
HOUSE BILL 3007

State of Washington

58th Legislature

2004 Regular Session

By Representatives Cody and Skinner; by request of Department of Social and Health Services

Read first time 01/26/2004. Referred to Committee on Health Care.

1 AN ACT Relating to home and community care services; amending RCW
2 74.09.520, 74.39A.009, 74.39A.030, 74.39A.090, and 74.39A.095; creating
3 a new section; and repealing RCW 74.39.030.

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

5 NEW SECTION. **Sec. 1.** The legislature recognizes the significant
6 gains made to support seniors and people with disabilities in
7 maintaining their independence and dignity in the most integrated, and
8 least restrictive, setting through the development of a system of home
9 and community care services. The legislature further recognizes that
10 the availability of case management services has allowed seniors and
11 people with disabilities, who may have otherwise been
12 institutionalized, to function in their own home at far less cost to
13 the state and federal government.

14 The legislature recognizes the importance of case management as a
15 critical home and community care service and maintains its commitment
16 to this system of services; however, the legislature also affirms that
17 in the event of limited case management resources, case management
18 service expectations should match available resources.

1 The legislature also finds that limited case management resources
2 should be targeted to those with the greatest care needs and the least
3 ability to meet those needs.

4 **Sec. 2.** RCW 74.09.520 and 2003 c 279 s 1 are each amended to read
5 as follows:

6 (1) The term "medical assistance" may include the following care
7 and services: (a) Inpatient hospital services; (b) outpatient hospital
8 services; (c) other laboratory and x-ray services; (d) nursing facility
9 services; (e) physicians' services, which shall include prescribed
10 medication and instruction on birth control devices; (f) medical care,
11 or any other type of remedial care as may be established by the
12 secretary; (g) home health care services; (h) private duty nursing
13 services; (i) dental services; (j) physical and occupational therapy
14 and related services; (k) prescribed drugs, dentures, and prosthetic
15 devices; and eyeglasses prescribed by a physician skilled in diseases
16 of the eye or by an optometrist, whichever the individual may select;
17 (l) personal care services, as provided in this section; (m) hospice
18 services; (n) other diagnostic, screening, preventive, and
19 rehabilitative services; and (o) like services when furnished to a
20 child by a school district in a manner consistent with the requirements
21 of this chapter. For the purposes of this section, the department may
22 not cut off any prescription medications, oxygen supplies, respiratory
23 services, or other life-sustaining medical services or supplies.

24 "Medical assistance," notwithstanding any other provision of law,
25 shall not include routine foot care, or dental services delivered by
26 any health care provider, that are not mandated by Title XIX of the
27 social security act unless there is a specific appropriation for these
28 services.

29 (2) The department shall amend the state plan for medical
30 assistance under Title XIX of the federal social security act to
31 include personal care services, as defined in 42 C.F.R. 440.170(f), in
32 the categorically needy program.

33 (3) The department shall adopt, amend, or rescind such
34 administrative rules as are necessary to ensure that Title XIX personal
35 care services are provided to eligible persons in conformance with
36 federal regulations.

1 (a) These administrative rules shall include financial eligibility
2 indexed according to the requirements of the social security act
3 providing for medicaid eligibility.

4 (b) The rules shall require clients be assessed as having a medical
5 condition requiring assistance with personal care tasks. Plans of care
6 for clients requiring health-related consultation for assessment and
7 service planning may be reviewed by a nurse.

8 (c) The department shall determine by rule which clients have a
9 health-related assessment or service planning need requiring registered
10 nurse consultation or review. This definition may include clients that
11 meet indicators or protocols for review, consultation, or visit.

12 (4) The department shall design and implement a means to assess the
13 level of functional disability of persons eligible for personal care
14 services under this section. The personal care services benefit shall
15 be provided to the extent funding is available according to the
16 assessed level of functional disability. Any reductions in services
17 made necessary for funding reasons should be accomplished in a manner
18 that assures that priority for maintaining services is given to persons
19 with the greatest need as determined by the assessment of functional
20 disability.

21 (5) Effective July 1, 1989, the department shall offer hospice
22 services in accordance with available funds.

23 (6) For Title XIX personal care services administered by aging and
24 (~~adult~~) disability services administration of the department, the
25 department shall contract with area agencies on aging:

26 (a) To provide case management services subject to the availability
27 of amounts appropriated for this specific purpose to individuals
28 receiving Title XIX personal care services in their own home; and

29 (b) To reassess and reauthorize Title XIX personal care services or
30 other home and community services as defined in RCW 74.39A.009 in home
31 or in other settings for individuals consistent with the intent of this
32 section:

33 (i) Who have been initially authorized by the department to receive
34 Title XIX personal care services or other home and community services
35 as defined in RCW 74.39A.009; and

36 (ii) Who, at the time of reassessment and reauthorization, are
37 receiving such services in their own home.

