

FINAL BILL REPORT

2ESB 5867

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Synopsis as Enacted

Brief Description: Creating a flexible voluntary program to allow family members to provide personal care services to persons with developmental disabilities or long-term care needs under a consumer-directed medicaid service program.

Sponsors: Senator Braun.

Senate Committee on Ways & Means
House Committee on Appropriations

Background: Washington State spends approximately \$1.4 billion annually on in-home care services for about 50,000 low-income individuals with developmental disabilities and/or long-term care needs. In-home services are primarily funded through the agency-directed Community First Choice (CFC) state plan. In-home care services are designed to assist individuals who need help with daily activities to continue to live as independently as possible at home. Services include supports with personal care tasks such as: bathing, bed mobility—turning and repositioning, body care, dressing, eating, locomotion, medication management, toilet use, transfer, and personal hygiene. In addition, individuals may also be eligible to receive supports with household tasks like cooking, shopping, and housekeeping.

Individuals who meet both functional and financial eligibility criteria for CFC are given the choice of using a contracted agency provider or certified individual home care worker to provide their care. Agency providers and individual homecare workers who do not already have a professional license or certification are required to complete between 30 to 75 hours of training, typically within 120 days of their start date. Homecare workers who are not classified as a parent, adult child, or limited service provider must also pass an exam to obtain a certification credential through the Department of Health.

Some individuals and families report that the current agency-directed method for in-home care services does not provide enough choice in providers for individuals and families who prefer to receive services from someone they know or with whom they have a relationship. Further, some individuals want more involvement in the delivery and direction of their services in meeting their assessed needs.

To address concerns like these, the Centers for Medicare and Medicaid services have developed consumer-directed service models that seek to give individuals with long-term care needs or developmental disabilities more options and greater personal autonomy in

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determining how best to meet their care needs. Medicaid consumer-directed programs provide consumers with a monthly allowance that they are given authority to self-direct on how funds are used to meet their health and welfare needs. Under these programs, consumers assume responsibility for arranging and managing their care and must use the benefit to purchase goods and services available through the new Medicaid program. The design of these programs allows consumers to ask consultants for training on how to meet those responsibilities and may include services like a fiscal agent to hold their award, manage payroll taxes, and disburse funds on their behalf.

Summary: The Joint Legislative Executive Committee on Aging and Disability must develop recommendations on consumer-directed approaches that allow family members of the consumer to provide care that:

- promotes consumer health and safety;
- ensures caregiver training and support;
- verifies the quality and appropriateness of care;
- reduces barriers to care; and
- mitigates potential liability issues under consumer-directed programs.

Within available funds, in-home personal care and respite services provided to enrolled members of federally recognized Indian tribes, including their household members, are exempted from the prohibition on paying family members who are employed by a home care agency.

Votes on Final Passage:

Senate 28 21

Third Special Session

Senate 49 0

House 94 0

Effective: October 19, 2017