
SUBSTITUTE HOUSE BILL 1087

State of Washington

66th Legislature

2019 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jenkins, MacEwen, Cody, Harris, Tharinger, Slatter, Kloba, Ryu, Macri, DeBolt, Bergquist, Doglio, Robinson, Stanford, Stonier, Frame, and Leavitt)

READ FIRST TIME 01/29/19.

1 AN ACT Relating to long-term services and supports; amending RCW
2 74.39A.076 and 18.88B.041; adding a new section to chapter 44.28 RCW;
3 and adding a new chapter to Title 50A RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Long-term care is not covered by medicare or other health
7 insurance plans, and the few private long-term care insurance plans
8 that exist are unaffordable for most people, leaving more than ninety
9 percent of seniors uninsured for long-term care. The current market
10 for long-term care insurance is broken: In 2002, there were one
11 hundred two companies offering long-term care insurance coverage, but
12 today that number is only twelve.

13 (2) The majority of people over sixty-five years of age will need
14 long-term services and supports within their lifetimes. The senior
15 population has doubled in Washington since 1980, to currently over
16 one million, and will more than double again by 2040. Without access
17 to insurance, seniors must rely on family care and spend their life
18 savings down to poverty levels in order to access long-term care
19 through medicaid. In Washington, more than eight hundred fifty
20 thousand unpaid family caregivers provided care valued at eleven
21 billion dollars in 2015. Furthermore, family caregivers who leave the

1 workforce to provide unpaid long-term services and supports lose an
2 average of three hundred thousand dollars in their own income and
3 health and retirement benefits.

4 (3) Paying out-of-pocket for long-term care is expensive. In
5 Washington, the average cost for medicaid in-home care is twenty-four
6 thousand dollars per year and the average cost for nursing home care
7 is sixty-five thousand dollars per year. These are costs that most
8 seniors cannot afford.

9 (4) Seniors and the state will not be able to continue their
10 reliance on family caregivers in the near future. Demographic shifts
11 mean that fewer potential family caregivers will be available in the
12 future. Today, there are around seven potential caregivers for each
13 senior, but by 2030 that ratio will decrease to four potential
14 caregivers for each senior.

15 (5) Long-term services and supports comprise approximately six
16 percent of the state operating budget, and demand for these services
17 will double by 2030 to over twelve percent. This will result in an
18 additional six billion dollars in increased near-general fund costs
19 for the state by 2030.

20 (6) An alternative funding mechanism for long-term care access in
21 Washington state could relieve hardship on families and lessen the
22 burden of medicaid on the state budget. In addition, an alternative
23 funding mechanism could result in positive economic impact to our
24 state through increased state competition and fewer Washingtonians
25 leaving the workforce to provide unpaid care.

26 (7) The average aging and long-term supports administration
27 medicaid consumer utilizes ninety-six hours of care per month. At
28 current costs, a one hundred dollars per day benefit for three
29 hundred sixty-five days would provide complete financial relief for
30 the average in-home care consumer and substantial relief for the
31 average facility care consumer for a full year or more.

32 (8) Under current caseload and demographic projections, an
33 alternative funding mechanism for long-term care access could save
34 the medicaid program eight hundred ninety-eight million dollars in
35 the 2051-2053 biennium.

36 (9) As the state pursues an alternative funding mechanism for
37 long-term care access, the state must continue its commitment to
38 promoting choice in approved services and long-term care settings.
39 Therefore, any alternative funding mechanism program should be
40 structured such that:

1 (a) Individuals are able to use their benefits for long-term care
2 services in the setting of their choice, whether in the home, a
3 residential community-based setting, or a skilled nursing facility;

4 (b) The choice of provider types and approved services is the
5 same or greater than currently available through Washington's
6 publicly funded long-term services and supports;

7 (c) Transitions from private and public funding sources for
8 consumers are seamless; and

9 (d) Long-term care health status data is collected across all
10 home and community-based settings.

