H-4676.	1		

SUBSTITUTE HOUSE BILL 2181

State of Washington 54th Legislature 1996 Regular Session

By House Committee on Health Care (originally sponsored by Representatives Dyer, Horn, L. Thomas, Carlson and Benton)

Read first time 01/30/96.

- 1 AN ACT Relating to enhancing long-term care services; amending RCW
- 2 74.39.040; and making an appropriation.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 74.39.040 and 1989 c 427 s 13 are each amended to read 5 as follows:
- 6 (((1) A long-term care commission is created. It shall consist of:
- 7 (a) Four legislators who shall serve on the executive committee,
- 8 one from each of the two largest caucuses in the house of
- 9 representatives and the senate who shall be selected by the president
- 10 of the senate and the speaker of the house of representatives;
- 11 (b) Six members, to be selected by the executive committee, who
- 12 shall be authorities in gerontology, developmental disabilities,
- 13 neurological impairments, physical disabilities, mental illness,
- 14 nursing, long-term care service delivery, long-term care service
- 15 financing, systems development, or systems analysis;
- 16 (c) Three members, to be selected by the executive committee, who
- 17 represent long-term care consumers, services providers, or advocates;
- 18 (d) Two members, to be selected by the executive committee, who
- 19 represent county government;

p. 1 SHB 2181

(e) One member, to be selected by the secretary of social and health services, to represent the department of social and health services long-term care programs, including at least developmental disabilities, mental health, aging and adult services, AIDS, children's services, alcohol and substance abuse, and vocational rehabilitation; and

 (f) Two members, to represent the governor, who shall serve on the executive committee.

9 The legislative members shall select a chair from the membership of the commission.

The commission shall be staffed, to the extent possible, by staff from the appropriate senate and house of representatives committees.

13 The commission may form technical advisory committees to assist it 14 with any particular matters deemed necessary by the commission.

The commission and technical advisory committee members shall receive no compensation, but except for publicly funded agency staff, shall, to the extent funds are available, be reimbursed for their expenses while attending any meetings in the same manner as legislators engaged in interim committee business as specified in RCW 44.04.120.

The commission may receive appropriations, grants, gifts, and other payments from any governmental or other public or private entity or person which it may use to defray the cost of its operations or to contract for technical assistance, with the approval of the senate committee on facilities and operations and the house of representatives executive rules committee.

- (2) The long-term care commission shall develop legislation and recommend administrative actions necessary to achieve the following long-term care reforms:
- (a) The systematic coordination, planning, budgeting, and administration of long-term care services currently administered by the department of social and health services, division of developmental disabilities, aging and adult services administration, division of vocational rehabilitation, office on AIDS, division of health, and the bureau of alcohol and substance abuse;
- (b)) The legislature finds the intent of the 1989 legislature to reform statutory provisions of long-term care for persons of all ages with chronic functional disability, although not enacted, continues to be applicable. The need to streamline the current bureaucratic fragmentation of chronic health services for the person with functional

SHB 2181 p. 2

disabilities and facilitate the development of client centered, accessible, high quality, cost-effective, and appropriate long-term care services options for persons with functional disabilities is even more pressing today. The legislature further finds that if we are going to meet the significant and growing chronic care needs in the next two decades, rapid fundamental changes will need to take place in the way we finance, organize, and provide long-term care services to the functionally disabled. The public demands, and it is the intent of the legislature to reduce the cost and size of government and provide efficient and effective public service to the persons most impaired by chronic functional disability.

 To realize the need for a cost-effective, uniform, and fully integrated long-term care system while simultaneously reducing the size and cost of government, the Washington health care policy board shall develop a working plan or cause to be conducted by contract a working plan for long-term care reform, including recommendations and statutory changes required to accomplish subsections (3) through (12) of this section by December 12, 1996, and subsections (1), (2), and (13) through (15) of this section by July 1, 1997, and shall include the following:

(1) Reorganize and consolidate, on a noncategorical basis, all disease or age-specific (categorical) organizational entities of state administration and their regional elements pertaining to chronic care services to persons with functional mental and physical disabilities, including but not limited to: In the department of social and health services: Health and rehabilitative services and aging and adult services; in the department of health: Aids chronic care and boarding homes; the department of services to the blind; in the department of veterans affairs: Nursing facilities; and in all other state agencies that provide chronic long-term health care services;

