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HOUSE BILL 1330

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State of Washington                      61st Legislature                      2009 Regular Session

By Representatives Morrell, Green, Chase, Moeller, Conway, Kenney, Rolfes, and Santos

Read first time 01/19/09. Referred to Committee on Health Care & Wellness.

1            AN ACT Relating to supporting care for the elderly; amending RCW  
2            74.38.040, 74.41.050, and 74.09.710; adding a new section to chapter  
3            74.39A RCW; and creating new sections.

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

5            NEW SECTION.    **Sec. 1.**    The legislature finds that Washingtonians  
6            sixty-five years of age and older will nearly double in the next twenty  
7            years, from eleven percent of our population today to almost twenty  
8            percent of our population in 2025. Younger people with disabilities  
9            will also require supportive long-term care services. Nationally,  
10           young people with a disability account for thirty-seven percent of the  
11           total number of people who need long-term care.

12           The legislature further finds that to address this increasing need,  
13           the long-term care system should support autonomy and self-  
14           determination, and support the role of informal caregivers and  
15           families. It should promote personal planning and savings combined  
16           with public support, when needed. It should also include culturally  
17           appropriate, high quality information, services, and supports delivered  
18           in a cost-effective and efficient manner.

1 The legislature further finds that the long-term care system should  
2 utilize evidence-based practices for the prevention and management of  
3 chronic disease to improve the general health of Washingtonians over  
4 their lifetime and reduce health care and long-term care costs related  
5 to ineffective chronic care management.

6 The legislature further finds that investments in family caregiver  
7 support, aging and disability resource centers, adult day care and  
8 chronic care management, have the potential to both improve the quality  
9 of life for individuals who require long-term care and also to result  
10 in long-term savings through home diversion and reduced emergency room  
11 use.

12 **Sec. 2.** RCW 74.38.040 and 1983 c 290 s 14 are each amended to read  
13 as follows:

14 The community-based services for low-income eligible persons  
15 provided by the department or the respective area agencies may include:

16 (1) Access services designed to provide identification of eligible  
17 persons, assessment of individual needs, reference to the appropriate  
18 service, and follow-up service where required. These services shall  
19 include information and referral, outreach, transportation, and  
20 counseling. They must also include long-term care planning and options  
21 counseling, information and crisis intervention, and streamlined  
22 assistance to access a wide array of public and private community-based  
23 services. Services must be available to individuals, concerned  
24 families or friends, or professionals working with issues related to  
25 aging, disabilities, and caregivers. Services must be made available  
26 through aging and disability resource centers that shall be established  
27 in every area agency on aging. For the purposes of this section "aging  
28 and disability resource center" means a single, coordinated system of  
29 information and access for all persons seeking long-term support to  
30 minimize confusion, enhance individual choice, and support informed  
31 decision making;

32 (2) Day care offered on a regular, recurrent basis. General  
33 nursing, rehabilitation, personal care, nutritional services, social  
34 casework, mental health as provided pursuant to chapter 71.24 RCW  
35 and/or limited transportation services may be made available within  
36 this program;

1 (3) In-home care for persons, including basic health care;  
2 performance of various household tasks and other necessary chores, or,  
3 a combination of these services;

4 (4) Counseling on death for the terminally ill and care and  
5 attendance at the time of death; except, that this is not to include  
6 reimbursement for the use of life-sustaining mechanisms;

7 (5) Health services which will identify health needs and which are  
8 designed to avoid institutionalization; assist in securing admission to  
9 medical institutions or other health related facilities when required;  
10 and, assist in obtaining health services from public or private  
11 agencies or providers of health services. These services shall include  
12 health screening and evaluation, in-home services, health education,  
13 and such health appliances which will further the independence and  
14 well-being of the person;

15 (6) The provision of low cost, nutritionally sound meals in central  
16 locations or in the person's home in the instance of incapacity. Also,  
17 supportive services may be provided in nutritional education, shopping  
18 assistance, diet counseling and other services to sustain the  
19 nutritional well-being of these persons;

20 (7) The provisions of services to maintain a person's home in a  
21 state of adequate repair, insofar as is possible, for their safety and  
22 comfort. These services shall be limited, but may include housing  
23 counseling, minor repair and maintenance, and moving assistance when  
24 such repair will not attain standards of health and safety, as  
25 determined by the department;

26 (8) Civil legal services, as limited by RCW 2.50.100, for  
27 counseling and representation in the areas of housing, consumer  
28 protection, public entitlements, property, and related fields of law;

29 (9) Long-term care ombudsman programs for residents of all long-  
30 term care facilities.

