-0706

(1) All meals provided are to meet one-third of the minimum required daily allowance or dietary reference intake as determined by the Food and Nutrition Board of the Institute of Medicine.

(2) The center must ensure that food served meets nutritional needs, takes into consideration individual and ethnic preferences to the extent reasonably possible, caloric need, special dietary requirements, and any physical condition making food intake difficult.

(3) The center must provide a variety of foods and not repeat menus for a minimum of three weeks.

(4) Participant input must be gathered when planning meals.

(5) Menus must be posted at least one week in advance; indicate the date, day of the week, month and year; and include all food and snacks served that contribute to nutritional requirements.

(6) Nutrient concentrates, supplements, and dysphagia-modified diets related to a choking or aspiration risk, are to be served only with the written approval of the participant's authorizing practitioner.

(7) Safe and sanitary handling, storage, preparation, and serving of food must be assured. If meals are prepared on the premises, kitchen appliances, food preparation area, and equipment must meet state and local requirements and pass inspections annually.

(8) All staff and volunteers handling or serving meals must have the appropriate food handler's permits, if applicable.

(9) In the event meals are prepared at a separate kitchen facility, the adult day center must ensure that persons preparing food have a food handler's permit and that the food is transported in airtight containers to prevent contamination.

(10) The center must ensure that the food is transported and served at the appropriate and safe temperature.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0770, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0770, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0772 What are the adult day centers' emergency procedures requirements? (1) A written emergency/disaster/earthquake plan must be readily available to all staff at each program site and in all program owned vehicles. Staff must be trained to ensure smooth implementation of the emergency plan.

(2) All staff and volunteers must be trained in evacuation/fire safety procedures.

(3) The center's written illness/injury/medical emergency/death procedure must be followed in the event a participant becomes ill, is injured, or dies. The procedures must be readily available to all staff during program hours and must be explained to staff, volunteers, and participants.

(4) Procedures for fire safety as approved by the local fire authority must be adopted and readily available to all staff, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire drill evaluation. The center must post their building's floor plan with evacuation route from each room to the outside predetermined meeting place. Smoke detectors must also be used and serviced on a routine basis per the center's policy.

(5) Each center must provide adequate emergency lighting or flashlights in all areas.

(6) Each center must provide and maintain first-aid kits with manuals in adequate numbers to meet the needs of the participant and staff.

(7) Each center must ensure, in accordance with local emergency procedures, that supplies, food, water and equipment are available in the event power, heat and/or electricity are not available during an emergency.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0772, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0772, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0774 What are the adult day centers' quality assurance plan requirements? (1) All adult day centers must develop an annual quality improvement plan that identifies specific concerns regarding the quality of care and services to clients. The plan must also include a description of the plan of action that would address the concerns. The plan must have specific measurable objectives, designed to meet requirements of any licensing, funding sources, professional standards, or regulatory compliance.

(2) Policies and procedures for monitoring program quality and determining further action must be developed by the administrator with the advice of the multidisciplinary staff team and the advisory committee, and with the approval of the governing body and center clients and/or representatives.

(3) Quality assurance and improvement plans may include but are not limited to annual program evaluations, utilization reviews, participants' and former participants' satisfaction surveys, and sampling participant care plans to audit for assurances of meeting the WAC requirements.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0774, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0774, filed 2/24/03, effective 7/1/03.]

WAC 388-71-0776 Effective date. WAC 388-71-0702 through 388-71-0776 is effective [July 1, 2003] [February 1, 2014].

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 15-01-174, § 388-71-0776, filed 12/23/14, effective 1/23/15. Statutory Authority: RCW 74.04.050, 74.04.057, 74.04.200, 74.08.090, 74.09.520, and 74.39A.030. WSR 03-06-024, § 388-71-0776, filed 2/24/03, effective 7/1/03.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 388-71-0836 What definitions apply to the long-term care worker training requirements? "Activities of daily living," in the context of this chapter, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.

"Care team" includes the client and everyone involved in his or her care. The care team can include family, friends, doctors, nurses, long-term care workers, social workers and case managers. The role of the care team is to support the well-being of the client, however, the client directs the care plan.

"Certified home care aide" means a long-term care worker who has obtained and maintains a home care aide certification through the department of health.

"Challenge test" means a challenge test taken for specialty training, without first taking the class for which the test is designed and can only be used when basic training is not required.

"Client" means an individual receiving in-home services.

"Competency" defines the integrated knowledge, skills, or behavior expected of a long-term care worker after completing training in a required topic area. Learning objectives are associated with each competency.

"Competency testing" is evaluating a student to determine if he or she can demonstrate the required level of skill, knowledge, and/or behavior with respect to the identified learning objectives of a particular course. The department only requires competency testing for nurse delegation core and specialized diabetes training and the specialty trainings. Training programs may integrate competency testing within their approved curricula.

"DDD" refers to the division of developmental disabilities.

"Department" or **"DSHS"** refers to the department of social and health services.

"Enhancement" is additional time provided for skills practice and additional training materials or classroom activities that help a worker to thoroughly learn the course content and skills. Enhancements can include new student materials, videos or DVDs, online materials, and/or additional student activities.

"Guardian" means an individual as defined in chapter 11.88 RCW.

"Individual provider" means a person who has contracted with the department to provide personal care or respite care services to persons with functional disabilities under a medicaid state plan or federal waiver such as community options program entry system (COPES), or other waiver programs.

"Learning objectives" are measurable, written statements that clearly describe what a long-term care worker must minimally learn to meet each competency. Learning objectives are identified for each competency. Learning objectives provide consistent, common language and a framework for curriculum designers, the curriculum approval process, and testing. Curriculum developers have the flexibility to determine how learning objectives are met and may include additional content deemed necessary to best meet the competency in a particular setting.

"Long-term care worker" includes all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care employees of home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed boarding homes, adult family homes, respite care providers, community residential service providers, and any other direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities, and supported living providers.

The following persons are not long-term care workers:

(1) Persons who are:

(a) Providing personal care services to individuals who are not receiving state-funded services; and

(b) The person is not employed by an agency or facility that is licensed by the state.

(2) Persons employed by:

(a) Nursing homes licensed under chapter 18.51 RCW;

(b) Facilities certified under 42 C.F.R. Part 483;

(c) Residential habilitation centers under chapter 71A.20 RCW;

(d) Hospitals or other acute care settings;

(e) Hospice agencies licensed under chapter 70.127 RCW;

(f) Adult day care centers or adult day health centers.

(3) Persons whose services are exclusively limited to assistance with "instrumental activities of daily living," as that term is defined in WAC 388-106-0010.