11 (10) The creation of a long-term care insurance benefit of an
12 established dollar amount per day for three hundred sixty-five days
13 each year for all eligible Washington employees, paid through an
14 employee payroll premium, is in the best interest of the state of
15 Washington.

16 NEW SECTION. **Sec. 2.** The definitions in this section apply
17 throughout this chapter unless the context clearly requires
18 otherwise.

19 (1) "Account" means the long-term services and supports trust
20 account created in section 10 of this act.

21 (2) "Approved service" means long-term services and supports
22 including, but not limited to:

23 (a) Adult day services;

24 (b) Care transition coordination;

25 (c) Memory care;

26 (d) Adaptive equipment and technology;

27 (e) Environmental modification;

28 (f) Personal emergency response system;

29 (g) Home safety evaluation;

30 (h) Respite for family caregivers;

31 (i) Home delivered meals;

32 (j) Transportation;

33 (k) Dementia supports;

34 (l) Education and consultation;

35 (m) Eligible relative care;

36 (n) Professional services;

37 (o) Services that assist paid and unpaid family members caring
38 for eligible individuals, including training for individuals

1 providing care who are not otherwise employed as long-term care
2 workers under RCW 74.39A.074;

3 (p) In-home personal care;

4 (q) Assisted living services;

5 (r) Adult family home services; and

6 (s) Nursing home services.

7 (3) "Benefit unit" means up to one hundred dollars, increasing at
8 a three percent index subject to annual commission approval, paid by
9 the department of social and health services to a long-term services
10 and supports provider as reimbursement for approved services provided
11 to an eligible beneficiary on a specific date.

12 (4) "Commission" means the long-term services and supports trust
13 commission established in section 4 of this act.

14 (5) "Eligible beneficiary" means a qualified individual who has
15 been determined to meet the minimum level of assistance with
16 activities of daily living necessary to receive benefits through the
17 trust program, as established in this chapter, and who has not
18 exhausted the lifetime limit of benefit units.

19 (6) "Employee" has the meaning provided in RCW 50A.04.010.

20 (7) "Employer" has the meaning provided in RCW 50A.04.010.

21 (8) "Employment" has the meaning provided in RCW 50A.04.010.

22 (9) "Long-term services and supports provider" means an entity
23 that meets the qualifications applicable in law to the approved
24 service they provide, including a qualified or certified home care
25 aide, licensed assisted living facility, licensed adult family home,
26 licensed nursing home, licensed in-home services agency, adult day
27 services program, vendor, instructor, qualified family member, or
28 other entities as registered by the department of social and health
29 services.

30 (10) "Premium" or "premiums" means the payments required by
31 section 8 of this act and paid to the employment security department
32 for deposit in the account created in section 10 of this act.

33 (11) "Program" means the long-term services and supports trust
34 program established in this chapter.

35 (12) "Qualified family member" means a relative of an eligible
36 beneficiary qualified to meet requirements established in state law
37 for the approved service they provide that would be required of any
38 other long-term services and supports provider to receive payments
39 from the state.

1 (13) "Qualified individual" means an individual who meets the
2 age, residence, and duration of payment requirements, as established
3 in this chapter.

4 (14) "Wages" has the meaning provided in RCW 50A.04.010, except
5 that all wages are subject to a premium assessment and not limited by
6 the commissioner of the employment security department, as provided
7 under RCW 50A.04.115.

8 NEW SECTION. **Sec. 3.** (1) The health care authority, the
9 department of social and health services, and the employment security
10 department each have distinct responsibilities in the implementation
11 and administration of the program. In the performance of their
12 activities, they shall actively collaborate to realize program
13 efficiencies and provide persons served by the program with a well-
14 coordinated experience.

15 (2) The health care authority shall:

16 (a) Make determinations regarding an individual's status as a
17 qualified individual under section 5 of this act;

18 (b) Ensure approved services are provided through audits or
19 service verification processes within the service provider payment
20 system for registered long-term services and supports providers and
21 recoup any inappropriate payments;

22 (c) Establish criteria for the payment of benefits to registered
23 long-term services and supports providers under section 7 of this
24 act; and

25 (d) Adopt rules and procedures necessary to implement and
26 administer the activities specified in this section related to the
27 program.

