SENATE BILL 5899

State of Washington 65th Legislature 2017 Regular Session

By Senator Braun

Read first time 03/21/17. Referred to Committee on Ways & Means.

- 1 AN ACT Relating to transferring duties from the training
- 2 partnership to the department of social and health services; amending
- 3 RCW 74.39A.270, 74.39A.310, 74.39A.351, and 74.39A.360; and
- 4 reenacting and amending RCW 74.39A.009.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 74.39A.009 and 2012 c 164 s 202 and 2012 c 10 s 63 7 are each reenacted and amended to read as follows:
- 8 The definitions in this section apply throughout this chapter 9 unless the context clearly requires otherwise.
- 10 (1) "Adult family home" means a home licensed under chapter 11 70.128 RCW.
- 12 (2) "Adult residential care" means services provided by an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.020 to provide personal care services.
- 16 (3) "Assisted living facility" means a facility licensed under 17 chapter 18.20 RCW.
- 18 (4) "Assisted living services" means services provided by an 19 assisted living facility that has a contract with the department 20 under RCW 74.39A.010 to provide personal care services, intermittent

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- nursing services, and medication administration services, and the resident is housed in a private apartment-like unit.
- 3 (5) "Community residential service business" means a business
 4 that:
- 5 (a) Is certified by the department of social and health services 6 to provide to individuals who have a developmental disability as 7 defined in RCW 71A.10.020(((4))):
 - (i) Group home services;

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- 9 (ii) Group training home services;
- 10 (iii) Supported living services; or
- 11 (iv) Voluntary placement services provided in a licensed staff 12 residential facility for children;
- 13 (b) Has a contract with the division of developmental 14 disabilities to provide the services identified in (a) of this 15 subsection; and
- 16 (c) All of the business's long-term care workers are subject to 17 statutory or regulatory training requirements that are required to 18 provide the services identified in (a) of this subsection.
 - (6) "Core competencies" means basic training topics, including but not limited to, communication skills, worker self-care, problem solving, maintaining dignity, consumer directed care, cultural sensitivity, body mechanics, fall prevention, skin and body care, long-term care worker roles and boundaries, supporting activities of daily living, and food preparation and handling.
 - (7) "Cost-effective care" means care provided in a setting of an individual's choice that is necessary to promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice, in an environment that is appropriate to the care and safety needs of the individual, and such care cannot be provided at a lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his or her desired quality of life.
- 33 (8) "Department" means the department of social and health 34 services.
- 35 (9) "Developmental disability" has the same meaning as defined in 36 RCW 71A.10.020.
- 37 (10) "Direct care worker" means a paid caregiver who provides 38 direct, hands-on personal care services to persons with disabilities 39 or the elderly requiring long-term care.

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(11) "Enhanced adult residential care" means services provided by an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.

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- 6 "Functionally disabled person" or "person who is 7 functionally disabled" is synonymous with chronic functionally disabled and means a person who because of a recognized chronic 8 physical or mental condition or disease, or developmental disability, 9 including chemical dependency, is impaired to the extent of being 10 11 dependent upon others for direct care, support, supervision, monitoring to perform activities of daily living. "Activities of 12 daily living", in this context, means self-care abilities related to 13 personal care such as bathing, eating, using the toilet, dressing, 14 and transfer. Instrumental activities of daily living may also be 15 16 used to assess a person's functional abilities as they are related to 17 the mental capacity to perform activities in the home and the 18 community such as cooking, shopping, house cleaning, doing laundry, 19 working, and managing personal finances.
 - (13) "Home and community-based services" means adult family homes, in-home services, and other services administered or provided by contract by the department directly or through contract with area agencies on aging or similar services provided by facilities and agencies licensed by the department.
- 25 (14) "Home care aide" means a long-term care worker who has 26 obtained certification as a home care aide by the department of 27 health.
- 28 (15) "Individual provider" is defined according to RCW 29 74.39A.240.
- (16) "Long-term care" is synonymous with chronic care and means 30 31 care and supports delivered indefinitely, intermittently, or over a 32 sustained time to persons of any age disabled by chronic mental or physical illness, disease, chemical dependency, or a medical 33 condition that is permanent, not reversible or curable, or is long-34 lasting and severely limits their mental or physical capacity for 35 36 self-care. The use of this definition is not intended to expand the scope of services, care, or assistance by any individuals, groups, 37 38 residential care settings, or professions unless otherwise expressed 39 by law.