1 (7) In the event that an area agency on aging is unwilling to enter
2 into or satisfactorily fulfill a contract (~~(to provide these services)~~)
3 at an appropriate cost for part or all of the case management services
4 in a region, or the department elects to contract with a managed care
5 organization for the purpose of reducing acute care costs, the
6 department is authorized to:

- 7 (a) Obtain the services through competitive bid; and
8 (b) Provide the services directly until a qualified contractor can
9 be found.

10 **Sec. 3.** RCW 74.39A.009 and 1997 c 392 s 103 are each amended to
11 read as follows:

12 (~~Unless the context clearly requires otherwise,~~) The definitions
13 in this section apply throughout this chapter unless the context
14 clearly requires otherwise.

15 (1) "Adult family home" means a home licensed under chapter 70.128
16 RCW.

17 (2) "Adult residential care" means services provided by a boarding
18 home that is licensed under chapter 18.20 RCW and that has a contract
19 with the department under RCW 74.39A.020.

20 (3) "Assisted living services" means services provided by a
21 boarding home that has a contract with the department under RCW
22 74.39A.010 and the resident is housed in a private apartment-like unit.

23 (4) "Boarding home" means a facility licensed under chapter 18.20
24 RCW.

25 (5) "Cost-effective care" means care provided in a setting of an
26 individual's choice that is (~~(necessary to promote the most)~~)
27 appropriate (level of physical, mental, and psychosocial well-being
28 consistent with client choice, in an environment that is appropriate to
29 the care and safety needs of the individual, and such care cannot be
30 provided at a lower cost in any other setting. But this in no way
31 precludes an individual from choosing a different residential setting
32 to achieve his or her desired quality of life)) to the health and
33 safety needs of the individual and that is consistent with efficiency,
34 economy, and quality of care.

35 (6) "Department" means the department of social and health
36 services.

1 (7) "Enhanced adult residential care" means services provided by a
2 boarding home that is licensed under chapter 18.20 RCW and that has a
3 contract with the department under RCW 74.39A.010.

4 (8) "Functionally disabled person" is synonymous with chronic
5 functionally disabled and means a person who because of a recognized
6 chronic physical or mental condition or disease, including chemical
7 dependency, is impaired to the extent of being dependent upon others
8 for direct care, support, supervision, or monitoring to perform
9 activities of daily living. "Activities of daily living", in this
10 context, means self-care abilities related to personal care such as
11 bathing, eating, using the toilet, dressing, and transfer.
12 Instrumental activities of daily living may also be used to assess a
13 person's functional abilities as they are related to the mental
14 capacity to perform activities in the home and the community such as
15 cooking, shopping, house cleaning, doing laundry, working, and managing
16 personal finances.

17 (9) "Home and community services" means (~~adult family homes, in-~~
18 ~~home services, and other services administered or provided by contract~~
19 ~~by the department directly or through contract with area agencies on~~
20 ~~aging or similar services provided by facilities and agencies licensed~~
21 ~~by the department~~) care and services provided in the home, in licensed
22 residential facilities such as adult family homes and boarding homes,
23 or in other community settings, and that are administered or provided
24 by the department directly or through contract with area agencies on
25 aging, residential facilities, or other community agencies or
26 organizations.

27 (10) "Long-term care" is synonymous with chronic care and means
28 care and supports delivered indefinitely, intermittently, or over a
29 sustained time to persons of any age disabled by chronic mental or
30 physical illness, disease, chemical dependency, or a medical condition
31 that is permanent, not reversible or curable, or is long-lasting and
32 severely limits their mental or physical capacity for self-care. (~~The~~
33 ~~use of this definition~~) "Long-term care" is a generic term that does
34 not describe any medicaid-funded or state-funded programs or services
35 and is not intended to expand the scope of services, care, or
36 assistance (~~by any individuals, groups, residential care settings, or~~
37 ~~professions unless otherwise expressed by law~~) provided to any
38 individuals or groups or by any care providers or professions.

1 (11) "Nursing home" means a facility licensed under chapter 18.51
2 RCW.

3 (12) "Secretary" means the secretary of social and health services.

4 (13) "Tribally licensed boarding home" means a boarding home
5 licensed by a federally recognized Indian tribe which home provides
6 services similar to boarding homes licensed under chapter 18.20 RCW.

7 **Sec. 4.** RCW 74.39A.030 and 2002 c 3 s 10 are each amended to read
8 as follows:

9 (1) To the extent of available funding, the department shall expand
10 cost-effective options for home and community services for consumers
11 for whom the state participates in the cost of their care.

