
SUBSTITUTE HOUSE BILL 1546

State of Washington

56th Legislature

1999 Regular Session

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

Read first time 03/02/1999.

1 AN ACT Relating to in-home care services; amending RCW 74.39A.090;
2 adding a new section to chapter 74.39A RCW; creating new sections; and
3 making appropriations.

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

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that the quality
6 of long-term care services provided to, and protection of, Washington's
7 low-income elderly and disabled residents is of great importance to the
8 state. The legislature further finds that revised in-home care
9 policies are needed to more effectively address concerns about the
10 quality of these services.

11 (2) The legislature finds that consumers of in-home care services
12 frequently are in contact with multiple health and long-term care
13 providers in the public and private sector. The legislature further
14 finds that better coordination between these health and long-term care
15 providers, and case managers, can increase the consumer's understanding
16 of their plan of care, maximize the health benefits of coordinated
17 care, and facilitate cost efficiencies across health and long-term care
18 systems.

1 **Sec. 2.** RCW 74.39A.090 and 1995 1st sp.s. c 18 s 38 are each
2 amended to read as follows:

3 (1) The legislature intends that any staff reassigned by the
4 department as a result of shifting of the reauthorization
5 responsibilities by contract outlined in this section shall be
6 dedicated for discharge planning and assisting with discharge planning
7 and information on existing discharge planning cases. Discharge
8 planning, as directed in this section, is intended for residents and
9 patients identified for discharge to long-term care pursuant to RCW
10 70.41.320, 74.39A.040, and 74.42.058. The purpose of discharge
11 planning is to protect residents and patients from the financial
12 incentives inherent in keeping residents or patients in a more
13 expensive higher level of care and shall focus on care options that are
14 in the best interest of the patient or resident.

15 (2) The department shall contract with area agencies on aging:

16 (a) To provide case management services to (~~individuals~~)
17 consumers receiving home and community services in their own home; and

18 (b) To reassess and reauthorize home and community services in home
19 or in other settings for (~~individuals~~) consumers consistent with the
20 intent of this section:

21 (i) Who have been initially authorized by the department to receive
22 home and community services; and

23 (ii) Who, at the time of reassessment and reauthorization, are
24 receiving home and community services in their own home.

25 (3) In the event that an area agency on aging is unwilling to enter
26 into or satisfactorily fulfill a contract to provide these services,
27 the department is authorized to:

28 (a) Obtain the services through competitive bid; and

29 (b) Provide the services directly until a qualified contractor can
30 be found.

31 (4) The department shall include, in its oversight and monitoring
32 of area agency on aging performance, assessment of case management
33 roles undertaken by area agencies on aging in this section. The scope
34 of oversight and monitoring must be expanded to include, but is not
35 limited to, assessing the degree and quality of the case management
36 performed by area agency on aging staff for elderly and disabled
37 persons in the community.

38 (5) Area agencies on aging shall assess the quality of the in-home
39 care services provided to consumers who are receiving services under

1 the medicaid personal care, community options programs entry system or
2 chore services program through an individual provider or home care
3 agency. Quality indicators may include, but are not limited to, home
4 care consumers satisfaction surveys, how quickly home care consumers
5 are linked with home care workers, and whether the plan of care under
6 section 3 of this act has been honored by the agency or the individual
7 provider.

8 (6) The department shall develop model language for the plan of
9 care established in section 3 of this act. The plan of care shall be
10 in clear language, and written at a reading level that will ensure the
11 ability of consumers to understand the rights and responsibilities
12 expressed in the plan of care.

13 NEW SECTION. Sec. 3. A new section is added to chapter 74.39A RCW
14 to read as follows:

15 (1) In carrying out case management responsibilities established
16 under RCW 74.39A.090 for consumers who are receiving services under the
17 medicaid personal care, community options programs entry system or
18 chore services program through an individual provider, each area agency
19 on aging shall provide adequate oversight of the care being provided to
20 consumers receiving services under this section. Such oversight shall
21 include, but is not limited to:

22 (a) Verification that the individual provider has met any training
23 requirements established by the department;

24 (b) Verification of a sample of worker time sheets;

25 (c) Home visits or telephone contacts sufficient to ensure that the
26 plan of care is being appropriately implemented;

27 (d) Reassessment and reauthorization of services;

28 (e) Monitoring of individual provider performance; and

29 (f) Conducting criminal background checks or verifying that
30 criminal background checks have been conducted.