"Personal care services" means physical or verbal assistance with activities of daily living, or activities of daily living and instrumental activities of daily living which are provided to the client.

"Training entity" means an organization, including an independent contractor, who is providing or may provide training under this section using approved curriculum. Training entities may only deliver approved curriculum.

"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.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0836, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0839 What long-term care workers are exempt from the seventy hour, thirty hour or twelve hour basic training requirement? The following long term care workers are exempt from the basic training requirement:

(1) A person already employed as a long term care worker on January 6, 2012, who completed the basic training requirements in effect on the date of his or her hire;

(2) A person employed as a long term care worker on January 6, 2012, who completes within one hundred twenty days of hire the basic training requirements in effect on the date of his or her hire;

(3) A person previously employed as a long term care worker who completed the basic training requirements in effect on the date of his or her hire, and was employed as a long term care worker at some point between January 1, 2011 and January 6, 2012, this exemption will be verified at time of hire or service begin date;

(4) An individual provider who worked as a respite provider or who provided care to a minor between January 1, 2011 and January 6, 2012, and who completed the training requirements in effect on the date of his or her hire;

(5) Registered nurses, licensed practical nurses, nurse technicians, or advanced registered nurse practitioner under chapter 18.79 RCW;

(6) Nursing assistants certified under chapter 18.88A RCW;

(7) Certified counselors under chapter 18.19 RCW;

(8) Speech language pathologists or audiologists under chapter 18.35 RCW;

(9) Occupational therapists under chapter 18.59 RCW;

(10) Physical therapists under chapter 18.74 RCW;

(11) A home health aide who is employed by a medicare certified home health agency and has met the requirements of 42 C.F.R., Part 483.35;

(12) An individual with special education training and has an endorsement granted by the superintendent of public instruction as described in RCW 28A.300.010; and

(13) Individuals who are in a training program to become credentialed in a category listed from subsection (5) through (10) must complete this training program within one hundred twenty days of hire or service begin date to meet this exemption.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0839, filed 12/20/12, effective 1/20/13.]

ORIENTATION AND SAFETY TRAINING

WAC 388-71-0841 What is orientation? (1) Orientation is a training of two hours regarding the long-term care worker's role as long-term care workers and the applicable terms of employment.

(2) The department must approve orientation curricula and instructors.

(3) There is no challenge test for orientation.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0841, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0846 What content must be included in orientation? Orientation must include introductory information in the following areas:

(1) The care setting and the characteristics and special needs of the population served or to be served;

(2) Basic job responsibilities and performance expectations;

(3) The care plan, including what it is and how to use it;

(4) The care team;

(5) Process, policies, and procedures for observation, documentation and reporting;

(6) Client rights protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights;

(7) Mandatory reporter law and worker responsibilities; and

(8) Communication methods and techniques that can be used while working with a client or guardian, and other care team members.

One hour of completed classroom instruction or other form of training (such as video or online course) equals one hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0846, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0850 What is safety training? (1) Safety training is a training of three hours that includes basic safety precautions, emergency procedures, and infection control. The training must be completed prior to providing care to the client.

(2) The department must approve safety training curricula and instructors.

(3) There is no challenge test for safety training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0850, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0855 What content must be included in safety training? Safety training consists of introductory information in the following areas:

(1) Safety planning and accident prevention, including but not limited to:

(a) Proper body mechanics;

(b) Fall prevention;

(c) Fire safety;

(d) In-home hazards;

(e) Long-term care worker safety; and

(f) Emergency and disaster preparedness.

(2) Standard precautions and infection control, including but not limited to:

(a) Proper hand washing;

(b) When to wear gloves and how to correctly put them on and take them off;

(c) Basic methods to stop the spread of infection;

(d) Protection from exposure to blood and other body fluids;

(e) Appropriate disposal of contaminated/hazardous articles;

(f) Reporting exposure to contaminated articles; and

(g) What to do when sick or injured, including whom to report this to.

(3) Basic emergency procedures, including but not limited to:

(a) Evacuation preparedness;

(b) When and where to call for help in an emergency;

(c) What to do when a client is falling or falls;

(d) Location of any advanced directives and when they are given; and

(e) Basic fire emergency procedures.

One hour of completed classroom instruction or other form of training (such as video or online course) equals one hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0855, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0860 Who must complete orientation and safety training and by when? Unless exempted in WAC 388-71-0839 (1) through (12), all long-term care workers must complete orientation and safety training prior to providing care to a client.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0860, filed 12/20/12, effective 1/20/13.]

BASIC TRAINING

WAC 388-71-0870 What is the seventy hour basic training? (1) Basic training of seventy hours is training that includes:

(a) Core competencies; and

(b) Population specific competencies.

(2) All seventy hour basic training curriculum must be approved by the department and provided by qualified instructors.

(3) The DSHS developed revised fundamentals of caregiving (RFOC) or another department approved training may be used to teach core basic training but it must include enhancements. Examples of enhancements are, but are not limited to:

(a) Adding more time for workers to practice skills including:

(i) The mechanics of completing the skill correctly.

(ii) Client centered communication and problem solving associated with performing the skill.

(iii) The different levels of care required for each skill (independent, supervision, limited, extensive, total).

(iv) Working with assistive devices associated with a skill.

(v) Helpful tips or best practices in working through common client challenges associated with a skill.

(vi) Disease specific concerns or challenges associated with a skill.

In most of these examples, additional student materials would be required to ensure the skill enhancements are well planned and documented for students. Materials must be submitted for approval and approved per WAC 388-71-1026.

(b) Augmenting or adding additional materials, student activities, videos or guest speakers that:

(i) More deeply reinforce and fortify the learning outcomes required for basic training.

(ii) Ensure each student integrates and retains the knowledge and skills needed to provide quality basic personal care.

(iii) Prepares workers for the certification testing environment and process.

(c) Enhancements are NOT materials and/or activities that:

(i) Are out of the scope of practice for a LTC worker such as content clearly written for registered nurses.

(ii) Are identical to, or a direct replacement of, those already included in RFOC.

(iii) Do not reinforce Washington state laws associated with client rights and client directed care.

(iv) Long-term care workers are not paid to provide.

(v) Are written above a high school reading level.

(4) One hour of completed classroom instruction or other form of training (such as a video or online course) equals one hour of training.

(5) The training entity must establish a way for the long-term care worker to ask the instructor questions.

