## SUBSTITUTE SENATE BILL 5839

State of Washington 66th Legislature 2019 Regular Session

By Senate Human Services, Reentry & Rehabilitation (originally sponsored by Senators Darneille, Nguyen, Hasegawa, Palumbo, Wilson, C.)

READ FIRST TIME 02/21/19.

- AN ACT Relating to personal care services for homeless seniors 1 and persons with disabilities; creating new sections; and providing
- 3 an expiration date.
- BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 4
- (1) Homeless shelters have seen an 5 NEW SECTION. Sec. 1. 6 increase in the number of physically or cognitively impaired elderly 7 and people with disabilities who need medicaid personal 8 services. In addition to presenting with cognitive impairment and 9 memory issues, assistance is needed with walking, transferring, 10 toileting, showering, and other personal care tasks. Homeless seniors 11 and people with disabilities are also in need of transportation to 12 medical, pharmacy, and other health care appointments.
- 13 The number of homeless seniors and people with disabilities in 14 shelters has increased dramatically over the last several years. The 15 national alliance to end homelessness estimated in 2007 homeless 16 people age sixty-two and older who sought shelter accounted for 2.9% 17 of the country's homeless population. In an October 2018 one day 18 count in the largest homeless shelter in Pierce county twenty-six 19 percent, or forty-three people, were over the age of sixty. This data 20 is similar in King county, where it is estimated that thirty-six of 21 the homeless are over the age of fifty.

p. 1 SSB 5839 The legislature finds the increased numbers of seniors and people with disabilities experiencing homelessness to be troubling and that tailored interventions are needed to address the issue. Specifically, the legislature desires to bring medicaid personal care services to homeless seniors and people with disabilities in a shelter setting by expanding a promising best practices program and by piloting a personal care services program to bridge the time a person presents with limitations at a homeless shelter and the person becomes eligible for medicaid services.

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(2) The department of social and health services and a large social services provider that runs a shelter and a home care program partnered in an attempt to bring medicaid personal care services to frail seniors and people with disabilities who were living in the shelter. The partnership had the goal of providing relief as well as testing to see if these services could help people out homelessness by providing stability and support to help connect them more to the community. A department of social and health services case manager held regular weekly office hours at the shelter in order to assess guests who shelter staff identified as needing services. Once an assessment was complete and services were accepted by the guest, the home care agency would staff the guests with trained caregivers. The initial results of this partnership were excellent; six of the seven homeless who received services found permanent housing. All of the people met the definition of "chronically homeless." None returned to homelessness.

The partnership between the department of social and health services and the large social services provider is continuing and the ongoing results are matching the initial results with chronically homeless seniors and people with disabilities finding permanent housing at a much higher rate than the overall homeless shelter population.

The legislature desires this model to be expanded and directs the department of social and health services to investigate through this pilot project the practice of sending a case manager into homeless shelters to assist seniors and people with disabilities in accessing services.

The legislature finds that the outcome of people finding permanent housing who have received personal care through this model is significant. The legislature notes the success of this partnership is based on homeless seniors and people with disabilities being able

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to navigate the assessment process. The legislature notes that many people, especially the chronic homeless, are not able to successfully navigate the system and are in need of immediate assistance.

- (3) The legislature desires to rapidly assist homeless seniors and people with disabilities who present with needs as described in subsection (1) of this section. Therefore, the legislature intends to establish a pilot project to pay for personal care services from the time a homeless senior or person with disabilities presents at a shelter to the time they become eligible for medicaid personal care services.
- NEW SECTION. Sec. 2. (1) The department of social and health services shall establish a pilot project to provide personal care services to homeless seniors and persons with disabilities from the time the person presents at a shelter to the time they become eligible for medicaid personal care services.
  - (2) The department shall contract with a single nonprofit organization that provides personal care services to homeless persons and operates a twenty-four hour homeless shelter, and that is currently partnering with the department to bring medicaid personal care services to homeless seniors and persons with disabilities.
  - (3) The pilot shall fund two personal care aides at thirty hours per week (two .75 FTEs) to be added to the staff of the homeless shelter operated by the nonprofit organization. The services provided shall match what is now available in the medicaid personal care program. The department shall administer the pilot within funds provided for the pilot and report the outcomes to the legislature.
  - (4) The department shall submit a report by December 1, 2020, to the governor and appropriate legislative committees. The report shall address the following:
    - (a) The number of people served in the pilot;
  - (b) The number of people served in the pilot who transitioned to medicaid personal care;
- 33 (c) The number of people served in the pilot who found stable 34 housing;
  - (d) For persons who receive personal care services under the pilot, if available, (i) the number of times the person had an emergency room visit in the six months prior to entering the shelter, and (ii) the number of times the person has had an emergency room

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visit in the time period after the person began receiving personal care services through the pilot program; and

- 3 (e) Any additional data and information deemed relevant by the contractor or the department.
  - (5) This section expires December 31, 2020.

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