31 (2) The area agency on aging case manager shall work with each
32 consumer to develop a plan of care under this section that identifies
33 and ensures coordination of health and long-term care services that
34 meet the consumer's needs. In developing the plan, they shall utilize,
35 and modify as needed, any comprehensive community service plan
36 developed by the department as provided in RCW 74.39A.040. The plan of
37 care shall include, at a minimum:

1 (a) The name and telephone number of the consumer's area agency on
2 aging case manager, and a statement as to how the case manager can be
3 contacted about any concerns related to the consumer's well-being or
4 the adequacy of care provided;

5 (b) The name and telephone numbers of the consumer's primary health
6 care provider, and other health or long-term care providers with whom
7 the consumer has frequent contacts;

8 (c) A clear description of the roles and responsibilities of the
9 area agency on aging case manager and the consumer receiving services
10 under this section;

11 (d) The duties and tasks to be performed by the area agency on
12 aging case manager and the consumer receiving services under this
13 section;

14 (e) The type of in-home services authorized, and the number of
15 hours of services to be provided;

16 (f) The terms of compensation of the individual provider;

17 (g) A statement that the individual provider has the ability and
18 willingness to carry out his or her responsibilities relative to the
19 plan of care; and

20 (h)(i) Except as provided in (h)(ii) of this subsection, a clear
21 statement indicating that a consumer receiving services under this
22 section has the right to waive any of the case management services
23 offered by the area agency on aging under this section, and a clear
24 indication of whether the consumer has, in fact, waived any of these
25 services.

26 (ii) The consumer's right to waive case management services does
27 not include the right to waive reassessment or reauthorization of
28 services, or verification that services are being provided in
29 accordance with the plan of care.

30 (3) Each area agency on aging shall retain a record of each waiver
31 of services included in a plan of care under this section.

32 (4) Each consumer has the right to direct and participate in the
33 development of their plan of care to the maximum practicable extent of
34 their abilities and desires, and to be provided with the time and
35 support necessary to facilitate that participation.

36 (5) A copy of the plan of care must be distributed to the
37 consumer's primary care provider, individual provider, and other
38 relevant providers with whom the consumer has frequent contact, as
39 authorized by the consumer.

1 (6) The consumer's plan of care shall be an attachment to the
2 contract between the department, or their designee, and the individual
3 provider.

4 (7) If the area agency on aging case manager finds that an
5 individual provider's inadequate performance or inability to deliver
6 quality care is jeopardizing the health, safety, or well-being of a
7 consumer receiving service under this section, the department or the
8 area agency on aging may take action to terminate the contract between
9 the department and the individual provider. If the department or the
10 area agency on aging has a reasonable, good faith belief that the
11 health, safety, or well-being of a consumer is in imminent jeopardy,
12 the department or area agency on aging may summarily suspend the
13 contract pending a fair hearing. The consumer may request a fair
14 hearing to contest the planned action of the case manager, as provided
15 in chapter 34.05 RCW.

16 (8) The area agency on aging may reject a request by an consumer
17 receiving services under this section to have a family member serve as
18 his or her individual provider if the case manager has a reasonable,
19 good faith belief that the family member will be unable to
20 appropriately meet the care needs of the consumer. The consumer may
21 request a fair hearing to contest the decision of the case manager, as
22 provided in chapter 34.05 RCW.

23 NEW SECTION. **Sec. 4.** The joint legislative and executive task
24 force on long-term care, safety, quality, and oversight established by
25 section 17, chapter 272, Laws of 1998, shall expand the scope of its
26 efforts to include recommendations related to increasing the quality of
27 services provided to functionally disabled consumers in their homes.
28 This effort shall consider the impact of limits on hours of services
29 authorized for care by licensed home care agencies. The
30 recommendations shall be included in the final report to the governor
31 and the legislature, due by December 12, 1999. In developing its
32 recommendations, using input from consumers and other interested
33 persons and organizations, the task force should consider, but is not
34 limited to, the following principles:

35 (1) Seek opportunities to build upon existing service delivery
36 models;

37 (2) Recognize each person's right to personal determination;

38 (3) Adequately compensate persons providing in-home care; and

1 (4) Make quality assurance an integral part of any system providing
2 in-home care.

3 NEW SECTION. **Sec. 5.** (1) The sum of . . . dollars, or as much
4 thereof as may be necessary, is appropriated for the fiscal year ending
5 June 30, 2000, from the general fund to the department of social and
6 health services for the purposes of reducing the ratio of clients per
7 area agency on aging case manager to ninety to one.

8 (2) The sum of . . . dollars, or as much thereof as may be
9 necessary, is appropriated for the fiscal year ending June 30, 2001,
10 from the general fund to the department of social and health services
11 for the purposes of reducing the ratio of clients per area agency on
12 aging case manager to ninety to one.

--- END ---