28 (3) The department of social and health services shall:

29 (a) Make determinations regarding an individual's status as an
30 eligible beneficiary under section 6 of this act;

31 (b) Approve long-term services and supports eligible for payment
32 as approved services under the program, as informed by the
33 commission;

34 (c) Register long-term services and supports providers that meet
35 minimum qualifications;

36 (d) Discontinue the registration of long-term services and
37 supports providers that: (i) Fail to meet the minimum qualifications
38 applicable in law to the approved service that they provide; or (ii)
39 violate the operational standards of the program;

1 (e) Disburse payments of benefits to registered long-term
2 services and supports providers, utilizing and leveraging existing
3 payment systems for the provision of approved services to eligible
4 beneficiaries under section 7 of this act;

5 (f) Prepare and distribute written or electronic materials to
6 qualified individuals, eligible beneficiaries, and the public as
7 deemed necessary by the commission to inform them of program design
8 and updates;

9 (g) Provide customer service and address questions and
10 complaints, including referring individuals to other appropriate
11 agencies;

12 (h) Provide administrative and operational support to the
13 commission;

14 (i) Track data useful in monitoring and informing the program, as
15 identified by the commission;

16 (j) Establish rules and procedures for benefit coordination when
17 the eligible beneficiary is also funded for medicaid and other long-
18 term services and supports, including medicare, coverage through the
19 department of labor and industries, and private long-term care
20 coverage; and

21 (k) Adopt rules and procedures necessary to implement and
22 administer the activities specified in this section related to the
23 program.

24 (4) The employment security department shall:

25 (a) Collect and assess employee premiums as provided in section 8
26 of this act;

27 (b) Assist the commission in monitoring the solvency and
28 financial status of the program;

29 (c) Perform investigations to determine the compliance of premium
30 payments in section 8 of this act in coordination with the same
31 activities conducted under the family and medical leave act, chapter
32 50A.04 RCW, to the extent possible; and

33 (d) Adopt rules and procedures necessary to implement and
34 administer the activities specified in this section related to the
35 program.

36 NEW SECTION. **Sec. 4.** (1) The long-term services and supports
37 trust commission is established.

38 (2) The commission includes:

1 (a) Two members from each of the two largest caucuses of the
2 house of representatives, appointed by the speaker of the house of
3 representatives;

4 (b) Two members from each of the two largest caucuses of the
5 senate, appointed by the president of the senate;

6 (c) The commissioner of the employment security department, or
7 the commissioner's designee;

8 (d) The secretary of the department of social and health
9 services, or the secretary's designee;

10 (e) The director of the health care authority, or the director's
11 designee, who shall serve as a nonvoting member;

12 (f) One representative of the organization representing the area
13 agencies on aging;

14 (g) One representative of a home care association that represents
15 caregivers who provide services to private pay and medicaid clients;

16 (h) One representative of a union representing long-term care
17 workers;

18 (i) One representative of an organization representing retired
19 persons;

20 (j) One representative of an association representing skilled
21 nursing facilities and assisted living providers;

22 (k) One representative of an association representing adult
23 family home providers;

24 (l) Two individuals receiving long-term services and supports, or
25 their designees, or representatives of consumers receiving long-term
26 services and supports under the program;

27 (m) One member who is a worker who is, or will likely be, paying
28 the premium established in section 8 of this act and who is not
29 employed by a long-term services and supports provider; and

30 (n) One representative of an organization of employers whose
31 members collect, or will likely be collecting, the premium
32 established in section 8 of this act.

33 (3)(a) Other than the agency heads identified in subsection (2)
34 of this section, members of the commission are appointed for terms of
35 two years, except that the governor shall appoint the initial members
36 identified in subsection (2)(f) through (n) of this section to
37 staggered terms not to exceed four years.

