H-5567.1			

SECOND SUBSTITUTE HOUSE BILL 2668

State of Washington 60th Legislature 2008 Regular Session

By House Appropriations (originally sponsored by Representatives Morrell, Green, Cody, Hunt, McCoy, Wallace, Pedersen, Campbell, McIntire, Conway, Simpson, Kenney, and Darneille)

READ FIRST TIME 02/11/08.

- 1 AN ACT Relating to long-term care; amending RCW 74.41.040,
- 2 18.20.350, 74.41.050, and 74.38.040; adding a new section to chapter
- 3 43.70 RCW; adding a new section to chapter 74.39A RCW; and creating new
- 4 sections.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **Sec. 1.** The legislature finds that Washingtonians 7 sixty-five years of age and older will nearly double in the next twenty
- 8 years, from eleven percent of our population today to almost twenty
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- 9 percent of our population in 2025. Younger people with disabilities
- 10 will also require supportive long-term care services. Nationally,
- 11 young people with a disability account for thirty seven percent of the
- 12 total number of people who need long-term care.
- 13 The legislature further finds that to address this increasing need,
- 14 the long-term care system should support autonomy and self-
- 15 determination, and support the role of informal caregivers and
- 16 families. It should promote personal planning and savings combined
- 17 with public support, when needed. It should also include culturally
- 18 appropriate, high quality information, services, and supports delivered
- in a cost-effective and efficient manner.

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The legislature further finds that the long-term care system should utilize evidence-based practices for the prevention and management of chronic disease to improve the general health of Washingtonians over their lifetime and reduce health care and long-term care costs related to ineffective chronic care management.

6 **Sec. 2.** RCW 74.41.040 and 1987 c 409 s 3 are each amended to read 7 as follows:

The department shall administer this chapter and shall establish such rules and standards as the department deems necessary in carrying out this chapter. The department shall not require the development of plans of care or discharge plans by nursing homes or adult family homes providing respite care service under this chapter. Boarding homes providing respite care services shall comply with the assessment and plan of care provisions of RCW 18.20.350.

The department shall develop standards for the respite program in conjunction with the selected area agencies on aging. The program standards shall serve as the basis for soliciting bids, entering into subcontracts, and developing sliding fee scales to be used in determining the ability of eligible participants to participate in paying for respite care.

- 21 **Sec. 3.** RCW 18.20.350 and 2004 c 142 s 7 are each amended to read 22 as follows:
- 23 (1) The boarding home licensee shall conduct a preadmission 24 assessment for each resident applicant. The preadmission assessment 25 shall include the following information, unless unavailable despite the 26 best efforts of the licensee:
 - (a) Medical history;

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- (b) Necessary and contraindicated medications;
- 29 (c) A licensed medical or health professional's diagnosis, unless 30 the individual objects for religious reasons;
- 31 (d) Significant known behaviors or symptoms that may cause concern 32 or require special care;
- 33 (e) Mental illness diagnosis, except where protected by 34 confidentiality laws;
 - (f) Level of personal care needs;
 - (g) Activities and service preferences; and

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1 (h) Preferences regarding other issues important to the resident 2 applicant, such as food and daily routine.

- (2) The boarding home licensee shall complete the preadmission assessment before admission unless there is an emergency. If there is an emergency admission, the preadmission assessment shall be completed within five days of the date of admission. For purposes of this section, "emergency" includes, but is not limited to: Evening, weekend, or Friday afternoon admissions if the resident applicant would otherwise need to remain in an unsafe setting or be without adequate and safe housing.
- (3) The boarding home licensee shall complete an initial resident service plan upon move-in to identify the resident's immediate needs and to provide direction to staff and caregivers relating to the resident's immediate needs. The initial resident service plan shall include as much information as can be obtained, under subsection (1) of this section.
- (4) When a facility provides respite care, before or at the time of admission, the facility must obtain sufficient information to meet the individual's anticipated needs. At a minimum, such information must include:
- (a) The name, address, and telephone number of the individual's attending physician, and alternate physician if any;
 - (b) Medical and social history, which may be obtained from a respite care assessment and service plan performed by a case manager designated by an area agency on aging under contract with the department, and mental and physical assessment data;
- (c) Physician's orders for diet, medication, and routine care consistent with the individual's status on admission;
- (d) Ensure the individuals have assessments performed, where needed, and where the assessment of the individual reveals symptoms of tuberculosis, follow required tuberculosis testing requirements; and
- (e) With the participation of the individual and, where appropriate, their representative, develop a plan of care to maintain or improve their health and functional status during their stay in the facility.
- **Sec. 4.** RCW 74.41.050 and 2000 c 207 s 4 are each amended to read as follows:

