Overview

Residential Care Services' (RCS) Training Unit (TU) provides training to RCS staff to enable them to perform their job effectively, efficiently, and with consistent quality across the state. TU staff are subject matter experts (SMEs) and are available to help RCS staff develop and maintain job-related skills and techniques.

The TU unit is based out of RCS Headquarters (HQ) but also includes out stationed staff located in Regions 1, 2, and 3. The TU provides training opportunities throughout the year for RCS staff. This training delivers foundational knowledge intended to provide a baseline competency for staff across the state. This includes introductory program-specific trainings for staff, via a virtual platform. The unit also builds upon this foundation by providing/coordinating additional specialized trainings as well as Quality Assurance (QA) visits. The training format and platform is determined by the RCS TU.

While the training provided by the TU is designed to enhance learning in the field, it is only one component of a larger training plan for RCS staff. Other resources may include:

- Mentor
- Field Manager (FM)/Supervisor
- Washington State Learning Center (WSLC)
- Quality, Safety, and Education Portal (QSEP)
- Center for Medicare and Medicaid Services (CMS)
- Washington State partner agencies (Department of Health [DOH], Health Care Authority [HCA], Developmental Disabilities Administration [DDA], and others)
- RCS Support Calls
- RCS Systems Resources

These procedures are in addition to DSHS Administrative Policies, as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- RCS Training Unit General Contact, RCSTrainingInquiry@dshs.wa.gov
- RCS Policy Unit General Contact, RCSPolicy@dshs.wa.gov
- RCS Quality Improvement Unit General Contact, ImproveRCS@dshs.wa.gov

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Part I: Staff Training

A. Training Requirements, Roles, and Expectations

1. Required Trainings for RCS Staff

Purpose

RCS training is required for all staff to establish a standard baseline of knowledge to ensure consistency across the state. Depending on position requirements, date of hire, and specific needs identified by the supervisor the trainings that are required may vary among staff.

Procedure

a. Instructor led trainings are offered throughout the calendar year. Any exemptions to the program specific training requirements listed in DSHS form 15-437 must be approved by the director.
b. Additional trainings may be offered as needed. These trainings may be optional or mandatory as determined by leadership.
c. The supervisor may also request staff retake a training. The supervisor will provide the TU pertinent details of areas needing focus in retraining.
d. If the scheduled training cannot be completed due to circumstances beyond TU control, such as inclement weather or power outage, the training may be postponed or extended. All changes, including dates, timing, and method of training is at the TU supervisor's discretion.

2. Participant Expectations

Purpose

The expectations outlined in this subsection are intended to create and encourage a positive training environment.

Procedure

a. Registration for all trainings is required. It is the responsibility of the supervisor to email a prepared Training Request Form to the TU email box RCSTrainingInquiry@dshs.wa.gov. Registration for re-training follows the same process.
b. RCS staff must attend required training based on their program setting.
c. Training may be postponed if pre-requisite requirements listed on the DSHS 15-437 have not been met.
d. All RCS staff are expected to be prepared for each training session they attend. This includes:
   1) Being at the training on time and ready to learn;
   2) Have related training materials accessible and ready to use;
   3) Being present and engaged with the trainers, curriculum, other presenters, and participants;
   4) No use of personal electronic devices during training; and
   5) Maintaining professional standards at all times.
e. RCS staff must complete all required training in its entirety to receive completion credit.
f. The use of a webcam is required unless otherwise specified. Trainings must be completed on state issued laptops and not on participants' electronic devices. It is the responsibility of each RCS staff to ensure their state issued laptop and its connectivity allow for successful participation throughout the training.
g. Participants who are unable to complete a scheduled training must notify their supervisor to be excused from the training, as well as inform the trainer(s). In the event staff does not complete a training in its entirety, TU staff will notify the supervisor, and the supervisor will ensure the RCS staff is trained in the topic(s) missed.
h. If a training is completed before the end of staff's regularly scheduled hours, it is the responsibility of staff to communicate with their supervisor for further direction. The training day may include independent review/study. The trainer does not have the authorization to modify staff work hours.
i. Breaks will be provided during training. A one-hour lunch break is scheduled for all trainings, however staff should plan on taking their regularly scheduled lunch break (e.g., one hour or 30 minutes) during the allotted time.