(2) Implement a streamlined client centered administrative and delivery system for long-term care services state-wide that incorporates all long-term care services for the person with functional disabilities to include the functionally disabled, developmentally disabled, mentally ill, traumatically brain injured, and others with chronic functional disabilities. The system shall be a single point entry system administered at the local level that allows the person with functional disabilities to obtain needs determination, eligibility screening, priority setting, and services information and assistance.

p. 3 SHB 2181

- 1 The system shall be designed so that acute health care services are
- 2 <u>effectively coordinated with long-term care services. The system shall</u>
- 3 recognize and respect the individuality and dignity of all functionally
- 4 <u>disabled individuals and promote self-reliance and the preference for</u>
- 5 the assistance and comfort provided by families, friends, and community
- 6 volunteers. It shall also recognize the importance of community
- 7 organizations and the public and private infrastructure in the delivery
- 8 of care and support. All major points of access into the long-term
- 9 care system shall be identified and integrated into the system to
- 10 insure that clients are fully informed of the most appropriate least
- 11 expensive care options;
- 12 (3) Provision of long-term care services to persons based on their
- 13 functional disabilities noncategorically and in the most independent
- 14 living situation consistent with the person's needs and preferences;
- 15 $((\frac{c}{c}))$ A consistent definition of appropriate roles and
- 16 responsibilities for state and local government, regional
- 17 organizations, and private organizations in the planning,
- 18 administration, financing, and delivery of long-term care services;
- 19 $((\frac{d}{d}))$ Technical assistance to enable local communities to
- 20 have greater participation and control in the planning, administration,
- 21 and provision of long-term care services;
- 22 $((\frac{e}{}))$ A case management system that coordinates an
- 23 appropriate and cost-effective plan of care and services for eligible
- 24 functionally disabled persons based on their individual needs and
- 25 preferences;
- 26 $((\frac{f}{f}))$ A sufficient supply of quality <u>institutional and</u>
- 27 noninstitutional residential alternatives for functionally disabled
- 28 persons, and supports for the providers of such services;
- 29 $((\frac{g}))$ Public and private alternative funding for long-term
- 30 care services, ((such as federal Title XIX funding of personal care
- 31 services through the limited casualty program for the medically needy
- 32 and other optional services)) that includes the promotion of affordable
- 33 stand alone long-term care insurance options or as part of overall
- 34 <u>health care insurance benefits</u>, a uniform fee <u>copayment</u> scale for
- 35 client participation in state-funded, long-term care programs, and
- 36 private, long-term care insurance;
- $((\frac{h}{h}))$ A systematic and balanced long-term care services
- 38 payment and reimbursement system, including a case mix nursing home

SHB 2181 p. 4

- 1 reimbursement, that will provide access to needed services while 2 controlling the rate of cost increases for such services;
- 3 $((\frac{1}{(i)}))$ (10) Active involvement of volunteers and advocacy groups;
- 4 $((\frac{j}{j}))$ (11) An integrated data base that provides long-term care 5 client tracking;
- 6 $((\frac{k}{k}))$ (12) A coordinated education system for long-term care to insure client safety and quality of services; ((and
- 8 (1)) (13) Administratively separate the nonmeans tested economic 9 and social welfare and advocacy programs of the older Americans act, 42 10 U.S.C. Chap 35 and 45 C.F.R. 1321 et seq. from the need and means
- 11 tested programs for persons with functional disabilities;
- 12 (14) Review all activities mandated and expenditures authorized by
- 13 the senior citizens services act, chapter 74.38 RCW; and identify which
- 14 funds are being used for functionally disabled seniors and identify how
- 15 these senior citizens services act funds can be directed to programs
- 16 <u>serving the most disabled elderly; and</u>
- 17 (15) Other issues deemed appropriate by the ((implementation team))
- 18 joint committee on health systems oversight.
- 19 The ((commission)) Washington health care policy board shall report
- 20 to the legislature with its findings, recommendations, and proposed
- 21 legislation ((by December 1, 1990)) required to accomplish subsections
- 22 (3) through (12) of this section by December 12, 1996, and subsections
- 23 (1), (2), and (13) through (15) of this section by July 1, 1997.
- NEW SECTION. Sec. 2. The sum of twenty-five thousand dollars, or
- 25 as much thereof as may be necessary, is appropriated for the fiscal
- 26 year ending June 30, 1997, from the general fund to the Washington
- 27 health care policy board for the purposes of conducting a working plan
- 28 as specified under section 1 of this act.

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p. 5 SHB 2181