## SENATE BILL 6255

## State of Washington 68th Legislature 2024 Regular Session

**By** Senators Cleveland, Dhingra, Kuderer, Nobles, Saldaña, Valdez, and C. Wilson

Read first time 01/17/24. Referred to Committee on Health & Long Term Care.

AN ACT Relating to assisted living facilities that are owned or operated by affordable housing providers; amending RCW 18.20.020 and 74.39A.032; and creating a new section.

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

5 NEW SECTION. Sec. 1. The legislature recognizes that older 6 adults in need of long-term services and supports are impacted by the 7 housing affordability and homelessness crisis. Particularly, but not exclusively, adults over the age of 65 with fixed, lower incomes and 8 behavioral health and other underlying medical issues are at greatest 9 10 risk for serious health consequences if housing situations become 11 unstable. Recognizing the interplay between health and housing, the 12 legislature intends to confirm that assisted living facilities may 13 comply with the residential landlord tenant law, in addition to their 14 mandatory compliance with the assisted living statute. This allows 15 providers to leverage low-income housing tax credits and rental 16 subsidies and increase access to assisted living.

17 Sec. 2. RCW 18.20.020 and 2020 c 312 s 726 are each amended to 18 read as follows:

19 The definitions in this section apply throughout this chapter 20 unless the context clearly requires otherwise. 1 (1) "Adult day services" means care and services provided to a 2 nonresident individual by the assisted living facility on the 3 assisted living facility premises, for a period of time not to exceed 4 ten continuous hours, and does not involve an overnight stay.

"Assisted living facility" means any home or other 5 (2) 6 institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, 7 basic services, and assuming general responsibility for the safety 8 and well-being of the residents, and may also provide domiciliary 9 care, consistent with chapter 142, Laws of 2004, to seven or more 10 residents after July 1, 2000. However, an assisted living facility 11 12 that is licensed for three to six residents prior to or on July 1, 2000, may maintain its assisted living facility license as long as it 13 is continually licensed as an assisted living facility. "Assisted 14 living facility" shall not include facilities certified as group 15 16 training homes pursuant to RCW 71A.22.040, nor any home, institution 17 or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing 18 and regulation of such home, institution or section thereof. Nor 19 shall it include any independent senior housing, independent living 20 units in continuing care retirement communities, or other similar 21 living situations ((including those subsidized by the department of 22 23 housing and urban development)).

(3) "Basic services" means housekeeping services, meals,nutritious snacks, laundry, and activities.

26 (4) "Department" means the state department of social and health 27 services.

(5) "Domiciliary care" means: Assistance with activities of daily living provided by the assisted living facility either directly or indirectly; or health support services, if provided directly or indirectly by the assisted living facility; or intermittent nursing services, if provided directly or indirectly by the assisted living facility.

(6) "General responsibility for the safety and well-being of the resident" means the provision of the following: Prescribed general low sodium diets; prescribed general diabetic diets; prescribed mechanical soft foods; emergency assistance; monitoring of the resident; arranging health care appointments with outside health care providers and reminding residents of such appointments as necessary; coordinating health care services with outside health care providers 1 consistent with RCW 18.20.380; assisting the resident to obtain and maintain glasses, hearing aids, dentures, canes, crutches, walkers, 2 3 wheelchairs, and assistive communication devices; observation of the resident for changes in overall functioning; blood pressure checks as 4 scheduled; responding appropriately when there are observable or 5 reported changes in the resident's physical, mental, or emotional 6 7 functioning; or medication assistance as permitted under RCW 69.41.085 and as defined in RCW 69.41.010. 8

9 (7) "Legal representative" means a person or persons identified 10 in RCW 7.70.065 who may act on behalf of the resident pursuant to the 11 scope of their legal authority. The legal representative shall not be 12 affiliated with the licensee, assisted living facility, or management 13 company, unless the affiliated person is a family member of the 14 resident.

15 (8) "Nonresident individual" means a person who resides in 16 independent senior housing, independent living units in continuing 17 care retirement communities, or in other similar living environments or in an unlicensed room located within an assisted living facility. 18 Nothing in this chapter prohibits nonresidents from receiving one or 19 more of the services listed in RCW 18.20.030(5) or requires licensure 20 as an assisted living facility when one or more of the services 21 22 listed in RCW 18.20.030(5) are provided to nonresidents. A 23 nonresident individual may not receive domiciliary care, as defined in this chapter, directly or indirectly by the assisted living 24 25 facility and may not receive the items and services listed in subsection (6) of this section, except during the time the person is 26 receiving adult day services as defined in this section. 27

(9) "Person" means any individual, firm, partnership,
 corporation, company, association, or joint stock association, and
 the legal successor thereof.