3. Responsibilities of TU Staff

Background

The primary responsibilities of each TU staff will vary depending on their assigned role. These responsibilities may include instruction, coaching, on-site visits, outreach, and overall staff support.

Procedure

a. New TU staff are required to complete all applicable program specific trainings listed in DSHS form 15-437.
b. New TU staff will familiarize themselves with on-site (field) regulatory processes and procedures. This may include shadowing regulatory staff as opportunities arise.
c. After one cycle of training is completed, new TU staff may be involved with curriculum development and training support for the next cycle. A peer may be assigned to the new TU staff to offer support, though any TU staff may be asked to assist with the training process.
d. The TU supervisor may request TU staff attend additional trainings for learning or QA purposes and/or to provide support for other TU staff as needed.
e. Each program's trainer(s) is responsible for curriculum development and updates as outlined in their job descriptions.
f. The Administrative Assistant (AA) for the TU will update the roster for each training.
g. The trainer(s) or AA will provide the roster participants with a calendar invite and related instructions/materials prior to the training.
h. Upon completion of training, trainer(s) will provide the participant's supervisor with a list of topics covered and the staff's self-assessed areas.
i. Trainer(s) will record and update all class-related training records in the designated location(s) following section 1.12 of the State Records Retention Schedule.

QA Visits

a. QA visits are conducted by TU staff to assess skills, provide feedback, and identify goals for further growth and development for new and experienced regulators. It is the responsibility of the staff's supervisor to determine how the QA results are utilized in their field training process.
b. TU staff will conduct a QA visit for new regulatory staff when the supervisor determines the staff has completed all mandatory pre-requisite trainings and is able to complete investigation/inspection/survey tasks independently.
c. QA visits will be conducted every two years for experienced regulators in both community and federal programs in each of their designated program roles.
d. The supervisor may request an additional QA visit for coaching to address an identified need. The supervisor will provide the TU pertinent details of areas needing retraining.
e. The timing of QA visits for all programs will be coordinated by the staffs' supervisor and TU supervisor and/or TU staff.

f. Any exceptions to the timing of QA visits must be approved by the TU supervisor.
g. After the QA visit is completed, TU staff will electronically submit a completed feedback tool (see Section C, Feedback Tools) to staff and staff's supervisor.

B. Mentor for RCS Staff

Purpose

Training for regulatory staff continues in the field with the assistance of a mentor. All new staff and staff requiring retraining must be assigned a mentor. This section will explain who is eligible to perform the role and responsibilities of a mentor for RCS staff.

1. A mentor must:
   a. Have at least six months of experience working independently in their respective program. Any exceptions to this guideline must be approved by the RCS director;
   b. Be given the time and resources to complete mentor tasks;
   c. Be allowed to mentor only one regulatory staff at a time;
   d. For Nursing Home (NH) program, have also completed all the required state and federal program training and be Surveyor Minimum Qualifications Test (SMQT) certified; and
   e. For Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) program, have also completed the required federal training.

Supervisor Responsibilities

1. Assign new staff a mentor at the time of hire.
2. Develop an individual training plan with the staff and mentor considering staff's learning needs.
3. Ensure the mentor has only one staff at a time to maximize the mentoring process.
4. Ensure the mentor is assigned a smaller case load of care areas, tasks, fewer inspections, and investigations. The smaller load assists the mentor to provide quality mentoring to the staff.
5. Meet regularly, after each survey, investigation, or inspection with the staff and mentor to discuss progress and set goals using the appropriate feedback tool (see Section C, Feedback Tools).
6. Retain an electronic copy of completed and signed feedback tool following sections 1.12 and 4.14 of the State Records Retention Schedule.
7. Contact the TU if there are questions or concerns regarding the staff's training requirements.