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The department shall contract with area agencies on aging or other 1 2 appropriate agencies to conduct family caregiver long-term care information and support services to the extent of available funding. 3 The responsibilities of the agencies shall include but not be limited 4 5 to: (1) Administering a program of family caregiver long-term care information and support services; ((and)) (2) negotiating rates of 6 7 payment, administering sliding-fee scales to enable participants to participate in paying for respite care, and arranging 8 for respite care information, training, and other support services; and 9 10 (3) developing an evidence-based tailored caregiver assessment and referral tool. In evaluating the need for respite services, 11 12 consideration shall be given to the mental and physical ability of the 13 caregiver to perform necessary caregiver functions.

14 **Sec. 5.** RCW 74.38.040 and 1983 c 290 s 14 are each amended to read 15 as follows:

The community based services for low-income eligible persons provided by the department or the respective area agencies may include:

- (1) Access services designed to provide identification of eligible persons, assessment of individual needs, reference to the appropriate service, and follow-up service where required. These services shall include information and referral, outreach, transportation and counseling. They shall also include long-term care planning and options counseling, information and crisis intervention, and streamlined assistance to access a wide array of public and private community-based services. Services would be available to individuals, concerned families or friends, or professionals working with issues related to aging, disabilities, and caregivers;
- (2) Day care offered on a regular, recurrent basis. General nursing, rehabilitation, personal care, nutritional services, social casework, mental health as provided pursuant to chapter 71.24 RCW and/or limited transportation services may be made available within this program;
- (3) In-home care for persons, including basic health care; performance of various household tasks and other necessary chores, or, a combination of these services;
 - (4) Counseling on death for the terminally ill and care and

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attendance at the time of death; except, that this is not to include reimbursement for the use of life-sustaining mechanisms;

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- (5) Health services which will identify health needs and which are designed to avoid institutionalization; assist in securing admission to medical institutions or other health related facilities when required; and, assist in obtaining health services from public or private agencies or providers of health services. These services shall include health screening and evaluation, in-home services, health education, and such health appliances which will further the independence and well-being of the person;
- (6) The provision of low cost, nutritionally sound meals in central locations or in the person's home in the instance of incapacity. Also, supportive services may be provided in nutritional education, shopping assistance, diet counseling and other services to sustain the nutritional well-being of these persons;
- (7) The provisions of services to maintain a person's home in a state of adequate repair, insofar as is possible, for their safety and comfort. These services shall be limited, but may include housing counseling, minor repair and maintenance, and moving assistance when such repair will not attain standards of health and safety, as determined by the department;
- (8) Civil legal services, as limited by RCW 2.50.100, for counseling and representation in the areas of housing, consumer protection, public entitlements, property, and related fields of law;
- 25 (9) Long-term care ombudsman programs for residents of all long-26 term care facilities.
- NEW SECTION. Sec. 6. A new section is added to chapter 43.70 RCW to read as follows:

Within funds appropriated for this purpose, the department shall develop a statewide fall prevention program. The program shall include networking community services, identifying service gaps, making affordable senior-based, evaluated exercise programs more available, providing consumer education to older adults, their adult children, and the community at large, and conducting professional education on fall risk identification and reduction.

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NEW SECTION. Sec. 7. A new section is added to chapter 74.39A RCW to read as follows:

Within funds appropriated for this purpose, the department shall provide additional support for residents in community settings who exhibit challenging behaviors that put them at risk for institutional placement. The residents must be receiving services under the community options program entry system waiver or the medically needy residential facility waiver under section 1905(c) of the federal social security act and must have been evaluated under the individual comprehensive assessment reporting and evaluation process.

NEW SECTION. Sec. 8. If specific funding for the purposes of sections 4, 5, 6, and 7 of this act, referencing the section by section number and by bill or chapter number, is not provided by June 30, 2008, in the omnibus appropriations act, each section not referenced is null and void.

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