12 (2) In expanding home and community services, the department shall:

13 (a) Take full advantage of federal funding available under Title XVIII
14 and Title XIX of the federal social security act, including home
15 health, adult day care, waiver options, and state plan services; and

16 (b) be authorized to use funds available under its community options
17 program entry system waiver granted under section 1915(c) of the
18 federal social security act to expand the availability of in-home,
19 adult residential care, adult family homes, enhanced adult residential
20 care, ~~((and))~~ assisted living services, and other home and community
21 services. By June 30, 1997, the department shall undertake to reduce
22 the nursing home medicaid census by at least one thousand six hundred
23 by assisting individuals who would otherwise require nursing facility
24 services to obtain services of their choice, including assisted living
25 services, enhanced adult residential care, and other home and community
26 services. If a resident, or his or her legal representative, objects
27 to a discharge decision initiated by the department, the resident shall
28 not be discharged if the resident has been assessed and determined to
29 require nursing facility services. In contracting with nursing homes
30 and boarding homes for enhanced adult residential care placements, the
31 department shall not require, by contract or through other means,
32 structural modifications to existing building construction.

33 (3)(a) The department shall by rule establish payment rates for
34 home and community services that support the provision of cost-
35 effective care. In the event of any conflict between any such rule and
36 a collective bargaining agreement entered into under RCW 74.39A.270 and
37 74.39A.300, the collective bargaining agreement prevails.

1 (b) The department may authorize an enhanced adult residential care
2 rate for nursing homes that temporarily or permanently convert their
3 bed use for the purpose of providing enhanced adult residential care
4 under chapter 70.38 RCW, when the department determines that payment of
5 an enhanced rate is cost-effective and necessary to foster expansion of
6 contracted enhanced adult residential care services. As an incentive
7 for nursing homes to permanently convert a portion of its nursing home
8 bed capacity for the purpose of providing enhanced adult residential
9 care, the department may authorize a supplemental add-on to the
10 enhanced adult residential care rate.

11 (c) The department may authorize a supplemental assisted living
12 services rate for up to four years for facilities that convert from
13 nursing home use and do not retain rights to the converted nursing home
14 beds under chapter 70.38 RCW, if the department determines that payment
15 of a supplemental rate is cost-effective and necessary to foster
16 expansion of contracted assisted living services.

17 **Sec. 5.** RCW 74.39A.090 and 1999 c 175 s 2 are each amended to read
18 as follows:

19 (1) The legislature intends that any staff reassigned by the
20 department as a result of shifting of the reauthorization
21 responsibilities by contract outlined in this section shall be
22 dedicated for discharge planning and assisting with discharge planning
23 and information on existing discharge planning cases. Discharge
24 planning, as directed in this section, is intended for residents and
25 patients identified for discharge to long-term care pursuant to RCW
26 70.41.320, 74.39A.040, and 74.42.058. The purpose of discharge
27 planning is to protect residents and patients from the financial
28 incentives inherent in keeping residents or patients in a more
29 expensive higher level of care and shall focus on care options that are
30 in the best interest of the patient or resident.

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

32 (a) To provide case management services subject to the availability
33 of amounts appropriated for this specific purpose to consumers
34 receiving home and community services in their own home; and

35 (b) To reassess and reauthorize home and community services in home
36 or in other settings for consumers consistent with the intent of this
37 section:

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

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

5 (3) In the event that an area agency on aging is unwilling to enter
6 into or satisfactorily fulfill a contract (~~(to provide these services)~~)
7 at an appropriate cost for part or all of the case management services
8 in a region, or the department elects to contract with a managed care
9 organization for the purpose of reducing acute care costs, the
10 department is authorized to:

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

12 (b) Provide the services directly until a qualified contractor can
13 be found.

14 (4) The department shall include, in its oversight and monitoring
15 of area agency on aging performance, assessment of case management
16 roles undertaken by area agencies on aging in this section. The scope
17 of oversight and monitoring (~~(must be expanded to)~~) includes, but is
18 not limited to, assessing the degree and quality of the case management
19 performed subject to the availability of amounts appropriated for this
20 specific purpose by area agency on aging staff for elderly and disabled
21 persons in the community.

22 (5) Area agencies on aging shall assess the quality of the in-home
23 care services provided to consumers who are receiving services under
24 the medicaid personal care, community options programs entry system or
25 chore services program through an individual provider or home care
26 agency. Quality indicators may include, but are not limited to, home
27 care consumers satisfaction surveys, how quickly home care consumers
28 are linked with home care workers, and whether the plan of care under
29 RCW 74.39A.095 has been honored by the agency or the individual
30 provider.

31 (6) The department shall develop model language for the plan of
32 care established in RCW 74.39A.095. The plan of care shall be in clear
33 language, and written at a reading level that will ensure the ability
34 of consumers to understand the rights and responsibilities expressed in
35 the plan of care.

36 (7) In order to provide case management services within the amounts
37 appropriated for this specific purpose, the department may adopt rules
38 targeting case management services to those consumers whom the

1 department determines are most in need. Case management services for
2 all consumers must at least include an annual reassessment and
3 reauthorization of services.