Mentor Responsibilities

1. Utilize the RCS Staff Orientation Checklist (DSHS 15-437) along with the individualized training plan, program specific feedback tools and training guides.
2. Collaborate regularly with staff and the supervisor to develop a training plan that can be utilized prior to each inspection, survey, or investigation.
3. Meet regularly after each inspection, survey, or investigation with the staff and supervisor to discuss progress and set goals using the appropriate feedback tool.
4. Allow staff to observe, then perform with supervision, until staff can demonstrate proficiency with each task.
5. During each inspection, survey, or investigation, provide time for staff to discuss and develop an investigative plan.

6. Encourage staff to ask questions and give the rationale and information source for decisions or answers to questions. Discuss other information sources and data gathering tools staff could use during the investigative process.
7. Provide staff guidance while they learn and complete each step of the inspection, survey, or investigative process.
8. Ensure staff has met proficiency in the specific process(es) before independently conducting investigations or inspections.
9. Communicate concerns regarding staff's progress with the supervisor in a timely manner.

Staff Responsibilities

1. Utilize the RCS Staff Orientation Checklist (DSHS 15-437) along with the individualized training plan, program specific feedback tools, and training guides.
2. Meet regularly after each inspection, survey, or investigation with the mentor and supervisor to discuss progress and set goals using the appropriate feedback tool.
3. Discuss proficiency comfort level with the mentor and supervisor prior to completing tasks independently.
4. Alert the mentor and supervisor of any areas where further training would be beneficial.
5. Assist the mentor in completion of the applicable feedback tool after each inspection, survey, or investigation.

C. Feedback Tools

Background

Feedback tools include the Skill Building Tool (SBT) and the In-Field Surveyor Skills Checklist. These tools are used to track and document the progress of regulatory staff during inspections, investigations, and surveys. The feedback tools are also utilized by the TU when conducting QA visits. These tools help to identify strengths and areas for development for regulatory staff.

1. All new regulatory staff, their mentor, and supervisor must complete their portion of the applicable feedback tool to document and track staff's progress toward successful completion of required training and the ability to work independently.
   a. The feedback tools for each specific program will be used by the mentor and supervisor to track multiple regulatory visits and must be retained by the supervisor following sections 1.12 and 4.14 of the State Records Retention Schedule.
2. During a QA visit, TU staff will complete the program-specific feedback tools:
   a. In-Field Surveyor Skills Checklist (DSHS form 05-276) for NH.
   b. Skill Building Tool (SBT)
      1) Adult Family Homes (AFH);
         a) Inspection and Follow-Up (DSHS 15-444)
         b) Complaint Investigations (DSHS 15-446)
      2) Assisted Living Facilities (ALF);
         a) Inspection and Follow-Up (DSHS 15-438)
         b) Complaint Investigations (DSHS 15-440)
      3) Certified Community Residential Services and Supports (CCRSS);
         a) Certification Evaluation and Follow-Up (DSHS 15-570)
         b) Complaint Investigations (DSHS 15-481)
      4) Enhanced Services Facilities (ESF); and
         a) Inspection and Follow-Up (DSHS 15-566)
         b) Complaint Investigations (DSHS 15-588)
      5) ICF/IID.
         a) Survey (DSHS 15-484)
         b) Revisit Survey (15-485)
         c) Team Coordinator (DSHS 15-486)
         d) Complaint Investigations (DSHS 15-487)
3. TU staff must complete their portion of the applicable feedback tool for all programs during the QA visit to assess skills, provide feedback, and identify training goals.
   a. TU staff will record and update related training records in the designated location(s) according to section 1.12 of the State Records Retention Schedule.

Procedure

Supervisor Responsibilities

1. Follow staff's program specific Curriculum Timeline.
2. Review the feedback tools with the mentor and staff.
3. Ensure the required feedback tool for each program in which the staff conducts regulatory visit(s) are completed, signed and retained following sections 1.12 and 4.14 of the State Records Retention Schedule.

Mentor Responsibilities

4. Follow staff's program specific Curriculum Timeline.
1. Review the applicable feedback tool with staff and supervisor.
2. After each field experience complete the applicable feedback tool and provide feedback to staff and supervisor.

Staff Responsibilities

5. Follow your program specific Curriculum Timeline.
1. Use the applicable feedback tool for each program which you conduct a regulatory visit(s).
2. Upload the applicable completed and signed feedback tool(s) to the Washington State Learning Center (WSLC).