(6) There is no challenge test for basic training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0870, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0875 Who must complete the seventy hour basic training and by when? Unless exempt from training in WAC 388-71-0839 (1) through (12), all long-term care workers must complete core and population specific competencies within one hundred twenty days of:

(1) The date of hire for home care agency long-term care workers; or

(2) From the begin date of the authorization to provide department-paid in-home services for a client for individual providers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0875, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0880 Who must take the thirty hour training instead of the seventy hour basic training and when must it be completed? Unless exempt from the basic training requirements under WAC 388-71-0839 (1) through (12), the thirty hour basic training under WAC 388-71-0885, must be completed within one hundred twenty days from the begin date of the authorization for provision to provide department paid, in-home services by an individual provider, who is caring only for:

(1) His or her biological, step, or adoptive child or parent.

(2) An individual provider who:

(a) Provides care to only one person; and

(b) Provides no more than twenty hours of care in any calendar month.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0880, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0885 What is the thirty hour training? The thirty hour training is a subset of the seventy hour basic training that must include core and population specific basic training. Topics completed in the subset must be on topics relevant to the care needs of the client(s). There is no challenge test for the thirty hour training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0885, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0888 What are the training and certification requirements for an individual provider who is initially hired to provide care for one person, if the authorized monthly hours fluctuate or individual provider begins working for more than one department client? (1)

If an individual provider is initially hired to provide care for one client and the authorized hours are for more than twenty hours he or she will have to complete the seventy hours of basic training, become certified and complete continuing education even if the authorized monthly hours are later reduced to twenty hours or fewer.

(2) If the individual provider initially starts working for one client and the authorized monthly hours are twenty or fewer, he or she will have to complete the seventy hours of basic training, become certified, and complete continuing education whenever:

(a) The authorized hours increase to more than twenty hours; or

(b) He or she begins to work for a second department client.

(3) Under these circumstances from the point of this change, the individual provider will:

(a) Have an additional one hundred twenty days to complete the seventy hours of training and additional one hundred fifty days to become certified;

(b) Be required to complete continuing education under WAC 388-71-0990; and

(c) Be required to continue to comply with the higher level of training requirements, even if the monthly authorized hours are later reduced to twenty or fewer hours.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0888, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0890 What are the training requirements for parent providers who are individual providers for their adult children through DDD? Unless exempt from the basic training requirements as defined in WAC 388-71-0839 (1) through (12), a natural, step, or adoptive parent who is the individual provider for his or her adult child receiving services through the DSHS division of developmental disabilities must complete the twelve hour parent provider training, as described in WAC 388-71-0895, within one hundred twenty days from the begin date of the authorization to provide department paid, in-home services.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0890, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0895 What is the twelve hour parent provider training? (1) The twelve hour parent provider training must include five hours of orientation and safety training as described in WAC 388-71-0841 and 388-71-0850. The remaining seven hours will cover the following topics:

(a) Medicaid personal care;

(b) Assessments completed by the division of developmental disabilities;

(c) Community resources;

(d) State and federal benefits;

(f) Networking; and

(g) Client self-determination.

(2) There is no challenge test for this training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0895, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0906 What topics must be taught in the core competencies of basic training? Basic training must include all of the competencies under WAC 388-71-0911 for the following topics:

(1) Communication skills;

(2) Long-term care worker self-care;

(3) Problem solving;

(4) Client rights and maintaining dignity;

(5) Abuse, abandonment, neglect, financial exploitation and mandatory reporting;

(6) Client directed care;

(7) Cultural sensitivity;

(8) Body mechanics;

(9) Fall prevention;

(10) Skin and body care;

(11) Long-term care worker roles and boundaries;

(12) Supporting activities of daily living;

(13) Food preparation and handling;

(14) Medication assistance;

(15) Infection control, blood-borne pathogens, HIV/AIDS; and

(16) Grief and loss.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0906, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0911 What are the competencies and learning objectives for the core competencies of basic training? The core competencies describe the behavior and skills that a long-term care worker should exhibit when working with clients. Learning objectives are associated with each competency.

(1) Regarding communication, communicate effectively and in a respectful and appropriate manner with clients, family members, and care team members:

(a) Recognize how verbal and nonverbal cues impact communication with the client and care team;

(b) Engage and respect the client through verbal and nonverbal communication;

(c) Listen attentively and determine that the client, when able, understands what has been communicated;

(d) Recognize and acknowledge clients' communication including indicators of pain, confusion, or misunderstanding;

(e) Utilize communication strategies to deal with difficult situations; and

(f) Recognize common barriers to effective communication and identify how to eliminate them.

(2) Regarding long-term care worker self-care, take appropriate action to reduce stress and avoid burnout:

(a) Identify behaviors, practices and resources to reduce stress and avoid burnout;

(b) Recognize common barriers to self-care and ways to overcome them; and

(c) Recognize aspects of a long-term care worker's job that can lead to stress and burnout, common signs and symptoms of stress and burnout; and the importance of taking action to practice self-care to avoid burnout.

(3) Regarding the competency of effective problem solving, use effective problem solving skills:

(a) Explain why it is necessary to understand and utilize a problem solving method;

(b) Implement a problem solving process/method; and

(c) Identify obstacles to effective problem solving and ways to overcome them.

(4) Regarding the competency of client rights and dignity, take appropriate action to promote and protect a client's legal and human rights as protected by federal and Washington state laws including:

(a) Protect a client's confidentiality, including what is considered confidential information, to whom a long-term care worker is allowed or not allowed to give confidential information, and how to respond if a noncare team member asks for confidential information;

(b) Promote dignity, privacy, encourage, and support a client's maximum independence when providing care; and

(c) Maintain a restraint-free environment, including physical, chemical, and environmental restraints. Use common, safe alternatives to restraint use;

(d) Protect and promote the client's right to live free of abuse, neglect, abandonment, and financial exploitation.

(5) Regarding the competency of abuse and mandatory reporting, recognize the signs of abuse and report suspected abuse, abandonment, neglect, and financial exploitation:

(a) Describe long-term care workers' responsibilities as a mandatory reporter as defined in RCW 74.34.020 through 74.34.053; and

(b) Identify common indications of abuse, abandonment, neglect, and financial exploitation.

(6) Regarding the competency of client directed care, take appropriate action when following a client's direction regarding his or her care:

(a) Describe a worker's role in client directed care including determining, understanding, and supporting a client's choices;

(b) Describe the importance and impact of client directed care on a client's independence, self-determination, and quality of life;

(c) Identify effective problem solving strategies that help balance a client's choice with personal safety; and

(d) Report concerns when a client refuses care or makes choices that present a possible safety concern.

(7) Regarding the competency of cultural sensitivity, provide culturally appropriate care:

(a) Describe how cultural background, lifestyle practices, and traditions can impact care and use methods to determine and ensure that these are respected and considered when providing care.