31 **Sec. 3.** RCW 74.41.050 and 2008 c 146 s 4 are each amended to read  
32 as follows:

33 The department shall contract with area agencies on aging or other  
34 appropriate agencies to conduct family caregiver long-term care  
35 information and support services to the extent ~~((of available funding))~~  
36 necessary to sufficiently meet demand in each area agency on aging and  
37 support nursing home diversion. The responsibilities of the agencies

1 shall include but not be limited to: (1) Administering a program of  
2 family caregiver long-term care information and support services; (2)  
3 negotiating rates of payment, administering sliding-fee scales to  
4 enable eligible participants to participate in paying for respite care,  
5 and arranging for respite care information, training, and other support  
6 services, including family caregiver support and respite care services;  
7 and (3) developing an evidence-based tailored caregiver assessment and  
8 referral tool. In evaluating the need for respite services,  
9 consideration shall be given to the mental and physical ability of the  
10 caregiver to perform necessary caregiver functions.

11 **Sec. 4.** RCW 74.09.710 and 2007 c 259 s 4 are each amended to read  
12 as follows:

13 (1) The department of social and health services, in collaboration  
14 with the department of health, shall:

15 (a) Design and implement medical homes for its aged, blind, and  
16 disabled clients in conjunction with chronic care management programs  
17 to improve health outcomes, access, and cost-effectiveness. Programs  
18 must be evidence based, facilitating the use of information technology  
19 to improve quality of care, must acknowledge the role of primary care  
20 providers and include financial and other supports to enable these  
21 providers to effectively carry out their role in chronic care  
22 management, and must improve coordination of primary, acute, and long-  
23 term care for those clients with multiple chronic conditions. The  
24 department shall (~~consider expansion of~~) expand existing medical home  
25 and chronic care management programs and build on the Washington state  
26 collaborative initiative. The department shall use best practices in  
27 identifying those clients best served under a chronic care management  
28 model using predictive modeling through claims or other health risk  
29 information; and

30 (b) Evaluate the effectiveness of current chronic care management  
31 efforts in the health and recovery services administration and the  
32 aging and disability services administration, comparison to best  
33 practices, and recommendations for future efforts and organizational  
34 structure to improve chronic care management.

35 (2) For purposes of this section:

36 (a) "Medical home" means a site of care that provides comprehensive

1 preventive and coordinated care centered on the patient needs and  
2 assures high quality, accessible, and efficient care.

3 (b) "Chronic care management" means the department's program that  
4 provides care management and coordination activities for medical  
5 assistance clients determined to be at risk for high medical costs.  
6 "Chronic care management" provides education and training and/or  
7 coordination that assist program participants in improving self-  
8 management skills to improve health outcomes and reduce medical costs  
9 by educating clients to better utilize services.

10 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.39A RCW  
11 to read as follows:

12 Within funds appropriated for this specific purpose, the department  
13 shall develop a challenge grant program to assist communities and  
14 organizations in efforts to plan and establish additional adult day  
15 service programs throughout the state. The challenge grant program  
16 shall provide financial grants, not to exceed fifty thousand dollars  
17 for each grant, for the purpose of helping to meet the costs of  
18 planning, development, and start-up of new adult day service programs  
19 in underserved communities. Recipients of these grants must provide  
20 matching resources, in funds or in-kind, of equal value to any grant  
21 received. Any adult day services program developed after receiving a  
22 challenge grant must agree to serve people whose care is paid for by  
23 the state on a first-come, first-served basis, regardless of the source  
24 of payment.

25 NEW SECTION. **Sec. 6.** If specific funding for the purposes of  
26 sections 2 through 5 of this act, referencing sections 2 through 5 of  
27 this act by bill or chapter number and section number, is not provided  
28 by June 30, 2009, in the omnibus appropriations act, sections 2 through  
29 5 of this act are null and void.

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