TU Responsibilities

1. Conduct initial QA visits with new staff after the supervisor determines staff meets independent proficiency and has completed all required trainings.
2. QA visits will be completed for experienced regulators in both community and federal programs every two years in each of their designated program roles.
3. Utilize the applicable feedback tool when conducting QA visits with staff.
4. Complete the applicable feedback tool within 10 working days of finishing the QA visit and electronically send the tool to the staff and the supervisor.
5. If requested, discuss the feedback with supervisor and staff.
6. TU staff is responsible for the retention of the completed QA form following section 1.12 of the State Records Retention Schedule.
7. Exceptions to the QA process must be approved by the TU supervisor.

D. Nursing Home Staff Training

Purpose

To clarify and further define requirements that must be met for an individual to be approved as a permanent NH surveyor in RCS.

This Standard Operating Procedure (SOP) includes the responsibilities of supervisors, mentors, surveyors, and the RCS TU during the NH surveyor training process.

1. Within one year of being hired, new NH surveyors must successfully complete the following:
   a. All required trainings/activities in the applicable orientation and training plan and Curriculum Timeline; and
   b. RCS Staff Orientation Checklist (DSHS 15-437).
2. A mentor will be assigned to assist and evaluate the new surveyor's progress.
3. A new surveyor is on probation for six months following their date of hire. The individual's supervisor may extend probationary status for up to six additional months to ensure completion of the training process.
4. If the new surveyor does not complete all required training within one year of hire, the staff may be terminated from the position unless, due to extenuating circumstances, an exception is made by the director.

Procedure

Supervisor Responsibilities

1. Assign a mentor to the new surveyor. The supervisor should only assign one surveyor at a time to the mentor.
2. Develop and implement the new surveyor's individualized training plan, including goals and objectives, to track the new surveyor's progress.
3. Schedule the new surveyor to participate in NH surveys to meet the federal requirements.
4. Coordinate and communicate with the new surveyor, mentor, and TU staff to review progress and/or concerns as documented on the In-Field Surveyor Skills Checklist (DSHS 05-276) and/or the surveyor's individualized training plan.
5. Ensure the In-Field Surveyor Skills Checklist (DSHS 05-276) is completed and retain the document following sections 1.12 and 4.14 of the State Records Retention Schedule.
6. Contact the TU to schedule a QA In-Field Visit, at a time determined by the supervisor and the applicable training plan.
7. Ensure and attest all required training has been completed according to the surveyor's applicable training plan.
8. Complete the SMQT Request Form to schedule a testing date for staff to take the SMQT.
9. Attest that all required state and federal trainings have been completed and maintain the training records following sections 1.12 and 4.14 of the State Records Retention Schedule.

Mentor Responsibilities

1. Guide the new surveyor during the training process.
2. Collaborate with the new surveyor and supervisor to develop a training plan prior to each survey/investigation considering the new surveyor's learning needs.
3. Provide guidance, support, feedback, and direction to the surveyor throughout the survey process.
4. Complete the In-Field Surveyor Skills Checklist (DSHS 05-276) after each survey in collaboration with the new surveyor and supervisor.
5. Meet with the new surveyor and supervisor to discuss progress and/or concerns related to the new surveyor's goals and objectives, or performance as documented on the In-Field Surveyor Skills Checklist (DSHS 05-276) and/or individualized training plan.

New Surveyor Responsibilities

1. Complete the required trainings/tasks listed on DSHS 15-437.
2. Complete the required trainings/tasks listed in the applicable Training Plan.
3. Upload completed and signed training plan to the WSLC.
4. Upon approval by the new surveyor's supervisor and TU supervisor, successfully pass the SMQT.

TU Responsibilities

1. Schedule and conduct all State NH trainings and QA In-Field Visits and/or Coaching visits.
2. Provide timely feedback to the new surveyor's supervisor regarding the new surveyor's classroom progress.
3. Provide feedback to the new surveyor and supervisor regarding the QA and/or Coaching visit using the In-Field Surveyor Skills Checklist (DSHS 05-276).
4. Upon notification from the surveyor's supervisor of staff meeting training requirements, TU will provide access to the SMQT.

