

SENATE BILL REPORT

2SSB 5672

As Amended by House, April 17, 2019

Title: An act relating to adult family home specialty services.

Brief Description: Concerning adult family home specialty services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Cleveland, O'Ban, Walsh, Wellman, Darneille, Dhingra, Hunt, Keiser, Frockt, Kuderer, Nguyen and Saldaña).

Brief History:

Committee Activity: Health & Long Term Care: 2/13/19, 2/20/19, 2/22/19 [DPS-WM, DNP].

Ways & Means: 3/01/19 [DP2S].

Floor Activity:

Passed Senate: 3/08/19, 48-0.

Passed House: 4/17/19, 98-0.

Brief Summary of Second Substitute Bill

- Requires the Department of Social and Health Services (DSHS) to work with stakeholders to design and implement services for individuals living in adult family homes exclusively serving individuals with developmental disabilities.
- Requires DSHS to work with stakeholders to design and implement services for individuals living in adult family homes exclusively serving individuals with dementia.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5672 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; Conway, Dhingra, Frockt, Keiser, Rivers and Van De Wege.

Minority Report: Do not pass.

Signed by Senators O'Ban, Ranking Member; Bailey and Becker.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5672 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Operating, Capital Lead; Mullet, Capital Budget Cabinet; Braun, Ranking Member; Honeyford, Assistant Ranking Member, Capital; Becker, Billig, Carlyle, Conway, Darneille, Hasegawa, Hunt, Keiser, Palumbo, Pedersen, Rivers, Schoesler, Van De Wege, Wagoner, Warnick and Wilson, L..

Staff: Michele Alishahi (786-7433)

Background: Individuals with developmental disabilities and older adults having long-term care needs may receive services from DSHS. DSHS administers the state's Medicaid long-term care program. To qualify for the program, an individual must meet certain functional and financial criteria. An individual may receive long-term care in their own home, an assisted living facility, an adult day center, an adult family homes, or a skilled nursing facility.

An adult family home is a residential home that provides personal care, specialty care, necessary supervision, laundry, and room and board for up to six adults who need long-term care. Staff of adult family homes serving individuals with dementia, developmental disabilities, or mental health needs are required to take a specialty training course for each of these conditions. Each course is six to twenty hours. Once all of the adult family home's staff have completed the specialty training course, the adult family home receives a specialty designation.

Summary of Second Substitute Bill: By June 1, 2020, the Developmental Disabilities Administration within DSHS must work with stakeholders to design and implement services for individuals living in adult family homes that exclusively serve individuals who have a primary need of care related to developmental disabilities.

By June 1, 2020, the Aging and Long-Term Support Administration within DSHS must work with stakeholders to design and implement services for individuals living in adult family homes that are dedicated solely to the care of individuals with dementia.

The services must be:

- designed to meet the specific provisions related to assessment, environment, regulations, provision of care, and training requirements; and
- designed to support an intentional environment to improve resident quality of life, increase resident length of stay, clarify regulations, streamline training requirements, reduce the need for institutional settings, and attract more adult family home providers to develop these resources.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: The Medicaid rates are too low for adult family homes to take individuals with developmental disabilities and dementia. As a result, these individuals end up being unable to discharge from the hospitals. Adult family homes are cost-effective and are a critical care component for individuals with disabilities and individuals with dementia. Assisted living has a specialty contract for individuals with dementia, and other states have implemented similar contracts.

OTHER: The implementation dates may need to be more flexible and the language should be modified to meet CMS requirements.

Persons Testifying (Health & Long Term Care): PRO: Len McComb, Washington State Hospital Association; Sue Elliott, The Arc of Washington State; John Ficker, Adult Family Home Council; Catalina Angel, Community Homes Inc; Alyssa Midgley, Community Homes Inc; Laura Vaillancourt, LMHC, GMHS.

OTHER: Bill Moss, DSHS/AL TSA; Deborah Roberts, DSHS/DDA.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: This bill will better align services and provide better outcomes for DD clients and clients with dementia in adult family homes. This program has been successful in other states. It will reduce expensive institutionalization costs.

Persons Testifying (Ways & Means): PRO: John Ficker, Adult Family Home Council.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.

EFFECT OF HOUSE AMENDMENT(S):

- Requires the services to be designed to promote resident safety, including protecting safety in relationships between residents
- Requires the services to be enhancements or in addition to services currently available.
- Requires DSHS, if it has a contract with an adult family home represented by an exclusive bargaining unit for the delivery of personal care services, to make training available through an adult family home training network beginning July 1, 2020.
- Requires the adult family home training network to be a nonprofit organization that is established by the adult family home collective bargaining representative.

- Requires parties to the collective bargaining agreement for adult family homes to negotiate a memorandum of understanding for contributions to the adult family home training network.
- Requires contributions to the training network begin no sooner than January 1, 2020.
- Limits the contributions to the training network for fiscal year 2021 to the amount appropriated for training in the 2019-2021 collective bargaining agreement.
- Requires that contributions to the training network be provided through a vendor contract with DSHS.
- Requires the adult family home training network to provide reports to DSHS verifying providers have complied with the training requirements.
- Directs DSHS to report to the appropriate committees of the Legislature on the status of the adult family home training network by December 1, 2020.
- Changes terminology related to competency challenge tests.
- Specifies that the establishment of an adult family home training network does not: (1) limit approved training entities and instructors from providing training to adult family home providers, resident managers, or caregivers; (2) require that approved training entities and instructors contract with an adult family home training network; or (3) prevent adult family home providers, resident managers, or caregivers from receiving training from an approved training entity or instructor.