



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Home and Community Living Administration
P.O. Box 45600 • Olympia, Washington 98504

November 04, 2025

HCLA: AFH #2025-046

CLARIFYING TUBERCULOSIS (TB) REQUIREMENTS FOR ADULT FAMILY HOMES (AFHs)

Dear Adult Family Home Provider:

Residential Care Services (RCS) has received questions to clarify TB requirements for AFHs, specifically around new hires, previous positives and the Bacillus Calmette-Guerin (BCG) vaccine (a live, weakened form of the Mycobacterium tuberculosis bacteria that causes tuberculosis. It is used to prevent TB infection, particularly in high-risk populations).

The Washington Administrative Codes (WAC) for AFH TB rules are located in [WACs 388-76-10265 through 388-76-10310](#).

- The goal of the TB rules is to identify and prevent the spread of tuberculosis, in addition to ensuring compliance with infection control as stated in [WAC 388-76-10255](#).
- RCS facilities are required to follow Centers for Disease Control and Prevention (CDC) standards [WAC 388-76-10260](#).
- As a rule, AFH providers are required to have prospective employees tested for TB within three days of hire per [WAC 388-76-10265](#).

Employees With a Prior Positive TB Test or Blood Test

- If a new employee provides documentation of a previous positive TB test (blood or skin), **or** a history of TB treatment, repeat testing is not indicated as stated in [WAC 388-76-10275](#). The X-ray presented needs to correlate with the date of the positive test to show that there is no evidence active TB disease.
- If the X-ray results indicate no active disease and the employee's recent symptom and risk assessment show no concerns, providers should ensure this is clearly documented and maintain oversight through their infection control system.
- The WACs do not specify who should complete the risk assessment or symptom evaluation, however, the CDC recommends them to be complete to rule out active TB. The assessments need to be completed accurately and truthfully to be effective in identifying active TB. The provider is responsible for the process in place to ensure accuracy and knowing what to do when any of the risk factors or symptoms are positive. This includes following CDC guidelines.
- Under [WAC 388-76-10255](#), providers must have a process in place to identify and manage infections and to respond promptly if signs or symptoms of TB appear (to protect the residents). Per CDC, this should include staff education on symptom recognition and clear reporting expectations.

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- Because these steps fall under the provider's infection control responsibilities, the **provider is responsible** for ensuring the evaluation was done (including the x-ray, if indicated), even if the employee does not have health insurance.


Employees With Prior BCG Vaccination

- The current WACs do not specifically reference individuals who have received the BCG (TB) vaccine, which can cause a false-positive skin test. In these cases, a TB blood test (IGRA) is recommended as it is not affected by the vaccine per the CDC (<https://www.cdc.gov/tb/testing/blood-test.html>).
- If a positive result occurs, the same approach applies; obtain a baseline chest X-ray to rule out active TB, document findings (result, actions, reporting, etc.), and ensure ongoing monitoring through the infection control system.

For questions related to the tuberculosis rules and requirements, please contact Molly McClintock, Lead LTC Policy Program Manager at (360)742-6966 or RCSPolicy@dshs.wa.gov

For questions related to infection control, please contact Jamie Ford, Infection Control Preventionist Specialist at (360)688-0539 or jamie.ford1@dshs.wa.gov.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: "Partnering with People"