SMQT Certified Staff

1. SMQT certified staff, to include NH complaint investigators and staff who have transferred to other positions within RCS must:
   a. Remain current with all mandatory state and federal trainings; and
   b. Participate in at least one recertification survey annually to remain current in the survey process. Excluding Long-Term Care Quality Improvement Program Specialists, Case Mix Accuracy Review Nurses, and TU staff.

E. eLearning

Purpose

Residential Care Services' (RCS) eLearning provides electronic training to RCS staff to enable them to perform their job effectively, efficiently, and with consistent quality across the state. ELearning staff are subject matter experts (SMEs) in online training design and development and serve as the WA State Learning Center (WSLC) administrators to help RCS staff navigate their trainings and maintain job-related skills and techniques.

Procedure

Responsibilities

1. Design, and manage RCS eLearning content including intake, outline, storyboard, and Articulate 360 development.
2. Follow ALTSA Training Content Design Standards including WSLC naming conventions, standards, and requirements
3. Develop and maintain brand standards with RCS/ALTSA accessible templates
4. Ensure DSHS Digital Accessibility design compliance
5. Audit eLearnings for accessibility prior to implementation in the WSLC
6. Monitor, manage, and save eLearning master files in the ALTSA shared drive.
7. Add accessibility audits to DSHS eLearning Accessibility Tracker.
8. Document completed accessibility audit files with eLearning master file in ALTSA shared drive
9. Add RCS eLearnings to the ALTSA Training Tracker.
10. Utilize and promote ALTSA Training Requests/Intake.
11. Attend and participate in mandatory WSLC and eLearning community meetings.
12. Ensure completion of WSLC Monthly and Annual Maintenance Tasks.
13. Distribute Annual & Past Due training assignment notifications to staff and managers per ALTSA level reports.
14. Address RCS user support tickets within the ALTSA/DDA Service Manager Console.
15. Monitor and coach WSLC administrators, coordinators, and instructors in RCS on DSHS accessibility requirements, ATLSA WSLC best practices regarding activity construction, roster management, and site maintenance.
16. Create/build WSLC activities using established ALTSA WSLC best practices outlined with ALTSA WSLC Resources SharePoint site and within the SumTotal/Cornerstone Manuals.

Part II: Appendices

A. Resources

1. Training Request Form
2. CMS Abbreviations and Acronyms
3. DSHS Acronyms
4. DSHS Digital Accessibility Resources
5. ALTSA Content Developer Resources
6. WSLC DSHS Monthly Maintenance Checklist
7. WSLC Performing Annual Maintenance
8. ALTSA WSLC Resources

B. Forms

1. RCS Staff Orientation Checklist (DSHS 15-437)
2. Program Skill Building Tools
   a. Adult Family Homes (AFH);
      1) Inspection and Follow-Up (DSHS 15-444)
      2) Complaint Investigations (DSHS 15-446)
   b. Assisted Living Facilities (ALF);
      1) Inspection and Follow-Up (DSHS 15-438)
      2) Complaint Investigations (DSHS 15-440)
   c. Certified Community Residential Services and Supports (CCRSS);
      1) Certification Evaluation and Follow-Up (DSHS 15-570)
      2) Complaint Investigations (DSHS 15-481)
   d. Enhanced Services Facilities (ESF); and
      1) Inspection and Follow-Up (DSHS 15-566)
      2) Complaint Investigations (DSHS 15-588)
   e. ICF/IID.
      1) Survey (DSHS 15-484)
      2) Revisit Survey (15-485)
      3) Team Coordinator (DSHS 15-486)
      4) Complaint Investigations (DSHS 15-487)
3. In-Field Surveyor Skills Checklist (DSHS 05-276)
4. Program Curriculum Timelines
   a. Adult Family Homes (AFH);
   b. Assisted Living Facilities (ALF);
   c. Certified Community Residential Services and Supports (CCRSS);
   d. Enhanced Services Facilities (ESF); and
   e. ICF/IID.
5. RCS TU Intranet Page
6. State Records Retention Schedule

