

 **HCS MANAGEMENT BULLETIN**

# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**Aging and Long-Term Support Administration Home and Community Services Division**

PO Box 45600, Olympia, WA 98504-5600

# H22-012 – Policy & Procedure March 1, 2022

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| **TO:** | Home and Community Services (HCS) Division Regional Administrators Area Agency on Aging (AAA) DirectorsResidential Care Services (RCS) Division Regional Administrators Developmental Disabilities Administration (DDA) Regional Administrators |
| **FROM:** | Bea Rector, Director, Home and Community Services Division Mike Anbesse, Director, Residential Care ServicesBeth Krehbiel, Director, Division of Field Services, Developmental Disabilities Administration |
| **SUBJECT:** | **Resuming Fingerprinting for Providers** |
| **PURPOSE:** | To inform HCS, AAA, and DDA staff of Emergency WAC 388-06-0550, effective May 1, 2022, requiring providers to complete fingerprinting.This WAC will impact:* Current providers who require fingerprinting and began working anytime between November 1, 2019, through April 30, 2022; and
* New providers who require fingerprinting and begin working on or after May 1, 2022.

WACs 388-06-0030 through 388-06-0530 have also been amended to update provisional hire requirements and ensure they are consistent with current requirements and language in WAC chapter 388-113. |
| **BACKGROUND:** | Due to the public health emergency, Governor Inslee issued a proclamation temporarily waiving fingerprint checks for providers. In addition, during the height of the pandemic, some fingerprinting locations were closed or had reduced hours.While the proclamation is still in effect, most fingerprinting sites are open and can safely meet the needs of providers. Even though sites have been open for some time, fingerprint utilization has been low (typically around 55% of appointment slots are being filled) and the backlog of providers who will eventually need to completefingerprinting is growing. The statewide number is around 36,000, based on raw data from the background check system. |



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|  | Providers have several valid reasons for not completing fingerprint checks- inability to take time away from clients or work, health/safety concerns, misinformation about whether fingerprinting sites are open, low urgency, etc. but the numbers are continuing to grow making steps toward resolution necessary before the end of the proclamation.Putting an emergency WAC into place prior to the end of the proclamation prevents future capacity issues by decreasing the backlog. It gets fingerprinting “back to normal”, and reinstates a requirement designed to protect the health and safety of residents and clients. Sites are open, have capacity, and have safety measures in place.Steps will be in place to monitor the completion of fingerprinting to ensure the requirement does not negatively impact the workforce or client services. |
| **WHAT’S NEW, CHANGED, OR CLARIFIED:** | **Emergency WAC Effective May 1, 2022:**Providers requiring fingerprinting who began working between November 1, 2019, and April 30, 2022, have 120-days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This means that providers must have non-disqualifying results dated no later than August 28, 2022.Providers requiring fingerprinting hired on or after May 1, 2022, will have 120-days from the date they begin providing care to get their fingerprint results from BCCU.New providers must make a fingerprint appointment before providing care, per current WAC 388-113-0109 and emergency WAC 388-06-0525. This requirement has been in place in WAC chapter 388-113[1](#_bookmark0) but not previously enforced because of the proclamation suspending fingerprint checks. |
| **ACTION:** | **Effective May 1, 2022****Contracted providers requiring fingerprints:****Backlog**Notify all contracted providers[2](#_bookmark1) who began working between November 1, 2019, and April 30, 2022, that they have 120-days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This means that providers must have non-disqualifying results dated no later than August 28, 2022. Monitor for compliance with fingerprint completion, per normal procedures.**New providers requiring fingerprints:**Notify all new providers hired on or after May 1, 2022, that they will have 120-days from the date they begin providing care to get their fingerprint results from BCCU. Monitor for compliance with fingerprint completion, per normal procedures.Ensure all new providers have a fingerprint appointment scheduled before providing care, per current WAC 388-113-0109 and emergency WAC 388-06-0525. This requirement has been in place in WAC chapter 388-113 but not previously enforced because of the proclamation suspending fingerprint checks. |

1 See MB H21-076, Changes to Washington Administrative Code (WAC) Chapters 388-71 and 388-113.

2 All actions related to IPs will be managed by the CDE. If there are unusual circumstances related to the transition of an IP past May 1, 2022, consult with the contacts on this MB.

**Home Care Agencies and Consumer Directed Employer**

Contracts for the Home Care Agencies and the Consumer Directed Employer require that policies written in all Management Bulletins are followed, including the information in this MB and the related Emergency WACs it explains.

# RELATED REFERENCES:

**ATTACHMENT(S): WAC 388-06-0550**

**How does the state of emergency declared in response to the COVID-19 pandemic affect the provisional period for applicants, long-term care workers, and service providers?**

## Notwithstanding WAC 388-06-0530, applicants, long-term care workers, and service providers who began providing care to vulnerable adults between November 1, 2019, and April 30, 2022, will have until August 28, 2022, to complete the fingerprint background check. Providers who begin providing care on or after May 1, 2022, are subject to the rules set forth in WAC 388- 06-0525 and WAC 388-06-0530.

Attachment: Amendments to all 388-06 WACs to ensure consistency with current WAC chapter 388-113:



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