(8) Regarding the competency of body mechanics, utilize current best practices and evidence-based methods of proper body mechanics while performing tasks as outlined in the care plan.

(9) Regarding the competency on fall prevention, prevent or reduce the risk of falls:

(a) Identify fall risk factors and take action to reduce fall risks for a client; and

(b) Take proper steps to assist when a client is falling or has fallen.

(10) Regarding the competency of skin and body care, use personal care practices that promote and maintain skin integrity:

(a) Explain the importance of observing a client's skin, when to observe it and what to look for including common signs and symptoms of skin breakdown;

(b) Identify risk factors of skin breakdown;

(c) Observe skin at pressure point locations and report any concerns;

(d) Describe what a pressure ulcer is, what it looks like, and what actions to take if a client develops a pressure ulcer;

(e) Describe current best practices that protect and maintain a client's skin integrity including position changes when sitting or lying for extended periods and proper positioning and transfer techniques;

(f) Implement current best practices that promote healthy skin including hygiene, nutrition, hydration, and mobility; and

(g) Identify when to report skin changes and to whom.

(11) Regarding the competency on long-term care worker roles and boundaries, adhere to basic job standards, expectations, and requirements and maintain professional boundaries:

(a) Identify when, how, and why to obtain information from appropriate sources about a client's condition or disease for which they are receiving services. Describe how to use this information to provide appropriate, individualized care;

(b) Describe a client's baseline based on information provided in the care plan and explain why it is important to know a client's baseline;

(c) Identify changes in a client's physical, mental, and emotional state;

(d) Report changes from baseline and/or concerns to the appropriate care team member(s);

(e) Identify basic job standards and requirements (e.g. coming to work on time) and describe how maintaining these standards are critical to a client's safety and well-being;

(f) Explain the purpose of a care plan and describe how it is created, used and modified;

(g) Use a client's care plan to direct a worker's job tasks and any client directed care tasks;

(h) Identify what is required of a long-term care worker, as described in WAC 388-71-0946, prior to performing a nurse-delegated task;

(i) Describe the role of a care team and a long-term care worker's role in it;

(j) Describe professional boundaries and the importance of maintaining them; and

(k) Identify signs of unhealthy professional boundaries, barriers to keeping clear professional boundaries, and ways to avoid or eliminate them.

(12) Regarding the competency on supporting activities of daily living, perform required personal care tasks to the level of assistance needed and according to current best practices and evidence-based guidelines:

(a) Demonstrate, in the presence of a qualified instructor, all critical steps required for personal care tasks including but not limited to:

(i) Helping an individual walk;

(ii) Transferring an individual from bed to wheelchair;

(iii) Turning and repositioning an individual in bed;

(iv) Providing mouth care;

(v) Cleaning and storing dentures;

(vi) Shaving a face;

(vii) Providing fingernail care;

(viii) Providing foot care;

(ix) Providing a bed bath;

(x) Assisting an individual with a weak arm to dress;

(xi) Putting knee-high elastic stockings on an individual;

(xii) Providing passive range of motion for one shoulder;

(xiii) Providing passive range of motion for one knee and ankle;

(xiv) Assisting an individual to eat;

(xv) Assisting with peri-care;

(xvi) Assisting with the use of a bedpan;

(xvii) Assisting with catheter care;

(xviii) Assisting with condom catheter care; and

(xix) Providing medication assistance.

(b) In the process of performing the personal care tasks, use proper body mechanics, listen attentively, speak clearly and respectfully while explaining what the long-term care worker is doing, incorporate client preferences, maintain privacy and dignity, support the client's level of ability, and assure their comfort and safety;

(c) Appropriately utilize assistive device(s) specified in the care plan;

(d) Describe any safety concerns related to each task and how to address the concerns;

(e) Demonstrate an understanding of bowel and bladder functioning, including factors that promote healthy bowel and bladder functioning, and the signs, symptoms, and common causes of abnormal bowel and bladder function; and

(f) Identify the importance of knowing a client's bowel and bladder functioning baseline and when to report changes.

(13) Regarding the competency on food preparation and handling, plan and prepare meals using a basic knowledge of nutrition and hydration, incorporating any diet restrictions or modifications, and prevent food borne illness by preparing and handling food in a safe manner:

(a) Describe how nutrition and hydration can impact a client's health;

(b) Plan, shop, and prepare meals for a client according to the guidelines of good nutrition and hydration, incorporating any dietary requirements and restrictions per the care plan and client preferences;

(c) Describe common signs of poor nutrition and hydration, and when to report concerns and to whom;

(d) Understand that diet modification is required for certain health conditions, including dysphagia, and describe how to identify diet modifications required for a client;

(e) Recognize when a client's food choices vary from specifications on the care plan, describe when and to whom to report concerns;

(f) Describe what causes food borne illness, the risks associated with food borne illness and examples of potentially hazardous foods;

(g) Describe appropriate food handling practices, including: avoiding cross contamination from one food to another, safe storage requirements for cooling of leftover foods, including depth, types of containers, and temperatures, the need to maintain food at proper temperatures to limit bacterial growth and what are the safe food storage and holding temperatures for both cold and hot foods, best practices for thawing and re-heating food, and using clean gloves (if possible), and clean utensils when preparing food;

(h) Describe the importance and correct procedure for cleaning and disinfecting food contact surfaces; and

(i) Describe why a long-term care worker with certain types of illnesses and/or symptoms must not prepare food.

Long-term care workers who complete DSHS approved basic training meet the training requirements for adult family homes in RCW 70.128.250.

(14) Regarding the competency of medication assistance, appropriately assist with medications:

(a) Identify what a long-term care worker is allowed and not allowed to do when assisting with medications as described in chapter 246-888 WAC;

(b) Define terms related to medication assistance including prescription drugs, over the counter medications, and as needed (PRN) medications, medication side effects, and drug interactions;

(c) Identify common symptoms of medication side effects and when and to whom to report concerns;

(d) Store medications according to safe practices and the label instructions;

(e) Describe, in the proper sequence, each of the five rights of medication assistance; and

(f) Identify what to do for medication-related concerns, including describing ways to work with a client who refuses to take medications, identifying when and to whom to report when a client refuses medication or there are other medication-related concerns, and identifying what is considered a medication error and when and to whom it must be reported.