38 (b) The secretary of the department of social and health
39 services, or the secretary's designee, shall serve as chair of the
40 commission. Meetings of the commission are at the call of the chair.

1 (c) Members of the commission must be compensated in accordance
2 with RCW 43.03.250 and must be reimbursed for their travel expenses
3 while on official business in accordance with RCW 43.03.050 and
4 43.03.060.

5 (4) Beginning January 1, 2021, the commission shall propose
6 recommendations to the appropriate executive agency or the
7 legislature regarding:

8 (a) The establishment of criteria for determining that an
9 individual has met the requirements to be a qualified individual as
10 established in section 5 of this act or an eligible beneficiary as
11 established in section 6 of this act;

12 (b) The establishment of criteria for minimum qualifications for
13 the registration of long-term services and supports providers who
14 provide approved services to eligible beneficiaries;

15 (c) Changes to rules or policies to improve the operation of the
16 program;

17 (d) The annual adjustment of the benefit unit in accordance with
18 the formula established in section 2 of this act; and

19 (e) The preparation of regular actuarial reports on the solvency
20 and financial status of the program.

21 (5) The commission shall monitor agency administrative expenses
22 over time. Beginning November 15, 2020, the commission must annually
23 report to the governor and the fiscal committees of the legislature
24 on agency spending for administrative expenses and anticipated
25 administrative expenses as the program shifts into different phases
26 of implementation and operation. The November 15, 2025, report must
27 include recommendations for a method of calculating future agency
28 administrative expenses to limit administrative expenses while
29 providing sufficient funds to adequately operate the program.

30 NEW SECTION. **Sec. 5.** The health care authority shall deem a
31 person to be a qualified individual as provided in this chapter if
32 the person:

33 (1) Is at least eighteen years old;

34 (2) Is a Washington resident; and

35 (3) Has paid the long-term services and supports premiums
36 required by section 8 of this act for the equivalent of either:

37 (a) A total of ten years without interruption of five or more
38 consecutive years; or

39 (b) Three years within the last six years.

1 NEW SECTION. **Sec. 6.** (1) Beginning January 1, 2025, approved
2 services must be available and benefits payable to a registered long-
3 term services and supports provider on behalf of a qualified
4 individual under this section.

5 (2) A qualified individual may receive approved services and
6 benefits that are payable to a registered long-term services and
7 supports provider on behalf of a qualified individual under this
8 section if the qualified individual has been determined by the
9 department of social and health services to require assistance with
10 at least three activities of daily living. The department of social
11 and health services must engage sufficient qualified assessor
12 capacity, including via contract, so that the determination may be
13 made within forty-five days from receipt of a request by a
14 beneficiary to use a benefit.

15 (3)(a) An eligible beneficiary may receive approved services and
16 benefits through the program in the form of a benefit unit payable to
17 a registered long-term services and supports provider.

18 (b) An eligible beneficiary may not receive more than the dollar
19 equivalent of three hundred sixty-five benefit units over the course
20 of the eligible beneficiary's lifetime.

21 (i) If the department of social and health services reimburses a
22 long-term services and supports provider for approved services
23 provided to an eligible beneficiary and the payment is less than the
24 benefit unit, only the portion of the benefit unit that is used shall
25 be taken into consideration when calculating the person's remaining
26 lifetime limit on receipt of benefits.

27 (ii) Eligible beneficiaries may combine benefit units to receive
28 more approved services per day as long as the total number of
29 lifetime benefit units has not been exceeded.

30 NEW SECTION. **Sec. 7.** (1) Benefits provided under this chapter
31 shall be paid periodically and promptly to registered long-term
32 services and supports providers.

33 (2) Qualified family members may be paid for approved personal
34 care services in the same way as individual providers, through a
35 licensed home care agency, or through a third option if recommended
36 by the commission and adopted by the department of social and health
37 services.

