
SUBSTITUTE SENATE BILL 6502

State of Washington

56th Legislature

2000 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Winsley, Thibaudeau and Kohl-Welles; by request of Department of Social and Health Services)

Read first time 02/04/00.

1 AN ACT Relating to long-term care training; amending RCW 18.20.010,
2 70.128.005, 70.128.120, 70.128.130, 74.39A.005, and 74.39A.050; adding
3 a new section to chapter 18.20 RCW; adding new sections to chapter
4 70.128 RCW; and adding new sections to chapter 74.39A RCW.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 18.20.010 and 1985 c 297 s 1 are each amended to read
7 as follows:

8 The purpose of this chapter is to provide for the development,
9 establishment, and enforcement of standards for the maintenance and
10 operation of boarding homes, which, in the light of advancing
11 knowledge, will promote safe and adequate care of the individuals
12 therein. It is further the intent of the legislature that boarding
13 homes be available to meet the needs of those for whom they care by
14 recognizing the capabilities of individuals to direct their self-
15 medication or to use supervised self-medication techniques when ordered
16 and approved by a physician licensed under chapter 18.57 or 18.71 RCW
17 or a (~~podiatrist~~) podiatric physician and surgeon licensed under
18 chapter 18.22 RCW.

1 The legislature finds that many residents of community-based long-
2 term care facilities are vulnerable and their health and well-being are
3 dependent on their caregivers. The quality, skills, and knowledge of
4 their caregivers are often the key to good care. The legislature finds
5 that the need for well-trained caregivers is growing as the state's
6 population ages and residents' needs increase. The legislature intends
7 that current training standards be enhanced.

8 NEW SECTION. Sec. 2. A new section is added to chapter 18.20 RCW
9 to read as follows:

10 (1) The definitions in this subsection apply throughout this
11 section unless the context clearly requires otherwise.

12 (a) "Caregiver" includes any person who provides residents with
13 hands-on personal care on behalf of a boarding home, except volunteers
14 who are directly supervised.

15 (b) "Direct supervision" means oversight by a person who has
16 demonstrated competency in the core areas or has been fully exempted
17 from the training requirements pursuant to this section, is on the
18 premises, and is quickly and easily available to the caregiver.

19 (2) Training must have the following components: Orientation,
20 basic training, specialty training as appropriate, and continuing
21 education. All boarding home employees or volunteers who routinely
22 interact with residents shall complete orientation. Boarding home
23 administrators, or their designees, and caregivers shall complete
24 orientation, basic training, specialty training as appropriate, and
25 continuing education.

26 (3) Orientation consists of introductory information on residents'
27 rights, communication skills, fire and life safety, and universal
28 precautions. Orientation must be provided at the facility by
29 appropriate boarding home staff to all boarding home employees before
30 the employees have routine interaction with residents.

31 (4) Basic training consists of modules on the core knowledge and
32 skills that caregivers need to learn and understand to effectively and
33 safely provide care to residents. Basic training must be outcome-
34 based, and the effectiveness of the basic training must be measured by
35 demonstrated competency in the core areas through the use of a
36 competency test. Basic training must be completed by caregivers within
37 one hundred twenty days of the date on which they begin to provide
38 hands-on care or within one hundred twenty days of March 1, 2002,

1 whichever is later. Until competency in the core areas has been
2 demonstrated, caregivers shall not provide hands-on personal care to
3 residents without direct supervision. Boarding home administrators, or
4 their designees, must complete basic training and demonstrate
5 competency within one hundred twenty days of employment or within one
6 hundred twenty days of March 1, 2002, whichever is later.

7 (5) For boarding homes that serve residents with special needs such
8 as dementia, developmental disabilities, or mental illness, specialty
9 training is required of administrators, or designees, and caregivers.
10 Specialty training consists of modules on the core knowledge and skills
11 that caregivers need to effectively and safely provide care to
12 residents with special needs. Specialty training should be integrated
13 into basic training wherever appropriate. Specialty training must be
14 outcome-based, and the effectiveness of the specialty training measured
15 by demonstrated competency in the core specialty areas through the use
16 of a competency test. Specialty training must be completed by
17 caregivers within one hundred twenty days of the date on which they
18 begin to provide hands-on care to a resident having special needs or
19 within one hundred twenty days of March 1, 2002, whichever is later.
20 However, if specialty training is not integrated with basic training,
21 the specialty training must be completed within ninety days of
22 completion of basic training. Until competency in the core specialty
23 areas has been demonstrated, caregivers shall not provide hands-on
24 personal care to residents with special needs without direct
25 supervision. Boarding home administrators, or their designees, must
26 complete specialty training and demonstrate competency within one
27 hundred twenty days of March 1, 2002, if the boarding home serves one
28 or more residents with special needs.