(15) Regarding the competency of infection control and blood borne pathogens including HIV/AIDS, implement best practices to prevent and control the spread of infections:

(a) Identify commonly occurring infections, ways that infections are spread, and symptoms of infections;

(b) Describe the purpose, benefit and proper implementation of standard precautions in infection control;

(c) Implement current best practices for controlling the spread of infection, including the use of hand washing and gloves;

(d) Demonstrate proper hand washing and putting on and taking off gloves;

(e) Identify immunizations that are recommended for adults to reduce the spread of virus and bacteria;

(f) Describe laundry and housekeeping measures that help in controlling the spread of infection;

(g) Describe proper use of cleaning agents that destroy micro-organisms on surfaces;

(h) Describe what blood-borne (BB) pathogens are and how they are transmitted;

(i) Identify the major BB pathogens, diseases, and high-risk behaviors for BB diseases;

(j) Identify measures to take to prevent BB diseases;

(k) Describe what to do if exposed to BB pathogens and how to report an exposure;

(l) Describe how HIV works in the body;

(m) Explain that testing and counseling for HIV/AIDS is available;

(n) Describe the common symptoms of HIV/AIDS;

(o) Explain the legal and ethical issues related to HIV including required reporting, confidentiality and nondiscrimination; and

(p) Explain the importance of emotional issues and support for clients and long-term care workers.

Long-term care workers who complete DSHS-approved basic training meet the four hours of AIDS education as required by the department of health in WAC 246-980-040.

(16) Regarding the competency on grief and loss, support yourself and the client in the grieving process:

(a) Define grief and loss;

(b) Describe common losses a client and long-term care worker may experience;

(c) Identify common symptoms associated with grief and loss;

(d) Describe why self-care is important during the grieving process; and

(e) Identify beneficial ways and resources to work through feelings of grief and loss.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0911, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0916 What topics may be taught in the population specific competencies of basic training? (1) Population specific training may include but is not limited to one or more of the following topics. Which topic(s) to include in population specific training is based on the needs of the population(s) served or to be served.

(a) Dementia;

(b) Mental health;

(c) Developmental disabilities;

(d) Young adults with physical disabilities; and

(e) Aging and older adults.

(2) Specialty training per WAC 388-112-0110 may be used to meet the population specific component of basic training. The training program will provide a department issued specialty certificate in these instances.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0916, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0921 What are the population specific competencies? There are no DSHS mandatory competencies or learning objectives for population specific training. The training entity developing the training determines the competencies and learning objectives that best meet the care needs of the population(s) served.

Competencies and learning objectives described for developmental disability specialty training in WAC 388-112-0122, dementia specialty training in WAC 388-112-0132, mental health specialty training in WAC 388-112-0142, aging and older adults in WAC 388-112-0091 and young adults with physical disabilities in WAC 388-112-0083 may be used to develop the population specific training in these topic areas. This is not a requirement.

Competencies and learning objectives used to develop the training must be submitted with the curricula when sent to DSHS for approval as described in WAC 388-71-1026.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0921, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0931 What other methods of training may count towards the seventy hour basic training requirement? On-the-job training, as defined in WAC 388-71-0932, provided after July 1, 2012 may count towards the seventy hour basic training requirement.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0931, filed 12/20/12, effective 1/20/13.]

ON-THE-JOB TRAINING

WAC 388-71-0932 What is on-the-job training? (1) Effective July 1, 2012, on the job training is a method of training when the long-term care worker successfully demonstrates any or all of the personal care or infection control skills included in the core basic training while working with a client versus in a practice training setting.

(2) On-the-job training is provided by a qualified instructor as described in WAC 388-71-1055, who directly observes, coaches, and reinforces skills training for up to two long-term care workers at a time. The instructor providing the on-the-job training:

(a) Does not have to be the instructor who has taught the core competency training;

(b) Cannot be someone whose primary job duty is providing direct care to clients; or

(c) Cannot be the immediate supervisor of the long-term care worker receiving the on-the-job training.

(3) The person overseeing on-the-job training must:

(a) Submit DSHS required forms and become an approved instructor for the core competency of basic training; and

(b) Verify on a DSHS approved skills checklist the long-term care worker's successful completion of the demonstrated skills.

(4) For the person receiving on-the-job training, the hours spent in on the job training may count for up to twelve hours toward the completion of basic training requirements.

(5) The training program shall offer department approved on-the-job training as part of the seventy hour training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0932, filed 12/20/12, effective 1/20/13.]

NURSE DELEGATION CORE AND SPECIALIZED DIABETES TRAINING

WAC 388-71-0936 What is nurse delegation core training? (1) Nurse delegation core training is the required course a nursing assistant, certified or registered, or certified home care aide must successfully complete before being delegated a nursing task.

(2) Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants" meets the training requirement for nurse delegation core training.

(3) DSHS must approve the instructors for nurse delegation core training prior to an instructor offering a course.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0936, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0941 What is specialized diabetes nurse delegation training? (1) Specialized diabetes nurse delegation training is the required course for nursing assistants, certified or registered, and certified home care aide who will be delegated the task of insulin injections.

(2) The specialized diabetes nurse delegation training consists of three modules which are diabetes, insulin, and injections.

(3) Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants: Special Focus on Diabe-

tes" may be used for the specialized diabetes nurse delegation training.

(4) DSHS approves the instructors for the specialized diabetes nurse delegation training prior to an instructor offering a course.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0941, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0946 Who is required to complete the nurse delegation core training, and when? Before performing any delegated task, a long-term care worker must:

(1) Be a:

(a) Certified home care aide under chapter 18.88B RCW; or

(b) Nursing assistant certified under chapter 18.88A RCW; or

(c) If exempt from the home care aide certification, become a nursing assistant registered and complete the core competencies of basic training, unless the twenty-eight hours of revised fundamentals of care or a department approved alternative was already completed.

(d) If nurse delegation is needed to implement a care plan earlier than home care aide certification can be obtained, become a nursing assistant registered and complete core competencies of basic training.

(2) Successfully complete "Nurse Delegation for Nursing Assistants" training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0946, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0951 Who is required to complete the specialized diabetes nurse delegation training, and when? Specialized diabetes nurse delegation training is required before a certified home care aide, or a certified or registered nursing assistant, who meets the qualifications under WAC 388-71-0946, may be delegated the task of insulin injections.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0951, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0953 Can nurse delegation core and specialized diabetes training occur in the same year as basic training? Nurse delegation core and specialized diabetes training can occur in the same year as basic training if required to be able to perform delegated tasks. If this occurs, the maximum of twelve hours for this training can be applied towards the continuing education requirement for the following year. Nurse delegation core and specialized diabetes trainings do not apply towards basic training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0953, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0956 Is competency testing required for the nurse delegation core training and specialized diabetes training? Passing the DSHS competency test is required for successful completion of nurse delegation core training and specialized diabetes training, as provided in WAC 388-71-1106 through 388-71-1130.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0956, filed 12/20/12, effective 1/20/13.]