4 **Sec. 6.** RCW 74.39A.095 and 2002 c 3 s 11 are each amended to read
5 as follows:

6 (1) In carrying out case management responsibilities established
7 under RCW 74.39A.090 for consumers who are receiving services (~~((under))~~)
8 from an individual provider through the medicaid personal care program,
9 ((community options programs entry system)) a home or community-based
10 waiver program authorized under chapter 74.39 RCW or this chapter, or
11 the chore services program ((through an individual provider)), each
12 area agency on aging shall ((provide oversight of)), subject to the
13 availability of amounts appropriated for this specific purpose, monitor
14 the care being provided to consumers ((receiving services under this
15 section to the extent of available funding)). Case management
16 responsibilities ((incorporate this oversight, and)) include, but are
17 not limited to:

18 (a) Verification that any individual provider who has not been
19 referred to a consumer by the authority established under chapter 3,
20 Laws of 2002 has met any training requirements established by the
21 department;

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

23 (c) Monitoring the consumer's plan of care subject to the
24 availability of amounts appropriated for this specific purpose to
25 ensure that it adequately meets the needs of the consumer, through
26 activities such as home visits, telephone contacts, and responses to
27 information received by the area agency on aging indicating that a
28 consumer may be experiencing problems relating to his or her home care;

29 (d) Reassessment and reauthorization of services;

30 (e) Monitoring of individual provider performance subject to the
31 availability of amounts appropriated for this specific purpose. If, in
32 the course of its case management activities, the area agency on aging
33 identifies concerns regarding the care being provided by an individual
34 provider who was referred by the authority, the area agency on aging
35 must notify the authority regarding its concerns; and

36 (f) Conducting criminal background checks or verifying that

1 criminal background checks have been conducted for any individual
2 provider who has not been referred to a consumer by the authority.

3 (2) The area agency on aging case manager shall work with each
4 consumer to develop a plan of care under this section that identifies
5 and ensures coordination of health and long-term care services that
6 meet the consumer's needs. If necessary, because of limited funding,
7 the department may limit coordination to services available through the
8 medicaid personal care program, a home or community-based waiver
9 program authorized under chapter 74.39 RCW or this chapter, or the
10 chore services program. In developing the plan of care, (~~they~~) the
11 case manager shall utilize, and modify as needed, any comprehensive
12 community service plan developed by the department as provided in RCW
13 74.39A.040. The plan of care shall include, at a minimum:

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

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

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

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

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

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

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

33 (h)(i) Except as provided in (h)(ii) of this subsection, a clear
34 statement indicating that a consumer receiving services under this
35 section has the right to waive any of the case management services
36 offered by the area agency on aging under this section, and a clear
37 indication of whether the consumer has, in fact, waived any of these
38 services.

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

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

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

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

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

18 (7) If the department or area agency on aging case manager finds
19 that an individual provider's inadequate performance or inability to
20 deliver quality care is jeopardizing the health, safety, or well-being
21 of a consumer receiving service under this section, the department or
22 the area agency on aging may take action to terminate the contract
23 between the department and the individual provider. If the department
24 or the area agency on aging has a reasonable, good faith belief that
25 the health, safety, or well-being of a consumer is in imminent
26 jeopardy, the department or area agency on aging may summarily suspend
27 the contract pending a fair hearing. The consumer may request a fair
28 hearing to contest the planned action of the case manager, as provided
29 in chapter 34.05 RCW. When the department or area agency on aging
30 terminates or summarily suspends a contract under this subsection, it
31 must provide oral and written notice of the action taken to the
32 authority. The department may by rule adopt guidelines for
33 implementing this subsection.

34 (8) The department or area agency on aging may reject a request by
35 a consumer receiving services under this section to have a family
36 member or other person serve as his or her individual provider if the
37 case manager has a reasonable, good faith belief that the family member
38 or other person will be unable to appropriately meet the care needs of

1 the consumer. The consumer may request a fair hearing to contest the
2 decision of the case manager, as provided in chapter 34.05 RCW. The
3 department may by rule adopt guidelines for implementing this
4 subsection.

5 (9) The department, or the area agency on aging as authorized by
6 the department, may in its discretion refuse to authorize services if
7 the department or area agency on aging determines that the consumer's
8 needs cannot safely be met. The consumer may request a fair hearing to
9 contest the decision of the case manager, as provided in chapter 34.05
10 RCW. The department may by rule adopt guidelines for implementing this
11 subsection (9). Neither the department nor the area agency on aging
12 shall be liable for exercising or failing to exercise discretion to
13 refuse services under this subsection.

14 NEW SECTION. Sec. 7. RCW 74.39.030 (Community options program
15 entry system--Waiver--Respite services) and 1989 c 427 s 11 are each
16 repealed.

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