29 (6) Continuing education consists of ongoing delivery of
30 information to caregivers on various topics relevant to the care
31 setting and care needs of residents. Competency testing is not
32 required for continuing education. Continuing education is not
33 required during the first year following completion of the basic
34 training. If specialty training is completed, the specialty training
35 applies toward any continuing education requirement for up to two years
36 following the completion of the specialty training.

37 (7) Persons who successfully challenge the competency test for
38 basic training are fully exempt from the basic training requirements of
39 this section. Persons who successfully challenge the specialty

1 training competency test are fully exempt from the specialty training
2 requirements of this section.

3 (8) Licensed persons who perform the tasks for which they are
4 licensed are fully or partially exempt from the training requirements
5 of this section, as specified by the department in rule.

6 (9) In an effort to improve access to training and education and
7 reduce costs, especially for rural communities, the coordinated system
8 of long-term care training and education must include the use of
9 innovative types of learning strategies such as internet resources,
10 videotapes, and distance learning using satellite technology
11 coordinated through community colleges or other entities, as defined by
12 the department.

13 (10) The community long-term care training and education steering
14 committee established under section 8 of this act shall develop
15 criteria for the approval of orientation, basic training, and specialty
16 training programs.

17 (11) Boarding homes that desire to deliver facility-based training
18 with facility designated trainers, or boarding homes that desire to
19 pool their resources to create shared training systems, must be
20 encouraged by the department in their efforts. The community long-term
21 care training and education steering committee shall develop criteria
22 for reviewing and approving trainers and training materials that are
23 substantially similar to or better than the materials developed by the
24 steering committee.

25 (12) The department shall adopt rules by March 1, 2002, for the
26 implementation of this section based on the recommendations of the
27 community long-term care training and education steering committee
28 established in section 8 of this act.

29 (13) The orientation, basic training, specialty training, and
30 continuing education requirements of this section take effect March 1,
31 2002, and shall be applied prospectively. However, nothing in this
32 section affects the current training requirements under RCW 74.39A.010.

33 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.128 RCW
34 to read as follows:

35 (1) The definitions in this subsection apply throughout this
36 section unless the context clearly requires otherwise.

37 (a) "Caregiver" includes all adult family home resident managers
38 and any person who provides residents with hands-on personal care on

1 behalf of an adult family home, except volunteers who are directly
2 supervised.

3 (b) "Indirect supervision" means oversight by a person who has
4 demonstrated competency in the core areas or has been fully exempted
5 from the training requirements pursuant to this section and is quickly
6 and easily available to the caregiver, but not necessarily on-site.

7 (2) Training must have three components: Orientation, basic
8 training and continuing education. All adult family home providers,
9 resident managers, and employees, or volunteers who routinely interact
10 with residents shall complete orientation. Caregivers shall complete
11 orientation, basic training, and continuing education.

12 (3) Orientation consists of introductory information on residents'
13 rights, communication skills, fire and life safety, and universal
14 precautions. Orientation must be provided at the facility by
15 appropriate adult family home staff to all adult family home employees
16 before the employees have routine interaction with residents.

17 (4) Basic training consists of modules on the core knowledge and
18 skills that caregivers need to learn and understand to effectively and
19 safely provide care to residents. Basic training must be outcome-
20 based, and the effectiveness of the basic training must be measured by
21 demonstrated competency in the core areas through the use of a
22 competency test. Basic training must be completed by caregivers within
23 one hundred twenty days of the date on which they begin to provide
24 hands-on care or within one hundred twenty days of March 1, 2002,
25 whichever is later. Until competency in the core areas has been
26 demonstrated, caregivers shall not provide hands-on personal care to
27 residents without indirect supervision.