C. Glossary of Terms

Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.
Agency – State agency.
Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.
Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.
Community programs – includes Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), and Enhanced Services Facilities (ESF).
Complaint investigation/investigator (CI) – An onsite visit that resulted from a complaint rather than a routine inspection. An RCS staff assigned to investigate a complaint received by the department.
Department – This term refers to the Washington state Department of Social and Health Services (DSHS).
Enhanced Services Facilities (ESF) – means a facility that provides support and services to persons for whom acute inpatient treatment is not medically necessary. RCW 70.97.010.
Federal programs – This includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).
Folder – A type of aggregation or container within a file system used to store related records and folders.
Inspection – A generic term used to describe the process by which RCS staff evaluates a licensee's compliance with statutes and regulations. Complaint/incident investigations are only one type of on-site inspection/survey done to determine the health and safety of vulnerable adults in licensed or certified long-term care residential settings.
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – The Social Security Act created this optional Medicaid benefit to fund "institutions" (four or more beds) for individuals with intellectual disabilities. The Secretary defines this as providing "active treatment."
Internet Quality Improvement Evaluation System (IQIES) – the federal umbrella administrative and computer system that encompasses the MDS and Swing Bed-MDS system, other systems for survey and certification, and home health providers.

Nursing facility (NF) – a nursing home, 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. All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.
Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.
Regulatory process – Regulatory staff evaluate current entity compliance with statutes and regulations. Types of regulatory processes include pre-occupancy, abbreviated complaint investigations; full inspection/recertification surveys; initial certification surveys; follow-up or post surveys; initial licensing and relicensing, and monitoring visits.
Regulatory staff/Regulator – RCS staff responsible for enforcing the rights, safety, and health regulations of individuals living in Washington's licensed or certified residential settings.
Shared drive – A specialization of an operating system file system, comprising of a shared device (e.g. server space) used by multiple users and accessed over either a local area network or a wider area network connection.
Shared file – an electronic record (e.g., spreadsheets, word documents, images) with permissions granting additional users to access the record.
Shared folder – a container within a file system with permissions granting additional users to access the contents held within.
Skilled nursing facility (SNF) – 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.
State agency (SA) – A permanent or semi-permanent organization in government that is responsible for the oversight and administration of specific functions.

D. Acronym List

AA	Administrative Assistant
AFH	Adult Family Home
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
CCRSS	Certified Community Residential Services and Supports
CMS	Centers for Medicare and Medicaid Services
DDA	Developmental Disabilities Administration
DOH	Department of Health
ESF	Enhanced Services Facilities
FM	Field Manager
HCA	Health Care Authority
HQ	Headquarters
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
MB	Management Bulletin
NH	Nursing Homes
QA	Quality Assurance
QSEP	Quality, Safety, and Education Portal
RCS	Residential Care Services
RCW	Revised Code of Washington
SBT	Skill Building Tool
SME	Subject Matter Expert
SMQT	Surveyor Minimum Qualifications Test
SOP	Standard Operating Procedures
TU	Training Unit
WSLC	Washington State Learning Center

E. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
10/03/2024	Entire Chapter	Formatting updates	Comply with new DSHS branding	N/A
10/03/2024	Part I.E eLearning	Section added	Provide process details	N/A
5/22/2024	Full Chapter	Updated links	Correct broken links	N/A
08/17/2023	Full Chapter	Updates to requirements, transition to new format, sunset review	Updated Expectations	MB R23-069
12/09/2020	• 19A Training Requirements, Roles, and Expectations • 19B Mentor for New RCS Staff Tools • 19C Skill Building Tools	Updates to reflect current training platforms and requirements. Updates to terminology	Clarify information, renamed sections 19B & 19C	MB R21-010
06/07/2019	• 19A Training Requirements, Roles, and Expectations • 19C Progress (Feedback) Tools	Clarify updates, including amending expectations for the SBT process	Updated Expectations	MB R19-042
10/31/2018	• 19A Training Requirements, Roles, and Expectations	Establishment of general staff training requirements, training unit roles and expectations, including new overview section.	Establishment of new section	MB R18-067
04/2017	Full Chapter	Establishment of chapter	Establishment of chapter	

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