DOCUMENTATION REQUIREMENTS

WAC 388-71-0970 What documentation is required for completion of each training? Orientation, safety, basic training, including core and population specific, the thirty hour training, the twelve hour parent provider training, on-the-job training, continuing education, and nurse delegation core and specialized diabetes training, must be documented by a certificate(s) or transcript or proof of completion of training issued by a qualified instructor or qualified training entity that includes:

(1) The name of the student;

(2) The title of the training as approved by the department;

(3) For continuing education the department assigned curriculum approval code;

(4) The number of hours of the training;

(5) The name and identification number of the training entity;

(6) The instructor's name. For basic core training, the instructor's name and identification number;

(7) The instructor's signature or an authorized signature from the training entity the qualified instructor is training on behalf of; and

(8) The completion date of the training.

The long-term care worker must retain the original certificate or transcript for proof of completion of the training. A home care agency must keep a copy of the certificate or transcript on file.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0970, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0973 What documentation is required for a long-term care worker to apply for the home care aide certification or recertification? (1) Successful completion of seventy-five hours of training must be documented on a DSHS seventy-five hour training certificate by an approved training entity that has provided or verified that a total of seventy-five hours of training has occurred.

(2) An approved training entity issuing and signing a DSHS seventy-five hour training certificate must verify that the long-term care worker has the certificates or transcript required documenting two hours of DSHS-approved orientation, three hours of DSHS-approved safety training, and seventy hours of DSHS-approved basic training, as described in this chapter. Only a DSHS or training partnership seventy-five hour training certificate or transcript can be submitted by a long-term care worker applying to the department of health for a home care aide certification.

(3) For home care aide recertification, successful completion of twelve hours of DSHS-approved continuing education training must be documented on a certificate(s) or transcript(s) issued by a department-approved training entity.

(4) The long-term care worker, certified home care aide, and their employer must retain the original seventy-five hour training certificate or transcript and any twelve-hour continuing education training certificates as long as the worker is employed and up to three years after termination of employment. Training entities must keep a copy of these certificates on file for six years.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0973, filed 12/20/12, effective 1/20/13.]

HOME CARE AIDE CERTIFICATION

WAC 388-71-0975 Who is required to obtain certification as a home care aide, and when? All long-term care workers, who do not fall within the exemptions under the department of health WAC 246-980-070, must obtain certification within one hundred and fifty days of hire or begin date of the authorization to provide department paid in-home services effective January 7, 2012.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0975, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0980 Can a home care agency or client employ a long-term care worker who has not completed the training and/or certification requirements? A home care agency or client cannot employ an individual to work as a long-term care worker if the individual has previously worked as a long-term care worker and has not completed applicable training and/or certification requirements within the required timeframe. Such individual may be employed by a home care agency or client to work as a long-term care worker only after applicable training and/or certification requirements are met. The department is authorized by RCW 74.39A.086 to take enforcement action for noncompliance related to training and/or certification requirements.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0980, filed 12/20/12, effective 1/20/13.]

CONTINUING EDUCATION

WAC 388-71-0985 What is continuing education? Continuing education is additional relevant training designed to keep current a person's knowledge and skills. DSHS must approve continuing education curricula and instructors. The same continuing education course may not be repeated for credit unless it is a new or more advanced training on the same topic, or there is a demonstrated or documented need for retraining. Exceptions to this are first aid, CPR, and blood borne pathogens. Nurse delegation core and nurse delegation specialized diabetes training may be used to count towards continuing education.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0985, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0990 How many hours of continuing education are required each year? (1) From January 1, 2012 through June 30, 2012, individual providers and home care agency long-term care workers whose birth date occurs January 1 through June 30, and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012 for an individual provider or home care agency long term care worker, regardless of their birth date, then the continuing education requirements have been met for 2012.

(2) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in department of health WAC 246-980-110 and 246-12-020(3).

(3) If exempt from certification as described in RCW 18.88B.041, all long-term care workers must complete twelve hours of continuing education each year unless exempt from continuing education as described in WAC 388-71-1001.

(4) A long-term care worker or certified home care aide who did not complete the continuing education requirements by the timeframe described in (1) above or in WAC 388-71-0991 cannot be paid to provide care after that date and cannot be reinstated as a long-term care worker until they complete the continuing education requirements.

(5) One hour of completed classroom instruction or other form of training (such as a video or online course) equals one hour of continuing education. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0990, filed 12/20/12, effective 1/20/13.]

WAC 388-71-0991 When must a long-term care worker or certified home care aide complete continuing education? (1) Effective July 1, 2012, all long-term care workers and certified home care aides must complete the continuing education requirements described in WAC 388-71-0990 by their birthday.

(2) For long-term care workers who are required to be certified, if the first renewal period is less than a full year from the date of certification, no continuing education will be due for the first renewal period.

(3) For long-term care workers who are biological, step, or adoptive adult child, continuing education is to be completed by their birthday in the year following completion of basic training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-0991, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1001 What long-term care workers are exempt from the continuing education requirement? Unless voluntarily certified as a home care aide, continuing education is not required for:

(1) Individual providers caring only for his or her biological, step, or adoptive son or daughter; and

(2) Before June 30, 2014, an individual provider who:

(a) Provides care to only one person; and

(b) Provides no more than twenty hours of care in any calendar month.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1001, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1006 What kinds of training topics may be covered in continuing education? Continuing education must be on a topic relevant to the care setting, care needs of clients, or long-term care worker career development. Topics may include but are not limited to:

(1) Client rights;

(2) Personal care services;

(3) Mental illness;

(4) Dementia;

(5) Developmental disabilities;

(6) Depression;

(7) Medication assistance;

(8) Communication skills;

(9) Positive client behavior support;

(10) Developing or improving client-centered activities;

(11) Dealing with wandering;

(12) Dealing with challenging client behaviors;

(13) Medical conditions; and

(14) Nurse delegation core and specialized diabetes.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1006, filed 12/20/12, effective 1/20/13.]

CURRICULUM APPROVAL

WAC 388-71-1021 What trainings must be taught with a curriculum approved by DSHS? (1) Orientation, safety, on-the-job, basic training (core and population specific training), the thirty hour basic training, the twelve hour parent provider training, and continuing education must be taught with a curriculum approved by DSHS before use.

(2) The nurse delegation core and diabetes training must use only the DSHS curriculum.

(3) Continuing education curriculum delivery models will only include instructor led, online instructor led, or online self-paced learning with access to instructor.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1021, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1026 What must be submitted to DSHS for curriculum approval? DSHS developed curricula are not required to be submitted to the department for approval unless the curriculum is being modified in any manner by the training entity.