28 (5) For adult family homes that serve residents with special needs
29 such as dementia, developmental disabilities, or mental illness,
30 specialty training is required of providers and resident managers.
31 Specialty training consists of modules on the core knowledge and skills
32 that providers and resident managers need to effectively and safely
33 provide care to residents with special needs. Specialty training
34 should be integrated into basic training wherever appropriate.
35 Specialty training must be outcome-based, and the effectiveness of the
36 specialty training measured by demonstrated competency in the core
37 specialty areas through the use of a competency test. Specialty
38 training must be completed by providers and resident managers before
39 admitting and serving residents who have been determined to have

1 special needs related to mental illness, dementia, or a developmental
2 disability. Should a resident develop special needs while living in a
3 home without specialty designation, the provider and resident manager
4 have one hundred twenty days to complete specialty training.

5 (6) Continuing education consists of ongoing delivery of
6 information to caregivers on various topics relevant to the care
7 setting and care needs of residents. Competency testing is not
8 required for continuing education. Continuing education is not
9 required during the first year following completion of the basic
10 training. If specialty training is completed, the specialty training
11 applies toward any continuing education requirement for up to two years
12 following the completion of the specialty training.

13 (7) Persons who successfully challenge the competency test for
14 basic training are fully exempt from the basic training requirements of
15 this section. Persons who successfully challenge the specialty
16 training competency test are fully exempt from the specialty training
17 requirements of this section.

18 (8) Licensed persons who perform the tasks for which they are
19 licensed are fully or partially exempt from the training requirements
20 of this section, as specified by the department in rule.

21 (9) In an effort to improve access to training and education and
22 reduce costs, especially for rural communities, the coordinated system
23 of long-term care training and education must include the use of
24 innovative types of learning strategies such as internet resources,
25 videotapes, and distance learning using satellite technology
26 coordinated through community colleges, private associations, or other
27 entities, as defined by the department.

28 (10) Adult family homes that desire to deliver facility-based
29 training with facility designated trainers, or adult family homes that
30 desire to pool their resources to create shared training systems, must
31 be encouraged by the department in their efforts. The community long-
32 term care training and education steering committee shall develop
33 criteria for reviewing and approving trainers and training materials.

34 (11) The department shall adopt rules by March 1, 2002, for the
35 implementation of this section based on the recommendations of the
36 community long-term care training and education steering committee
37 established in section 8 of this act.

38 (12) The orientation, basic training, specialty training, and
39 continuing education requirements of this section take effect March 1,

1 2002, and shall be applied prospectively. However, nothing in this
2 section affects the current training requirements under RCW 70.128.120
3 and 70.128.130.

4 **Sec. 4.** RCW 70.128.005 and 1995 c 260 s 1 are each amended to read
5 as follows:

6 The legislature finds that adult family homes are an important part
7 of the state's long-term care system. Adult family homes provide an
8 alternative to institutional care and promote a high degree of
9 independent living for residents. Persons with functional limitations
10 have broadly varying service needs. Adult family homes that can meet
11 those needs are an essential component of a long-term system. The
12 legislature further finds that different populations living in adult
13 family homes, such as the developmentally disabled and the elderly,
14 often have significantly different needs and capacities from one
15 another.

16 It is the legislature's intent that department rules and policies
17 relating to the licensing and operation of adult family homes recognize
18 and accommodate the different needs and capacities of the various
19 populations served by the homes. Furthermore, the development and
20 operation of adult family homes that can provide quality personal care
21 and special care services should be encouraged.

22 The legislature finds that many residents of community-based long-
23 term care facilities are vulnerable and their health and well-being are
24 dependent on their caregivers. The quality, skills, and knowledge of
25 their caregivers are often the key to good care. The legislature finds
26 that the need for well-trained caregivers is growing as the state's
27 population ages and residents' needs increase. The legislature intends
28 that current training standards be enhanced.

