

FINAL BILL REPORT

2SHB 1546

C 175 L 99

Synopsis as Enacted

Brief Description: Modifying provisions related to long-term care of adults.

Sponsors: By House Committee on Health Care (Originally sponsored by Representatives Cody, Parlette, Doumit, Ballasiotes, Conway, D. Schmidt, Dickerson, Campbell, Wolfe, Kenney, Ogden, Radcliff, Kessler, Veloria, Ruderman, Linville, Santos, Haigh, Cooper, Miloscia, Edmonds, Keiser, Lantz, Hurst, Schual-Berke, Quall, Van Luven, Rockefeller, O'Brien, Wood, Murray, Fortunato and McIntire).

House Committee on Health Care
House Committee on Appropriations
Senate Committee on Health & Long-Term Care
Senate Committee on Ways & Means

Background:

In 1995, the Washington Legislature passed House Bill 1908, making many changes in Washington's long-term care programs. Included were changes to encourage the use of community based care over nursing home care, moving case management responsibility for the under 60 disabled population to the Area Agencies on Aging (AAAs), and reorganizing service authorization and client responsibilities between the DSHS and the AAAs. These changes resulted in the greater utilization of in-home care services. Over the past eight years, the in-home care program has increased 160 percent. There are approximately 20,000 persons in Washington receiving the Department of Social and Health Services (DSHS) in-home personal care services.

Two types of the DSHS in-home care programs are available. One option is to receive services from a home care agency, which recruits, hires, supervises, schedules, and monitors the assistance provided to the client (contracted program). The other option is for clients to use an Individual Provider Program (IPP). Under this state-funded program, the client becomes the employer and is directly responsible for all aspects of the work provided -- from hiring to supervising the caregiver.

Home care agencies are licensed by the Department of Health (DOH), and have contracts through the AAAs to provide in-home care services. Home care agencies are monitored annually by AAAs for contract compliance and are required to maintain standards of care for the program. A recent study by the Joint Legislative Audit and Review Committee found the quality assurance controls within the IPP are a cause for

concern. The study indicated that "little external oversight authority exists to monitor individual provider performance, either within DSHS or the AAAs." Unlike the agency caregiver in the contracted program, the client is the only one who directly supervises the performance of the IPP employee and his/her on-going ability to deliver quality care. In contrast, agency supervisors are required to accompany their caregivers on home visits at least twice a year and evaluate the caregiver's performance, and check the client's situation. This is in addition to the annual AAA case manager visit.

Summary:

The DSHS must expand the scope of oversight to include the assessment of the quality of case management services being provided by the AAAs and must develop specific oversight assessments, monitoring requirements, and quality indicators for the AAAs providing case management services for clients receiving in-home care services.

Comprehensive new oversight responsibilities are established for the AAAs to enhance quality of care, improve safety for clients, and create more uniform and documented verification of the services that have been provided for consumers receiving care under the Medicaid Personal Care Program, Community Options Program Entry System, Chore Services Program, or the IPP. The AAAs are required to develop a plan of care for each consumer of service. The terms of the plan of care are specified, including the requirement that the plan be distributed to the primary care provider, the individual care provider, and other relevant providers. Consumers are given the opportunity to waive the right to case management services.

The AAAs and the DSHS are given the authority to terminate the contract between the department and the individual provider if it is found that the individual provider is performing inadequately, is unable to provide services, or is jeopardizing the health, safety, or well being of the client. The AAAs are also given the authority to reject a request to have a family member be the paid caregiver if the AAA believes that the family member will be unable to appropriately meet the needs of the client.

Votes on Final Passage:

House 95 0

Senate 43 0

Effective: This act is null and void since no appropriation was made in the budget.