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(17)(a) "Long-term care workers" include all persons who provide paid, hands-on personal care services for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care workers employed by home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, and adult family homes, respite care providers, direct care workers employed by community residential service businesses, and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

- (b) "Long-term care workers" do not include: (i) Persons employed by the following facilities or agencies: Nursing homes subject to chapter 18.51 RCW, hospitals or other acute care settings, residential habilitation centers under chapter 71A.20 RCW, facilities certified under 42 C.F.R., Part 483, hospice agencies subject to chapter 70.127 RCW, adult day care centers, and adult day health care centers; or (ii) persons who are not paid by the state or by a private agency or facility licensed by the state to provide personal care services.
- 21 (18) "Nursing home" means a facility licensed under chapter 18.51 22 RCW.
 - (19) "Personal care services" means physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability.
 - (20) "Population specific competencies" means basic training topics unique to the care needs of the population the long-term care worker is serving, including but not limited to, mental health, dementia, developmental disabilities, young adults with physical disabilities, and older adults.
- 31 (21) "Qualified instructor" means a registered nurse or other 32 person with specific knowledge, training, and work experience in the 33 provision of direct, hands-on personal care and other assistance 34 services to the elderly or persons with disabilities requiring 35 long-term care.
- 36 (22) "Secretary" means the secretary of social and health 37 services.
- 38 (23) "Secretary of health" means the secretary of health or the 39 secretary's designee.

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(24) (("Training partnership" means a joint partnership or trust that includes the office of the governor and the exclusive bargaining representative of individual providers under RCW 74.39A.270 with the capacity to provide training, peer mentoring, and workforce development, or other services to individual providers.

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- (25))) "Tribally licensed assisted living facility" means an assisted living facility licensed by a federally recognized Indian tribe in which a facility provides services similar to assisted living facilities licensed under chapter 18.20 RCW.
- 10 **Sec. 2.** RCW 74.39A.270 and 2016 sp.s. c 30 s 1 are each amended 11 to read as follows:
 - (1) Solely for the purposes of collective bargaining and as expressly limited under subsections (2) and (3) of this section, the governor is the public employer, as defined in chapter 41.56 RCW, of individual providers, who, solely for the purposes of collective bargaining, are public employees as defined in chapter 41.56 RCW. To accommodate the role of the state as payor for the community-based services provided under this chapter and to ensure coordination with state employee collective bargaining under chapter 41.80 RCW and the coordination necessary to implement RCW 74.39A.300, the public employer shall be represented for bargaining purposes by the governor or the governor's designee appointed under chapter 41.80 RCW. The governor or governor's designee shall periodically consult with the authority during the collective bargaining process to allow the authority to communicate issues relating to the long-term in-home care services received by consumers. The department shall solicit input from the developmental disabilities council, the governor's committee on disability issues and employment, the state council on aging, and other consumer advocacy organizations to obtain informed input from consumers on their interests, including impacts consumer choice, for all issues proposed for collective bargaining under subsections (5) and (6) of this section.
 - (2) Chapter 41.56 RCW governs the collective bargaining relationship between the governor and individual providers, except as otherwise expressly provided in this chapter and except as follows:
 - (a) The only unit appropriate for the purpose of collective bargaining under RCW 41.56.060 is a statewide unit of all individual providers;

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1 (b) The showing of interest required to request an election under 2 RCW 41.56.060 is ten percent of the unit, and any intervener seeking 3 to appear on the ballot must make the same showing of interest;