29 **Sec. 5.** RCW 70.128.120 and 1996 c 81 s 1 are each amended to read
30 as follows:

31 Each adult family home provider and each resident manager shall
32 have the following minimum qualifications:

- 33 (1) Twenty-one years of age or older;
- 34 (2) Good moral and responsible character and reputation;
- 35 (3) Literacy;
- 36 (4) Management and administrative ability to carry out the
37 requirements of this chapter;

1 (5) Satisfactory completion of department-approved (~~initial~~)
2 basic training and continuing education training as specified by the
3 department in rule, based on recommendations of the community long-term
4 care training and education steering committee and working in
5 collaboration with providers, consumers, caregivers, advocates, family
6 members, educators, and other interested parties in the rule-making
7 process;

8 (6) Satisfactory completion of department-approved, or equivalent,
9 special care training before a provider may provide special care
10 services to a resident;

11 (7) Not been convicted of any crime listed in RCW 43.43.830 and
12 43.43.842; and

13 (8) Effective July 1, 1996, registered with the department of
14 health.

15 **Sec. 6.** RCW 70.128.130 and 1995 c 260 s 6 are each amended to read
16 as follows:

17 (1) Adult family homes shall be maintained internally and
18 externally in good repair and condition. Such homes shall have safe
19 and functioning systems for heating, cooling, hot and cold water,
20 electricity, plumbing, garbage disposal, sewage, cooking, laundry,
21 artificial and natural light, ventilation, and any other feature of the
22 home.

23 (2) Adult family homes shall be maintained in a clean and sanitary
24 manner, including proper sewage disposal, food handling, and hygiene
25 practices.

26 (3) Adult family homes shall develop a fire drill plan for
27 emergency evacuation of residents, shall have smoke detectors in each
28 bedroom where a resident is located, shall have fire extinguishers on
29 each floor of the home, and shall not keep nonambulatory patients above
30 the first floor of the home.

31 (4) Adult family homes shall have clean, functioning, and safe
32 household items and furnishings.

33 (5) Adult family homes shall provide a nutritious and balanced diet
34 and shall recognize residents' needs for special diets.

35 (6) Adult family homes shall establish health care procedures for
36 the care of residents including medication administration and emergency
37 medical care.

1 (a) Adult family home residents shall be permitted to self-
2 administer medications.

3 (b) Adult family home providers may administer medications and
4 deliver special care only to the extent authorized by law.

5 (7) Adult family home providers shall either: (a) Reside at the
6 adult family home; or (b) employ or otherwise contract with a qualified
7 resident manager to reside at the adult family home. The department
8 may exempt, for good cause, a provider from the requirements of this
9 subsection by rule.

10 (8) A provider will ensure that any volunteer, student, employee,
11 or person residing within the adult family home who will have
12 unsupervised access to any resident shall not have been convicted of a
13 crime listed under RCW 43.43.830 or 43.43.842. Except that a person
14 may be conditionally employed pending the completion of a criminal
15 conviction background inquiry.

16 (9) A provider shall offer activities to residents under care as
17 defined by the department in rule.

18 (10) An adult family home provider (~~shall~~) must ensure that staff
19 are competent and receive necessary training to perform assigned tasks.
20 Staff must satisfactorily complete department-approved staff
21 orientation, basic training, and continuing education as specified by
22 the department by rule.

23 NEW SECTION. Sec. 7. A new section is added to chapter 70.128 RCW
24 to read as follows:

25 By March 1, 2002, the department must, by rule, create an approval
26 system for those seeking to conduct department-approved training under
27 section 3 of this act and RCW 70.128.120 (5) and (6) and
28 70.128.130(10). The department shall adopt rules based on
29 recommendations of the community long-term care training and education
30 steering committee established in section 8 of this act.

31 NEW SECTION. Sec. 8. A new section is added to chapter 74.39A RCW
32 to read as follows:

33 (1) The secretary shall appoint a steering committee for community
34 long-term care training and education to advise the department on the
35 development and approval of criteria for training materials, the
36 development of competency tests, the development of criteria for
37 trainers, and the development of exemptions from training. The

1 community long-term care training and education steering committee
2 shall also review the effectiveness of the training program or
3 programs, including the qualifications and availability of the
4 trainers. The steering committee shall also review the appropriateness
5 of the adopted rules implementing this section. The steering committee
6 shall advise the department on flexible and innovative learning
7 strategies that accomplish the training goals, such as competency and
8 outcome-based models and distance learning. The steering committee
9 shall review and recommend the most appropriate length of time between
10 an employee's date of first hire and the start of the employee's basic
11 training.