1 NEW SECTION. **Sec. 8.** (1) Beginning January 1, 2022, the
2 employment security department shall assess for each individual in
3 employment with an employer for at least ten percent of full-time
4 employment status a premium based on the amount of the individual's
5 wages. The premium is fifty-eight hundredths of one percent of the
6 individual's wages.

7 (2) (a) The employer must collect from the employees the premiums
8 provided under this section through payroll deductions and remit the
9 amounts collected to the employment security department.

10 (b) In collecting employee premiums through payroll deductions,
11 the employer shall act as the agent of the employees and shall remit
12 the amounts to the employment security department as required by this
13 chapter.

14 (3) (a) Premiums shall be collected in the manner and at such
15 intervals as provided in this chapter and directed by the employment
16 security department.

17 (b) To the extent feasible, the employment security department
18 shall use the premium assessment, collection, and reporting
19 procedures in chapter 50A.04 RCW.

20 (4) The employment security department shall deposit all premiums
21 collected in this section in the long-term services and supports
22 trust account created in section 10 of this act.

23 (5) Premiums collected in this section are placed in trust for
24 the individuals that the program is intended to assist.

25 NEW SECTION. **Sec. 9.** (1) Beginning January 1, 2023, any self-
26 employed person, including a sole proprietor, independent contractor,
27 partner, or joint venturer, may elect coverage under this chapter.
28 Those electing coverage under this subsection are responsible for
29 payment of one hundred percent of all premiums assessed to an
30 employee under section 8 of this act. The self-employed person must
31 file a notice of election in writing with the employment security
32 department, in the manner required by the employment security
33 department in rule. The self-employed person is eligible for benefits
34 after paying the long-term services and supports premium for the time
35 required under section 5 of this act.

36 (2) A self-employed person who has elected coverage may withdraw
37 from coverage, at such times as the employment security department
38 may adopt by rule, by filing a notice of withdrawal in writing with
39 the employment security department, with the withdrawal to take

1 effect not sooner than thirty days after filing the notice with the
2 employment security department.

3 (3) The employment security department may cancel elective
4 coverage if the self-employed person fails to make required payments
5 or file reports. The employment security department may collect due
6 and unpaid premiums and may levy an additional premium for the
7 remainder of the period of coverage. The cancellation must be
8 effective no later than thirty days from the date of the notice in
9 writing advising the self-employed person of the cancellation.

10 (4) Those electing coverage are considered employers or employees
11 where the context so dictates.

12 (5) For the purposes of this section, "independent contractor"
13 means an individual excluded from the definition of "employment" in
14 section 2(8) of this act.

15 (6) The employment security department shall adopt rules for
16 determining the hours worked and the wages of individuals who elect
17 coverage under this section and rules for enforcement of this
18 section.

19 NEW SECTION. **Sec. 10.** (1) The long-term services and supports
20 trust account is created in the custody of the state treasurer. All
21 receipts from employers under section 8 of this act must be deposited
22 in the account. Expenditures from the account may be used for the
23 administrative activities and payment of benefits associated with the
24 program. Only the secretary of the department of social and health
25 services or the secretary's designee may authorize disbursements from
26 the account. The account is subject to the allotment procedures under
27 chapter 43.88 RCW. An appropriation is required for administrative
28 expenses, but not for benefit payments. The account must provide
29 reimbursement of any amounts from other sources that may have been
30 used for the initial establishment of the program.

31 (2) The revenue generated pursuant to this chapter shall be
32 utilized to expand long-term care in the state. These funds may not
33 be used either in whole or in part to supplant existing state or
34 county funds for programs that meet the definition of approved
35 services.

36 NEW SECTION. **Sec. 11.** (1) Determinations made by the health
37 care authority or the department of social and health services under
38 this chapter, including determinations regarding functional

1 eligibility or related to registration of long-term services and
2 supports providers, are subject to appeal in accordance with chapter
3 34.05 RCW. In addition, the standards and procedures adopted for
4 these appeals must address the following:

- 5 (a) Timelines;
- 6 (b) Eligibility and benefit determination;
- 7 (c) Judicial review; and
- 8 (d) Fees.