- (c) The mediation and interest arbitration provisions of RCW 41.56.430 through 41.56.470 and 41.56.480 apply, except that:
- (i) With respect to commencement of negotiations between the governor and the bargaining representative of individual providers, negotiations shall be commenced by May 1st of any year prior to the year in which an existing collective bargaining agreement expires; and
- (ii) The decision of the arbitration panel is not binding on the legislature and, if the legislature does not approve the request for funds necessary to implement the compensation and fringe benefit provisions of the arbitrated collective bargaining agreement, is not binding on the authority or the state;
 - (d) Individual providers do not have the right to strike; and
- (e) Individual providers who are related to, or family members of, consumers or prospective consumers are not, for that reason, exempt from this chapter or chapter 41.56 RCW.
- (3) Individual providers who are public employees solely for the purposes of collective bargaining under subsection (1) of this section are not, for that reason, employees of the state, its political subdivisions, or an area agency on aging for any purpose. Chapter 41.56 RCW applies only to the governance of the collective bargaining relationship between the employer and individual providers as provided in subsections (1) and (2) of this section.
- (4) Consumers and prospective consumers retain the right to select, hire, supervise the work of, and terminate any individual provider providing services to them. Consumers may elect to receive long-term in-home care services from individual providers who are not referred to them by the authority.
- (5) Except as expressly limited in this section and RCW 74.39A.300, the wages, hours, and working conditions of individual providers are determined solely through collective bargaining as provided in this chapter. Except as described in subsection (9) of this section, no agency or department of the state may establish policies or rules governing the wages or hours of individual providers. This subsection does not modify:
- (a) The department's authority to establish a plan of care for each consumer or its core responsibility to manage long-term in-home

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- 1 care services under this chapter, including determination of the level of care that each consumer is eligible to receive. However, at 2 the request of the exclusive bargaining representative, the governor 3 or the governor's designee appointed under chapter 41.80 RCW shall 4 engage in collective bargaining, as defined in RCW 41.56.030(4), with 5 б the exclusive bargaining representative over how the department's core responsibility affects hours of work for individual providers. 7 This subsection shall not be interpreted to require collective 8 bargaining over an individual consumer's plan of care; 9
 - (b)(i) The requirement that the number of hours the department may pay any single individual provider is limited to:

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- (A) Sixty hours each workweek if the individual provider was working an average number of hours in excess of forty hours for the workweeks during January 2016, except for fiscal years 2016 and 2017, the limit is sixty-five hours each workweek; or
- (B) Forty hours each workweek if the individual provider was not working an average number of hours in excess of forty hours for the workweeks during January 2016, or had no reported hours for the month of January 2016.
- 20 (ii) Additional hours may be authorized under criteria 21 established by rules adopted by the department under subsection (9) 22 of this section.
- 23 (iii) Additional hours may be authorized for required training 24 under RCW 74.39A.074, 74.39A.076, and 74.39A.341.
 - (iv) An individual provider may appeal to the department for qualification for the hour limitation in (b)(i)(A) of this subsection if the average weekly hours the (([individual])) individual provider was working in January 2016 materially underrepresent the average weekly hours worked by the individual provider during the first three months of 2016.
 - (v) No individual provider is subject to the hour limitations in (b)(i)(A) of this subsection until the department has conducted a review of the plan of care for the consumers served by the $((\{individual\}))$ individual provider. The department shall review plans of care expeditiously, starting with consumers connected with the most individual provider overtime;
 - (c) The requirement that the total number of additional hours in excess of forty hours authorized under (b) of this subsection and subsection (9) of this section are limited by the total hours as provided in subsection (10) of this section;

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(d) The department's authority to terminate its contracts with individual providers who are not adequately meeting the needs of a particular consumer, or to deny a contract under RCW 74.39A.095(8);