12 (2) The steering committee shall, at a minimum, consist of a
13 representative from each of the following: Each of the state-wide
14 boarding home associations, two adult family home associations, each of
15 the state-wide home care associations, the long-term care ombudsman
16 program, the area agencies on aging, the department of health
17 representing the nursing care quality assurance commission, and a
18 consumer, or their nonprovider designee, from a boarding home, adult
19 family home, home care served by an agency, and home care served by an
20 individual provider. A majority of the members currently serving
21 constitute a quorum.

22 (3) Nothing in this chapter shall prevent the adult family home
23 advisory committee from enhancing training requirements for adult
24 family providers and resident managers, regulated under chapter 18.48
25 RCW, at the cost of those providers and resident managers.

26 (4) Establishment of the steering committee does not prohibit the
27 department from utilizing other advisory activities that the department
28 deems necessary for program development. However, when the department
29 obtains input from other advisory sources, the department shall present
30 the information to the steering committee for review and approval.

31 (5) Each member of the steering committee shall serve without
32 compensation. Consumer representatives may be reimbursed for travel
33 expenses as authorized in RCW 43.03.060.

34 (6) The steering committee recommendations must implement the
35 intent of RCW 74.39A.050(14) to create training that includes skills
36 and competencies that are transferable to nursing assistant training.

37 (7) The steering committee shall cease to exist on July 1, 2004.

1 **Sec. 9.** RCW 74.39A.005 and 1993 c 508 s 1 are each amended to read
2 as follows:

3 The legislature finds that the aging of the population and advanced
4 medical technology have resulted in a growing number of persons who
5 require assistance. The primary resource for long-term care continues
6 to be family and friends. However, these traditional caregivers are
7 increasingly employed outside the home. There is a growing demand for
8 improvement and expansion of home and community-based long-term care
9 services to support and complement the services provided by these
10 informal caregivers.

11 The legislature further finds that the public interest would best
12 be served by a broad array of long-term care services that support
13 persons who need such services at home or in the community whenever
14 practicable and that promote individual autonomy, dignity, and choice.

15 The legislature finds that as other long-term care options become
16 more available, the relative need for nursing home beds is likely to
17 decline. The legislature recognizes, however, that nursing home care
18 will continue to be a critical part of the state's long-term care
19 options, and that such services should promote individual dignity,
20 autonomy, and a homelike environment.

21 The legislature finds that many recipients of in-home services are
22 vulnerable and their health and well-being are dependent on their
23 caregivers. The quality, skills, and knowledge of their caregivers are
24 often the key to good care. The legislature finds that the need for
25 well-trained caregivers is growing as the state's population ages and
26 clients' needs increase. The legislature intends that current training
27 standards be enhanced.

28 **Sec. 10.** RCW 74.39A.050 and 1999 c 336 s 5 are each amended to
29 read as follows:

30 The department's system of quality improvement for long-term care
31 services shall use the following principles, consistent with applicable
32 federal laws and regulations:

33 (1) The system shall be client-centered and promote privacy,
34 independence, dignity, choice, and a home or home-like environment for
35 consumers consistent with chapter 392, Laws of 1997.

36 (2) The goal of the system is continuous quality improvement with
37 the focus on consumer satisfaction and outcomes for consumers. This
38 includes that when conducting licensing inspections, the department

1 shall interview an appropriate percentage of residents, family members,
2 resident managers, and advocates in addition to interviewing providers
3 and staff.

4 (3) Providers should be supported in their efforts to improve
5 quality and address identified problems initially through training,
6 consultation, technical assistance, and case management.

7 (4) The emphasis should be on problem prevention both in monitoring
8 and in screening potential providers of service.

9 (5) Monitoring should be outcome based and responsive to consumer
10 complaints and a clear set of health, quality of care, and safety
11 standards that are easily understandable and have been made available
12 to providers.