(1) **For orientation and/or safety training**:

(a) Effective January 7, 2012, submit an outline of what will be covered in each training offered (for example, a table of contents or a class syllabus) showing where the required introductory topics as listed in WAC 388-71-0846 for orientation and WAC 388-71-0855 for safety training are covered in the training. Department required orientation and safety training application forms must be submitted to the department at least forty-five days in advance of when the training is expected to be offered. Training cannot be offered before receiving department curriculum and instructor approval.

(2) **For continuing education**:

(a) Effective July 1, 2012, for instructor led and online learning, submit a summary that includes the topic, a brief description of what it will cover, and a course outline. Also include the number of training hours. For online training courses, submit a description of how the instructor or training entity will assess that the students have completed the materials and integrated the information being taught. Department required continuing education training application forms must be submitted at least forty-five days in advance of when the training is expected to be offered. The trainings cannot be offered before receiving department curriculum and instructor approval as well as the unique code assigned by the department for each curriculum.

(3) **For basic training, the thirty hour basic training, and the twelve hour parent provider training**:

(a) If the instructor or training entity wants to use the DSHS developed revised fundamentals of caregiving learner's guide with enhancements, submit the DSHS required form with all required information. Curricula must be submitted to DSHS for approval of one or both sections (core competencies and population specific competencies) of the seventy hours required for basic training, for the thirty hour basic training, and for the twelve hour parent provider training. When submitting one or both sections of the basic training curriculum for DSHS approval, it must at a minimum include:

(i) A completed DSHS curriculum checklist indicating where all of the competencies and learning objectives, described in this chapter, are located in the long-term care worker materials from the proposed curriculum for that course;

(ii) Any materials long-term care workers will receive, such as a textbook or long-term care worker manual, learning activities, audio-visual materials, handouts and books;

(iii) The table of contents or outline of the curriculum including the allotted time for each section;

(iv) Demonstration skills checklists for the personal care tasks described in WAC 388-71-0911 (12)(a) and (b), and infection control skills (hand washing and putting on and taking off gloves);

(v) The teacher's guide or manual that includes for each section of the curriculum:

(A) The goals and objectives;

(B) How that section will be taught including teaching methods and learning activities that incorporate adult learning principles;

(C) Methods instructors will use to determine whether each long-term care worker understands the material covered and can demonstrate all skills;

(D) A list of sources or references, that were used to develop the curriculum. If the primary source or reference is not a published citation, the instructor must provide detail on how the content was established as evidence based:

(E) Description of how the curriculum was designed to accommodate long-term care workers with limited English proficiency and/or learning disabilities; and

(F) Description and proof of how input was obtained from consumers and long-term care worker representatives in the development of the curriculum.

(vi) In addition, for curricula being submitted for the core competency section of the basic training as described in WAC 388-71-0911, the curriculum must include how much time long-term care workers will be given to practice skills and how instructors will evaluate and ensure each long-term care worker can proficiently complete each skill.

(vii) Entities submitting curriculum for population specific basic training must submit their own list of competencies and learning objectives used to develop the population specific basic training curriculum.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1026, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1031 What is the curriculum approval process for orientation, safety, seventy hour basic training (core and population specific training), the thirty hour basic training, the twelve hour parent provider training, and continuing education? (1) Submit the required training application forms and any other materials required for specific curricula to the department.

(2) After review of the curriculum, DSHS will send a written response to the submitter, indicating approval or disapproval of the curriculum(s).

(3) If curriculum(s) are not approved, the reason(s) for denial will be given and the submitter will be told what portion(s) of the training must be changed and resubmitted for review in order for the curriculum to be approved.

(4) The submitter can make the requested changes and resubmit the curriculum(s) for review.

(5) If after working with the department the reasons why the curriculum is not approved cannot be resolved, the submitter may seek review of the nonapproval decision from the assistant secretary of aging and disability services administration. The assistant secretary's review decision shall be the final decision of DSHS; no other administrative review is available to the submitter.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1031, filed 12/20/12, effective 1/20/13.]

INSTRUCTOR QUALIFICATIONS, APPROVAL, AND RESPONSIBILITIES

WAC 388-71-1045 What are a training entity's responsibilities? The training entity is responsible for:

(1) Coordinating and teaching classes;

(2) Assuring that the curriculum used is DSHS-approved and taught as designed;

(3) Selecting and monitoring qualified guest speakers, where applicable;

(4) Administering or overseeing the administration of the DSHS competency tests for nurse delegation core, specialized diabetes trainings, dementia specialty, mental health specialty and DDD specialty training;

(5) Maintaining training records including long-term care worker tests and attendance records for a minimum of six years;

(6) Reporting training data to DSHS in DSHS-identified timeframes; and

(7) Issuing or reissuing training certificates to long-term care workers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1045, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1050 Must training entities and their instructors be approved by DSHS? All training entities and their instructor(s) for orientation, safety, and continuing education must meet the minimum qualifications under WAC 388-71-1060. All instructors for seventy hour basic training (core and population specific training), thirty hour training, twelve hour DDD parent provider training, on-the-job training, nurse delegation core training and nurse delegation specialized diabetes training must meet the minimum qualifications under WAC 388-71-1055.

(1) DSHS must approve and/or contract with a training entity and their instructor(s) to conduct orientation, safety, seventy hour basic training (core and population specific training), thirty hour training, twelve hour DDD parent provider training, nurse delegation core training and nurse delegation specialized diabetes training, on-the-job training, and continuing education. DSHS may contract with training entities and their instructor(s) using any applicable contracting procedures.

(2) The training partnership must ensure that its instructors meet the minimum qualifications under this chapter.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1050, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1051 Can DSHS deny or terminate a contract with an instructor or training entity? (1) DSHS may determine not to accept an offer by a person or organization seeking a contract with DSHS to conduct training programs. No administrative remedies are available to dispute DSHS' decision not to accept an offer, except as may be provided through the contracting process.

(2) DSHS may terminate an existing training contract in accordance with the terms of the contract. The contractor's administrative remedies shall be limited to those specified in the contract.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1051, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1055 What are the minimum qualifications for an instructor of the seventy hour basic training (core and population specific training), thirty hour training, twelve hour DDD parent provider training, on-the-job training, nurse delegation core training, and nurse delegation specialized diabetes training? An instructor for basic training (core and population specific training), on-the-job training, nurse delegation core training, and nurse delegation specialized diabetes training must meet the following minimum qualifications:

(1) General qualifications:

(a) Twenty-one years of age; and

(b) Has not had a professional health care, adult family home, boarding home, or social services license or certification revoked in Washington state.