9 (2) Determinations made by the employment security department
10 under this chapter are subject to appeal in accordance with the
11 appeal procedures under chapter 50A.04 RCW. The employment security
12 department shall adopt standards and procedures for appeals for
13 persons aggrieved by any determination or redetermination made by the
14 department. The standards and procedures must be consistent with
15 those adopted for the family and medical leave program under chapter
16 50A.04 RCW and must address topics including:

- 17 (a) Premium liability;
- 18 (b) Premium collection;
- 19 (c) Judicial review; and
- 20 (d) Fees.

21 NEW SECTION. **Sec. 12.** The department of social and health
22 services must:

23 (1) Seek access to medicare data from the federal centers for
24 medicare and medicaid services to analyze the potential savings in
25 medicare expenditures due to the operation of the program;

26 (2) Apply for a demonstration waiver from the federal centers for
27 medicare and medicaid services to allow for the state to share in the
28 savings generated in the federal match for medicaid long-term
29 services and supports and medicare due to the operation of the
30 program;

31 (3) Submit a report, in compliance with RCW 43.01.036, on the
32 status of the waiver to the office of financial management and the
33 appropriate committees of the legislature by December 1, 2022.

34 NEW SECTION. **Sec. 13.** Beginning December 1, 2026, and annually
35 thereafter, and in compliance with RCW 43.01.036, the commission must
36 report to the legislature on the program, including:

- 37 (1) Projected and actual program participation;
- 38 (2) Adequacy of premium rates;

- 1 (3) Fund balances;
- 2 (4) Benefits paid;
- 3 (5) Demographic information on program participants, including
- 4 age, gender, race, ethnicity, geographic distribution by county,
- 5 legislative district, and employment sector; and
- 6 (6) The extent to which the operation of the program has resulted
- 7 in savings to the medicaid program by avoiding costs that would have
- 8 otherwise been the responsibility of the state.

9 NEW SECTION. **Sec. 14.** Any benefits used by an individual under
10 this chapter are not income or resources for any determinations of
11 eligibility for any other state program or benefit, for medicaid, or
12 a state-federal program.

13 NEW SECTION. **Sec. 15.** Nothing in this chapter creates an
14 entitlement for a person to receive, or requires a state agency to
15 provide, case management services including, but not limited to, case
16 management services under chapter 74.39A RCW.

17 NEW SECTION. **Sec. 16.** A new section is added to chapter 44.28
18 RCW to read as follows:

19 By December 1, 2032, the joint legislative audit and review
20 committee must report on the performance of the long-term services
21 and supports trust commission established in section 4 of this act in
22 providing oversight to the long-term services and supports trust
23 program and make recommendations to the legislature on ways to
24 improve the functioning, efficiency, and membership, as well as
25 whether the long-term services and supports trust commission should
26 continue to exist or should expire.

27 **Sec. 17.** RCW 74.39A.076 and 2018 c 220 s 1 are each amended to
28 read as follows:

29 (1) Beginning January 7, 2012, except for long-term care workers
30 exempt from certification under RCW 18.88B.041(1) (a):

31 (a) A biological, step, or adoptive parent who is the individual
32 provider only for (~~his or her~~) the person's developmentally
33 disabled son or daughter must receive twelve hours of training
34 relevant to the needs of adults with developmental disabilities
35 within the first one hundred twenty days after becoming an individual
36 provider.

1 (b) A spouse or registered domestic partner who is a long-term
2 care worker only for a spouse or domestic partner, pursuant to the
3 long-term services and supports trust program established in chapter
4 50A.--- RCW (the new chapter created in section 19 of this act), must
5 receive fifteen hours of basic training, and at least six hours of
6 additional focused training based on the care-receiving spouse's or
7 partner's needs, within the first one hundred twenty days after
8 becoming a long-term care worker.