13 (6) Prompt and specific enforcement remedies shall also be
14 implemented without delay, pursuant to RCW 74.39A.080, RCW 70.128.160,
15 chapter 18.51 RCW, or chapter 74.42 RCW, for providers found to have
16 delivered care or failed to deliver care resulting in problems that are
17 serious, recurring, or uncorrected, or that create a hazard that is
18 causing or likely to cause death or serious harm to one or more
19 residents. These enforcement remedies may also include, when
20 appropriate, reasonable conditions on a contract or license. In the
21 selection of remedies, the safety, health, and well-being of residents
22 shall be of paramount importance.

23 (7) To the extent funding is available, all long-term care staff
24 directly responsible for the care, supervision, or treatment of
25 vulnerable persons should be screened through background checks in a
26 uniform and timely manner to ensure that they do not have a criminal
27 history that would disqualify them from working with vulnerable
28 persons. Whenever a state conviction record check is required by state
29 law, persons may be employed or engaged as volunteers or independent
30 contractors on a conditional basis according to law and rules adopted
31 by the department.

32 (8) No provider or staff, or prospective provider or staff, with a
33 stipulated finding of fact, conclusion of law, an agreed order, or
34 finding of fact, conclusion of law, or final order issued by a
35 disciplining authority, a court of law, or entered into a state
36 registry finding him or her guilty of abuse, neglect, exploitation, or
37 abandonment of a minor or a vulnerable adult as defined in chapter
38 74.34 RCW shall be employed in the care of and have unsupervised access
39 to vulnerable adults.

1 (9) The department shall establish, by rule, a state registry which
2 contains identifying information about personal care aides identified
3 under this chapter who have substantiated findings of abuse, neglect,
4 financial exploitation, or abandonment of a vulnerable adult as defined
5 in RCW 74.34.020. The rule must include disclosure, disposition of
6 findings, notification, findings of fact, appeal rights, and fair
7 hearing requirements. The department shall disclose, upon request,
8 substantiated findings of abuse, neglect, financial exploitation, or
9 abandonment to any person so requesting this information.

10 (10) The department shall by rule develop training requirements for
11 individual providers and home care agency providers. Effective March
12 1, 2002, individual providers and home care agency providers must
13 satisfactorily complete department-approved orientation, basic
14 training, and continuing education within the time period specified by
15 the department in rule. The department shall adopt rules by March 1,
16 2002, for the implementation of this section based on the
17 recommendations of the community long-term care training and education
18 steering committee established in section 8 of this act. The
19 department shall deny payment to an individual provider or a home care
20 provider who does not complete the training requirements within the
21 time limit specified by the department by rule.

22 (11) In an effort to improve access to training and education and
23 reduce costs, especially for rural communities, the coordinated system
24 of long-term care training and education must include the use of
25 innovative types of learning strategies such as internet resources,
26 videotapes, and distance learning using satellite technology
27 coordinated through community colleges or other entities, as defined by
28 the department.

29 (12) The department shall create an approval system by March 1,
30 2002, for those seeking to conduct department-approved training. In
31 the rule-making process, the department shall adopt rules based on the
32 recommendations of the community long-term care training and education
33 steering committee established in section 8 of this act.

34 (13) The department shall establish, by rule, training, background
35 checks, and other quality assurance requirements for personal aides who
36 provide in-home services funded by medicaid personal care as described
37 in RCW 74.09.520, community options program entry system waiver
38 services as described in RCW 74.39A.030, or chore services as described

1 in RCW 74.39A.110 that are equivalent to requirements for individual
2 providers.

3 ~~((12))~~ (14) Under existing funds the department shall establish
4 internally a quality improvement standards committee to monitor the
5 development of standards and to suggest modifications.

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

35 NEW SECTION. **Sec. 11.** A new section is added to chapter 74.39A
36 RCW to read as follows:

37 All training curricula and material, except competency testing
38 material, developed by or for the department and used in part or in

1 whole for the purpose of improving provider and caregiver knowledge and
2 skill are in the public domain and are subject to disclosure under
3 chapter 42.17 RCW. Any training curricula and material developed by a
4 private entity through a contract with the department are also
5 considered part of the public domain. Any proprietary curricula and
6 material developed by a private entity for the purposes of training
7 staff in facilities licensed under chapter 18.20 or 70.128 RCW or
8 individual providers and home care agency providers under this chapter
9 and approved for training by the department are not part of the public
10 domain.

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