- (e) The consumer's right to assign hours to one or more individual providers consistent with the rules adopted under this chapter and his or her plan of care;
- (f) The consumer's right to select, hire, terminate, supervise the work of, and determine the conditions of employment for each individual provider providing services to the consumer under this chapter;
- (g) The department's obligation to comply with the federal medicaid statute and regulations and the terms of any community-based waiver granted by the federal department of health and human services and to ensure federal financial participation in the provision of the services; and
- (h) The legislature's right to make programmatic modifications to the delivery of state services under this title, including standards of eligibility of consumers and individual providers participating in the programs under this title, and the nature of services provided. The governor shall not enter into, extend, or renew any agreement under this chapter that does not expressly reserve the legislative rights described in this subsection (5)(h).
- (6) At the request of the exclusive bargaining representative, the governor or the governor's designee appointed under chapter 41.80 RCW shall engage in collective bargaining, as defined in RCW 41.56.030(4), with the exclusive bargaining representative ((over employer contributions to the training partnership)) for the costs of: (a) Meeting all training and peer mentoring required under this chapter; and (b) other training intended to promote the career development of individual providers.
- (7) The state, the department, the area agencies on aging, or their contractors under this chapter may not be held vicariously or jointly liable for the action or inaction of any individual provider or prospective individual provider, whether or not that individual provider or prospective individual provider was included on the referral registry or referred to a consumer or prospective consumer. The existence of a collective bargaining agreement, the placement of an individual provider on the referral registry, or the development or approval of a plan of care for a consumer who chooses to use the services of an individual provider and the provision of case

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management services to that consumer, by the department or an area agency on aging, does not constitute a special relationship with the consumer.

- (8) Nothing in this section affects the state's responsibility with respect to unemployment insurance for individual providers. However, individual providers are not to be considered, as a result of the state assuming this responsibility, employees of the state.
- (9) The department may not pay any single individual provider more than the hours listed in subsection (5)(b) of this section unless the department authorizes additional hours under criteria established by rule. The criteria must be limited in scope to reduce the state's exposure to payment of overtime, address travel time from worksite to worksite, and address the following needs of consumers:
- (a) Ensuring that consumers are not at increased risk for institutionalization;
- (b) When there is a limited number of (({individual})) individual providers within the geographic region of the consumer;
- (c) When there is a limited number of (([individual])) individual providers available to support a consumer with complex medical and behavioral needs or specific language needs;
- (d) Emergencies that could pose a health and safety risk for consumers; and
- (e) Instances where the cost of the allowed hour is less than other alternatives to provide care to a consumer, distinct from any increased risk of institutionalization.
- (10)(a) Each fiscal year, the department shall establish a spending plan and a system to monitor the authorization and cost of hours in excess of forty hours each workweek from subsections (5)(b) and (9) of this section beginning July 1, 2016, and each fiscal year thereafter. Expenditures for hours in excess of forty hours each workweek under subsections (5)(b) and (9) of this section shall not exceed 8.75 percent of the total average authorized personal care hours for the fiscal year as projected by the caseload forecast council. The caseload forecast council may adopt a temporary adjustment to the 8.75 percent of the total average hours projection for that fiscal year, up to a maximum of 10.0 percent, if it finds a higher percentage of overtime hours is necessitated by a shortage of individual providers to provide adequate client care, taking into consideration factors including the criteria in subsection (9) of

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this section. If the council elects to temporarily increase the limit, it may do so only upon a majority vote of the council.

