WASHINGTON

Residential Long Term Care Services

Washington has a 2013 regulatory scheme governing training requirements, specialty training requirements for residents with dementia, and competency standards for residential long term care staff. This has been categorized under the “Law that Pertain Across Settings” column on the spreadsheet because the regulations appear to apply more broadly to settings including nursing homes, adult family home and assisted living facilities. These new regulations include the following:

● explanation that basic training for residential long-term care services can include dementia as a topic

● explanation that training about dementia can satisfy the population specific component of basic training for residential long-term care services employees

● explanation of the circumstances when managers, direct care staff, and others need special training for patients with special needs, including patients with dementia or Alzheimer’s

● the requirements for specialty dementia training for managers in residential long-term care services (the two broad subtopics are: medications and dementia, and setting the tone, each with their own subtopics)

● nine (9) specific topics that must be covered in the dementia specialty training that many long-term care workers are required to complete

● definition of the areas that long-term care workers who receive dementia specialty training should demonstrate competency in (these competencies are too long to include here, but were the most specific and detail competency training requirements found in regulations in this project)
- provide that manager dementia training and long-term care worker dementia training must use the DSHS-developed competency test

**Nursing Homes**

By statute, Washington requires the department to offer long-term care workers the opportunity to accumulate 70 hours of training on topics including dementia, and by regulation, Washington requires nursing home staff who have contact with residents to have ongoing and consistent training in special dementia care and needs, and by statute,

**Enhanced Service Facilities**

Washington enacted new regulations, effective in 2014, governing enhanced service facilities. An enhanced services facility provides treatments and services to a maximum of sixteen residents for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues. *(Because of the unique quality of these regulations, there was no column that fit this category perfectly. Because the column was available and because of the complex behavior needs, these regulations can be found in the “Facilities that Serve IID/DD or Behavioral Health,” but not because the regulations targets individuals with IID/DD.)*

These regulations provide the following:

- staff and administrators must meet all training requirements, including unspecified training requirements for specialty dementia care
- staff who have interaction with residents have completed dementia specialized training
- administrators in enhanced service facilities have specialized training in the provision of the care and services required for vulnerable adults, including adults with dementia
- continuing education training topics, and includes dementia
Assisted Living Facilities

By statute, the Department of Social and Health Services must review the training given to assisted living facility staff who interact with dementia patients and suggest possible enhancements. By regulation, assisted living facilities must make sure that all administrators, administrator-designees, and caregivers must complete specialized training if any patients have dementia. In addition, assisted living facilities that have residents with dementia must have staff complete specialized training.

Assisted Living Facilities - Special Care

By statute, assisted living facilities that serve residents with special needs, administrators, their designees, and caregivers all must have additional training in dementia care. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test.

By regulations, staff who work in assisted living facilities with an enhanced adult residential care-specialized dementia care services contract, and who work directly with patients must have six (6) hours of continuing education per year on dementia care. The regulations list 11 topics that the training must cover. Furthermore, contractors who are supposed to care for dementia patients must provide a plan that has professionals experienced in dementia care as consultants.

Adult Family Homes

Washington heavily regulates adult family homes. By statute, the Department of Public Health and Safety must define what level of care an adult family home is qualified to give (i.e. what licensure they attain) based in part on staff training. The Department, with input from other experts, is required to define what specialty training is required for patients with dementia. They are responsible for standardizing the requirements and developing tools to test efficacy. In addition, the Department of Social and Health Services must review the training given to adult family homes staff who interact with dementia patients and suggest possible enhancements to
legislature. The regulations also require that all caregivers, entity representatives, and resident managers in adult family homes, must complete specialized training if any of their patients have dementia.

Washington requires that providers and resident managers at adult family homes that serve dementia patients must undergo specialty training. Continuing education is required for the years after the initial specialty training. If a patient develops dementia and the staff is unprepared, they have 120 days to complete the specialty training. Otherwise the providers and managers must have completed the training before admitting dementia patients. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test. The regulations also require that adult family homes may not admit or retain a resident with dementia unless the resident manager and staff have had specialty dementia training.

**Certified Nursing Assistants**

In order to be certified to practice in Washington, regulations mandate that nursing assistants must be able to identify the psychosocial characteristics of patients with dementia and Alzheimer’s disease. In addition, the regulations specify the areas of competency that are considered standards of practice for nursing assistants. A nursing assistant must demonstrate competency in the care of residents with Alzheimer’s disease and dementia in the following areas: (a) uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses and other conditions; (b) communicates with cognitively impaired clients or residents in a manner appropriate to their needs; (c) demonstrates sensitivity to the behavior of cognitively impaired clients or residents; and (d) appropriately responds to the behavior of cognitively impaired clients or residents.

**Home and Community Based Services**

Washington has specific training regulations for home and community based services. The regulations provide that dementia is a topic that may be taught in home and community based
services training. The regulation requires that a training entity under the department of social and health services will be responsible for administering and overseeing competency tests for dementia specialties (in home and community services and programs). (These regulations are in the “Home Health Agency” column of the chart, which was the closest fit.)

Long Term Care Ombudsman

Washington’s state ombudsman for long-term care programs must ensure that all regional ombudsman are educated about dementia

Medicaid Waiver

Washington has a Medicaid waiver to cover services in assisted living facilities.