9 (c) A person working as an individual provider who (i) provides
10 respite care services only for individuals with developmental
11 disabilities receiving services under Title 71A RCW or only for
12 individuals who receive services under this chapter, and (ii) works
13 three hundred hours or less in any calendar year, must complete
14 fourteen hours of training within the first one hundred twenty days
15 after becoming an individual provider. Five of the fourteen hours
16 must be completed before becoming eligible to provide care, including
17 two hours of orientation training regarding the caregiving role and
18 terms of employment and three hours of safety training. The training
19 partnership identified in RCW 74.39A.360 must offer at least twelve
20 of the fourteen hours online, and five of those online hours must be
21 individually selected from elective courses.

22 ~~((e))~~ (d) Individual providers identified in ~~((e))~~ (d)(i) or
23 (ii) of this subsection must complete thirty-five hours of training
24 within the first one hundred twenty days after becoming an individual
25 provider. Five of the thirty-five hours must be completed before
26 becoming eligible to provide care. Two of these five hours shall be
27 devoted to an orientation training regarding an individual provider's
28 role as caregiver and the applicable terms of employment, and three
29 hours shall be devoted to safety training, including basic safety
30 precautions, emergency procedures, and infection control. Individual
31 providers subject to this requirement include:

32 (i) An individual provider caring only for ~~((his or her))~~ the
33 individual provider's biological, step, or adoptive child or parent
34 unless covered by (a) of this subsection; and

35 (ii) A person working as an individual provider who provides
36 twenty hours or less of care for one person in any calendar month.

37 (2) In computing the time periods in this section, the first day
38 is the date of hire.

1 (3) Only training curriculum approved by the department may be
2 used to fulfill the training requirements specified in this section.
3 The department shall only approve training curriculum that:

4 (a) Has been developed with input from consumer and worker
5 representatives; and

6 (b) Requires comprehensive instruction by qualified instructors.

7 (4) The department shall adopt rules to implement this section.

8 **Sec. 18.** RCW 18.88B.041 and 2015 c 152 s 1 are each amended to
9 read as follows:

10 (1) The following long-term care workers are not required to
11 become a certified home care aide pursuant to this chapter:

12 (a) (i) (A) Registered nurses, licensed practical nurses, certified
13 nursing assistants or persons who are in an approved training program
14 for certified nursing assistants under chapter 18.88A RCW, medicare-
15 certified home health aides, or other persons who hold a similar
16 health credential, as determined by the secretary, or persons with
17 special education training and an endorsement granted by the
18 superintendent of public instruction, as described in RCW
19 28A.300.010, if the secretary determines that the circumstances do
20 not require certification.

21 (B) A person who was initially hired as a long-term care worker
22 prior to January 7, 2012, and who completes all of (~~his or her~~) the
23 training requirements in effect as of the date (~~he or she~~) the
24 person was hired.

25 (ii) Individuals exempted by (a) (i) of this subsection may obtain
26 certification as a home care aide without fulfilling the training
27 requirements in RCW 74.39A.074(1)(d)(ii) but must successfully
28 complete a certification examination pursuant to RCW 18.88B.031.

29 (b) All long-term care workers employed by community residential
30 service businesses.

31 (c) An individual provider caring only for (~~his or her~~) the
32 individual provider's biological, step, or adoptive child or parent.

33 (d) A person working as an individual provider who provides
34 twenty hours or less of care for one person in any calendar month.

35 (e) A person working as an individual provider who only provides
36 respite services and works less than three hundred hours in any
37 calendar year.

38 (f) A long-term care worker providing approved services only for
39 a spouse or registered domestic partner, pursuant to the long-term

1 services and supports trust program established in chapter 50A.---
2 RCW (the new chapter created in section 19 of this act).

3 (2) A long-term care worker exempted by this section from the
4 training requirements contained in RCW 74.39A.074 may not be
5 prohibited from enrolling in training pursuant to that section.

6 (3) The department shall adopt rules to implement this section.

7 NEW SECTION. **Sec. 19.** Sections 1 through 15 of this act
8 constitute a new chapter in Title 50A RCW.

--- END ---