S-4056.1
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## SENATE BILL 6255

State of Washington 68th Legislature 2024 Regular Session

By Senators Cleveland and Dhingra

- AN ACT Relating to assisted living facilities that are owned or operated by affordable housing providers; amending RCW 18.20.020 and
- 3 74.39A.032; and creating a new section.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 The legislature recognizes that older NEW SECTION. Sec. 1. 6 adults in need of long-term services and supports are impacted by the housing affordability and homelessness crisis. Particularly, but not 7 8 exclusively, adults over the age of 65 with fixed, lower incomes and 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 comply with the residential landlord tenant law, in addition to their 13 mandatory compliance with the assisted living statute. This allows 14 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:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

p. 1 SB 6255

(1) "Adult day services" means care and services provided to a nonresident individual by the assisted living facility on the assisted living facility premises, for a period of time not to exceed ten continuous hours, and does not involve an overnight stay.

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- "Assisted living facility" means any home or other 5 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)).
- 24 (3) "Basic services" means housekeeping services, meals, 25 nutritious snacks, laundry, and activities.
  - (4) "Department" means the state department of social and health 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

p. 2 SB 6255

consistent with RCW 18.20.380; assisting the resident to obtain and maintain glasses, hearing aids, dentures, canes, crutches, walkers, wheelchairs, and assistive communication devices; observation of the resident for changes in overall functioning; blood pressure checks as scheduled; responding appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning; or medication assistance as permitted under RCW 69.41.085 and as defined in RCW 69.41.010.

- (7) "Legal representative" means a person or persons identified in RCW 7.70.065 who may act on behalf of the resident pursuant to the scope of their legal authority. The legal representative shall not be affiliated with the licensee, assisted living facility, or management company, unless the affiliated person is a family member of the resident.
- (8) "Nonresident individual" means a person who resides in independent senior housing, independent living units in continuing care retirement communities, or in other similar living environments or in an unlicensed room located within an assisted living facility. Nothing in this chapter prohibits nonresidents from receiving one or more of the services listed in RCW 18.20.030(5) or requires licensure as an assisted living facility when one or more of the services listed in RCW 18.20.030(5) are provided to nonresidents. A nonresident individual may not receive domiciliary care, as defined in this chapter, directly or indirectly by the assisted living facility and may not receive the items and services listed in subsection (6) of this section, except during the time the person is receiving adult day services as defined in this section.
- (9) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
- (10) "Resident" means an individual who is not related by blood or marriage to the operator of the assisted living facility, and by reason of age or disability, chooses to reside in the assisted living facility and receives basic services and one or more of the services listed under general responsibility for the safety and well-being of the resident and may receive domiciliary care or respite care provided directly or indirectly by the assisted living facility and shall be permitted to receive hospice care through an outside service provider when arranged by the resident or the resident's legal representative under RCW 18.20.380.

p. 3 SB 6255

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

- (12) "Resident's representative" means a person designated voluntarily by a competent resident, in writing, to act in the resident's behalf concerning the care and services provided by the assisted living facility and to receive information from the assisted living facility, if there is no legal representative. The resident's competence shall be determined using the criteria in chapter 11.130 RCW. The resident's representative may not be affiliated with the licensee, assisted living facility, or management company, unless the affiliated person is a family member of the resident. The resident's representative shall not have authority to act on behalf of the resident once the resident is no longer competent.
- 18 (13) "Secretary" means the secretary of social and health 19 services.
- **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.

p. 4 SB 6255

- (b) The wage variable shall include recognition of staff positions needed to perform the functions required by contract, including nursing services. Data used to establish the wage variable must be adjusted so that no baseline wage is below the state minimum in effect at the time of implementation. The wage variable is a blended wage based on the federal bureau of labor statistics wage data and the distribution of time according to staff position. Blended wages are established for each county and then counties are arrayed from highest to lowest. Service areas are established and the median blended wage in each service area becomes the wage variable for all the assigned counties in that service area. The system must 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 ninety-fifth percentile in the array of blended wages.
  - (c) The fringe benefit variable recognizes employee benefits and payroll taxes. The factor to calculate the percentage of fringe benefits shall be established using the statewide nursing facility cost ratio of benefits and payroll taxes to in-house wages.
  - (3) The operations component must recognize costs that are allowable under federal medicaid rules for the federal matching percentage. The operations component is calculated at ninety percent or greater of the statewide median nursing facility costs associated with the following:
    - (a) Supplies;

- (b) Nonlabor administrative expenses;
- (c) Staff education and in-service training; and
- 27 (d) Operational overhead including licenses, insurance, and 28 business and ((occupational [occupation])) occupation taxes.
  - (4) The room and board component recognizes costs that do not qualify for federal financial participation under medicaid rules by compensating providers for the medicaid client's share of raw food and shelter costs including expenses related to the physical plant such as property taxes, property and liability insurance, debt service, and major capital repairs. The room and board component is subject to the department's and the Washington state health care authority's rules related to client financial responsibility. If the assisted living facility receives rental subsidy that limits the client's financial responsibility, shelter costs must be excluded from the medicaid payment system for contracted assisted living.

p. 5 SB 6255

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

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- (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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p. 6 SB 6255