(2) Education and work experience:

(a) Upon initial approval or hire, an instructor must:

(i) Be a registered nurse with work experience within the last five years with the elderly or persons with disabilities requiring long-term care in a community setting; or

(ii) Have an associate degree or higher degree in the field of health or human services and six months of professional or caregiving experience within the last five years in an adult family home, boarding home, supported living through DDD, or home care setting; or

(iii) Have a high school diploma, or equivalent, and one year of professional or caregiving experience within the last five years in an adult family home, boarding home, supported living through DDD, or home care setting.

(3) Teaching experience:

(a) Must have one hundred hours of teaching adults in an appropriate setting on topics directly related to the basic training; or

(b) Must have forty hours of teaching while being mentored by an instructor who meets these qualifications, and must attend a class on adult education that meets the requirements in WAC 388-71-1066.

(4) The instructor must be experienced in caregiving practices and capable of demonstrating competency with respect to teaching the course content or units being taught;

(5) Instructors who will administer tests must have experience or training in assessment and competency testing; and

(6) An instructor for nurse delegation core and specialized diabetes trainings must have a current Washington state RN license in good standing without practice restrictions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1055, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1060 What are the minimum qualifications for an instructor of orientation, safety, and continuing education? An instructor of orientation, safety, and continuing education must be a registered nurse or other person with specific knowledge, training, and work experience in the provision of direct, personal care or other relevant services to the elderly or persons with disabilities requiring long-term care.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1060, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1066 What must be included in a class on adult education? A class on adult education must include content, student practice, and evaluation of student skills by the instructor in:

(1) Adult education theory and practice principles;

(2) Instructor facilitation techniques;

(3) Facilitating learning activities for adults;

(4) Administering competency testing; and

(5) Working with adults with special training needs (for example, English as a second language or learning or literacy issues).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1066, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1076 What is a guest speaker, and what are the minimum qualifications to be a guest speaker? (1) A guest speaker is a person selected by an approved instructor to teach on a specific topic. A guest speaker:

(a) May only teach a specific subject in which he or she has expertise, background, and experience that establishes his or her expertise on that specific topic;

(b) May not teach the entire course;

(c) Must not supplant the primary teaching responsibilities of the instructor; and

(d) Must cover the DSHS competencies and learning objectives for the topic he or she is teaching.

(2) The approved instructor:

(a) Must ensure the guest speaker meets these minimum qualifications;

(b) Maintain documentation of the guest speaker's qualifications and background;

(c) Supervise and monitor the guest speaker's performance; and

(d) Is responsible for ensuring the required content is taught.

(3) DSHS does not approve guest speakers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1076, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1081 What are the requirements for the training partnership to conduct training? (1) The training partnership must:

(a) Verify, document using the department's attestation process, keep on file, and make available to the department upon request, that all instructors meet the minimum instructor qualifications in WAC 388-71-1055 and 388-71-1060 for the course they plan to teach;

(b) Teach using a complete DSHS-developed or approved curriculum;

(c) When requested by DSHS, notify DSHS in writing of their intent to conduct training prior to providing training, when changing training plans, including:

(i) Name and schedule of training(s) the partnership will conduct;

(ii) Name of approved curriculum(s) the partnership will use; and

(iii) Name of the instructor(s) for only the core basic training.

(d) Ensure that DSHS competency tests are administered when conducting nurse delegation core or specialized diabetes training;

(e) Keep a copy of long-term care worker certificates on file for six years and give the original certificate to the student;

(f) Keep attendance records and testing records of long-term care workers trained and tested on file for six years; and

(g) Report training data to DSHS when requested by the department.

(2) The department may conduct a random audit at any time to review training and instructor qualifications.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1081, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1083 Must the department verify that training entities and their community instructors meet the minimum instructor qualifications? The department through its contracting process must verify that the community instructors meet the minimum qualifications as described in WAC 388-71-1055 and 388-71-1060. The department will conduct random audits of the training provided and of the instructor qualifications.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1083, filed 12/20/12, effective 1/20/13.]

PHYSICAL RESOURCES AND STANDARD PRACTICES FOR TRAINING

WAC 388-71-1091 What physical resources are required for classroom training and testing? (1) Classroom facilities used for classroom training must be accessible to students and provide adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning, such as white boards and flip charts. Appropriate supplies and equipment must be provided for

teaching and practice of caregiving skills in the class being taught.

(2) Testing sites for nurse delegation core and specialized diabetes training must provide adequate space for testing, comfort, lighting, lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1091, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1096 What standard training practices must be maintained for classroom training and testing? The following training standards must be maintained for classroom training and testing:

(1) Training must not exceed eight hours within one day;

(2) Training provided in short time segments must include an entire unit, skill, or concept;

(3) Training must include regular breaks; and

(4) Long-term care workers attending classroom training must not be expected to leave the class to attend job duties, except in an emergency.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1096, filed 12/20/12, effective 1/20/13.]

COMPETENCY TESTING FOR NURSE DELEGATION CORE AND SPECIALIZED DIABETES TRAINING

WAC 388-71-1106 What components must competency testing include? Competency testing must include the following components:

(1) Skills demonstration of ability to perform and/or implement specific caregiving approaches, and/or activities as appropriate to the training;

(2) Written evaluation to show knowledge of the learning objectives included in the training; and

(3) A scoring guide for the tester with clearly stated scoring criteria and minimum proficiency standards.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1106, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1111 What experience or training must individuals have to be able to perform competency testing? Individuals who perform competency testing must have documented experience or training in assessing competencies.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1111, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1120 How must competency test administration be standardized? To standardize competency test administration, testing must include the following components:

(1) An instructor for the course who meets all minimum qualifications for the course he or she teaches must oversee all testing; and

(2) The tester must follow the DSHS guidelines for:

(a) The maximum length of time allowed for the testing;

(b) The amount and nature of instruction given long-term care workers before beginning a test;

(c) The amount of assistance to long-term care workers allowed during testing;

(d) The accommodation guidelines for long-term care workers with disabilities; and

(e) Accessibility guidelines for long-term care workers with limited English proficiency.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1120, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1125 What form of identification must long-term care workers show before taking a competency test? Long-term care workers must show photo identification before taking a competency test.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1125, filed 12/20/12, effective 1/20/13.]

WAC 388-71-1130 How many times may a competency test be taken? For the trainings under WAC 388-71-0936 and 388-71-0941, competency testing may be taken twice. If the test is failed a second time, the person must retake the course before taking the test for that course again.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-71-1130, filed 12/20/12, effective 1/20/13.]