31 (10) "Resident" means an individual who is not related by blood 32 or marriage to the operator of the assisted living facility, and by reason of age or disability, chooses to reside in the assisted living 33 facility and receives basic services and one or more of the services 34 listed under general responsibility for the safety and well-being of 35 36 the resident and may receive domiciliary care or respite care provided directly or indirectly by the assisted living facility and 37 shall be permitted to receive hospice care through an outside service 38 39 provider when arranged by the resident or the resident's legal 40 representative under RCW 18.20.380.

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1 (11) "Resident applicant" means an individual who is seeking 2 admission to a licensed assisted living facility and who has 3 completed and signed an application for admission, or such 4 application for admission has been completed and signed in their 5 behalf by their legal representative if any, and if not, then the 6 designated representative if any.

7 "Resident's representative" means a person designated (12)voluntarily by a competent resident, in writing, to act in the 8 resident's behalf concerning the care and services provided by the 9 10 assisted living facility and to receive information from the assisted 11 living facility, if there is no legal representative. The resident's 12 competence shall be determined using the criteria in chapter 11.130 RCW. The resident's representative may not be affiliated with the 13 licensee, assisted living facility, or management company, unless the 14 15 affiliated person is a family member of the resident. The resident's 16 representative shall not have authority to act on behalf of the 17 resident once the resident is no longer competent.

18 (13) "Secretary" means the secretary of social and health 19 services.

20 Sec. 3. RCW 74.39A.032 and 2018 c 225 s 3 are each amended to 21 read as follows:

(1) The department shall establish in rule a new medicaid payment system for contracted assisted living, adult residential care, and enhanced adult residential care. Beginning July 1, 2019, payments for these contracts must be based on the new methodology which must be phased-in to full implementation according to funding made available by the legislature for this purpose. The new payment system must have these components: Client care, operations, and room and board.

(2) Client care is the labor component of the system and must include variables to recognize the time and intensity of client care and services, staff wages, and associated fringe benefits. The wage variable in the client care component must be adjusted according to service areas based on labor costs.

(a) The time variable is used to weight the client care payment to client acuity and must be scaled according to the classification levels utilized in the department's assessment tool. The initial system shall establish a variable for time using the residential care time study conducted in 2001 and the department's corresponding estimate of the average staff hours per client by job position.

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1 (b) The wage variable shall include recognition of staff positions needed to perform the functions required by contract, 2 including nursing services. Data used to establish the wage variable 3 must be adjusted so that no baseline wage is below the state minimum 4 in effect at the time of implementation. The wage variable is a 5 6 blended wage based on the federal bureau of labor statistics wage data and the distribution of time according to staff position. 7 Blended wages are established for each county and then counties are 8 arrayed from highest to lowest. Service areas are established and the 9 median blended wage in each service area becomes the wage variable 10 11 for all the assigned counties in that service area. The system must 12 have no less than two service areas, one of which shall be a high labor cost service area and shall include counties at or above the 13 ninety-fifth percentile in the array of blended wages. 14

15 (c) The fringe benefit variable recognizes employee benefits and 16 payroll taxes. The factor to calculate the percentage of fringe 17 benefits shall be established using the statewide nursing facility 18 cost ratio of benefits and payroll taxes to in-house wages.

19 (3) The operations component must recognize costs that are 20 allowable under federal medicaid rules for the federal matching 21 percentage. The operations component is calculated at ninety percent 22 or greater of the statewide median nursing facility costs associated 23 with the following:

24 (a) Supplies;

25 (b) Nonlabor administrative expenses;

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(c) Staff education and in-service training; and

(d) Operational overhead including licenses, insurance, and
 business and ((occupational [occupation])) occupation taxes.

(4) The room and board component recognizes costs that do not 29 qualify for federal financial participation under medicaid rules by 30 31 compensating providers for the medicaid client's share of raw food 32 and shelter costs including expenses related to the physical plant such as property taxes, property and liability insurance, debt 33 service, and major capital repairs. The room and board component is 34 subject to the department's and the Washington state health care 35 authority's rules related to client financial responsibility. If the 36 37 assisted living facility receives rental subsidy that limits the client's financial responsibility, shelter costs must be excluded 38 39 from the medicaid payment system for contracted assisted living.

1 (5) Subsections (2) and (3) of this section establish the rate 2 for medicaid covered services. Subsection (4) of this section 3 establishes the rate for nonmedicaid covered services.

(6) The rates paid on July 1, 2019, shall be based on data from
the 2016 calendar year, except for the time variable under subsection
(2) (a) of this section. The client care and operations components
must be rebased in even-numbered years. Beginning with rates paid on
July 1, 2020, wages, benefits and taxes, and operations costs shall
be rebased using 2018 data.

10 (7) Beginning July 1, 2020, the room and board component shall be 11 updated annually subject to the department's and the Washington state 12 health care authority's rules related to client financial 13 responsibility.

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