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- (b) The department also shall provide expenditure reports beginning September 1, 2016, and on a quarterly basis thereafter. If the department determines, based upon quarterly expenditure reports, that the annual expenditures will exceed the limitation established in (a) of this subsection, the department shall take those actions necessary to ensure compliance with the limitation.
- 9 (c) The spending plan and expenditure reports must be submitted 10 to the legislative fiscal committees and the joint legislative-11 executive overtime oversight task force. The joint legislative-12 executive overtime oversight task force members are as follows:
- 13 (i) Two members from each of the two largest caucuses of the senate, appointed by the respective caucus leaders.
- 15 (ii) The speaker of the house of representatives shall appoint 16 two members from each of the two largest caucuses of the house of 17 representatives.
- 18 (iii) The governor shall appoint members representing the 19 department of social and health services and the office of financial 20 management.
 - (iv) The governor shall appoint two members representing individual providers and two members representing consumers receiving personal care or respite care services from an individual provider.
 - (d) The task force shall meet at least annually, but may meet more frequently as desired by the task force. The task force shall choose cochairs, one from among the legislative members and one from among the executive branch members.
- (e) The department is authorized to adopt rules, including emergency rules under RCW 34.05.350, to implement this subsection.
- 30 **Sec. 3.** RCW 74.39A.310 and 2007 c 361 s 8 are each amended to 31 read as follows:
 - (1) The department shall create a formula that converts the cost of the increase in wages and benefits negotiated and funded in the contract for individual providers of home care services pursuant to RCW 74.39A.270 and 74.39A.300, into a per-hour amount, excluding those benefits defined in subsection (2) of this section. That per-hour amount shall be added to the statewide home care agency vendor rate and shall be used exclusively for improving the wages and

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- benefits of home care agency workers who provide direct care. The
 formula shall account for:
- 3 (a) All types of wages, benefits, and compensation negotiated and 4 funded each biennium, including but not limited to:
 - (i) Regular wages;
- 6 (ii) Benefit pay, such as vacation, sick, and holiday pay;
- 7 (iii) Taxes on wages/benefit pay; and
- 8 (iv) Mileage; and

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- 9 (((v) Contributions to a training partnership; and))
- 10 (b) The increase in the average cost of worker's compensation for 11 home care agencies and application of the increases identified in (a) 12 of this subsection to all hours required to be paid, including travel 13 time, of direct service workers under the wage and hour laws and 14 associated employer taxes.
- 15 (2) The contribution rate for health care benefits, including but 16 not limited to medical, dental, and vision benefits, for eligible 17 agency home care workers shall be paid by the department to home care 18 agencies at the same rate as negotiated and funded in the collective 19 bargaining agreement for individual providers of home care services.
- 20 **Sec. 4.** RCW 74.39A.351 and 2012 c 164 s 404 are each amended to 21 read as follows:
 - (1) The department shall offer, directly or through contract, training opportunities sufficient for a long-term care worker to accumulate seventy hours of training within a reasonable time period. ((For individual providers represented by an exclusive bargaining representative under RCW 74.39A.270, the training opportunities shall be offered through the training partnership established under RCW 74.39A.360.))
 - (2) Training topics offered under this section shall include, but are not limited to: Client rights; personal care; mental illness; dementia; developmental disabilities; depression; medication assistance; advanced communication skills; positive client behavior support; developing or improving client-centered activities; dealing with wandering or aggressive client behaviors; medical conditions; nurse delegation core training; peer mentor training; and advocacy for quality care training.
- 37 (3) The department may not require long-term care workers to 38 obtain the training described in this section.

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- 1 (4) The requirement to offer advanced training applies beginning 2 January 1, 2013, except that it does not apply to long-term care 3 workers employed by community residential service businesses until 4 January 1, 2016.
- 5 **Sec. 5.** RCW 74.39A.360 and 2007 c 361 s 6 are each amended to 6 read as follows:
- 7 Beginning ((January 1, 2010, for individual providers represented by an exclusive bargaining representative under RCW 74.39A.270)) July 8 1, 2018, all training and peer mentoring required under this chapter 9 10 shall be ((provided by a training partnership. Contributions to the 11 partnership pursuant to a collective bargaining agreement negotiated under this chapter shall be made beginning July 1, 2009. The training 12 partnership shall provide reports as required by the department 13 verifying that all individual providers have complied with all 14 15 training requirements. The exclusive bargaining representative shall 16 designate the training partnership)) coordinated by the department of social and health services. 17

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