

# HOUSE BILL REPORT

## HB 1341

---

---

### As Reported by House Committee On:

Health Care  
Appropriations

**Title:** An act relating to increasing community residential options for nursing facility eligible clients.

**Brief Description:** Developing a home and community-based waiver for persons in community residential settings.

**Sponsors:** Representatives Campbell, Conway, Boldt, Ruderman and Van Luven; by request of Department of Social and Health Services.

### Brief History:

#### Committee Activity:

Health Care: 2/22/01, 2/27/01 [DP];

Appropriations: 3/7/01, 3/8/01 [DPS].

#### Brief Summary of Substitute Bill

- Establishes a new Community Options Program Entry System (COPES) waiver program to allow more nursing home-eligible clients to qualify for home and community long-term care services.
- The number of persons enrolled in the expanded program and the services covered are specified in waiver agreements with the federal government and are subject to conditions on appropriated funds.

---

### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass. Signed by 14 members: Representatives Campbell, Republican Co-Chair; Cody, Democratic Co-Chair; Schual-Berke, Democratic Vice Chair; Skinner, Republican Vice Chair; Alexander, Ballasiotes, Conway, Darneille, Edmonds, Edwards, Marine, McMorris, Pennington and Ruderman.

**Staff:** Antonio Sanchez (786-7383).

### Background:

The Community Options Program Entry System (COPEs) is a federally matched long-term care waiver program. The COPEs program provides long-term care services to individuals in adult family homes, boarding homes, nursing homes, or in their own home. Medicaid-funded long-term care in a person's own home or in a community residential facility (boarding home or adult family home) is currently only available for people with income under \$1,590 per month. However, individuals with income in excess of \$1,590 per month, while not able to participate in COPEs for community based care, are eligible for COPEs Medicaid-funded nursing home care. This is the result of a special program called "medically needy" which is applied in nursing home care. For individuals who want community based care but are over the \$1,590 per month income limit, their options are to pay privately for services if possible, to enter a nursing facility, or to go without services if they are unwilling to be placed in a nursing facility.

Individuals who have been admitted into a nursing home with incomes above \$1,590 are referred to as "medically needy" and the program under which they are served is referred to as the "medically needy" program. They are eligible under this program because their income is less than the cost of that care. Since the state pays an average of about \$3,600 per month for nursing home care, this means that single people with incomes below about \$43,000 per year (\$3,588 per month), and \$60,000 per year for couples, can qualify for publically funded nursing home care under this program. This same income standard is not applied to community care. "Medically needy" is provided under a waiver of federal rules that allows our state to limit the total number of persons served.

---

**Summary of Bill:**

A new waiver program is established that will allow nursing home eligible individuals with income above \$1,590 per month (COPEs standard) to receive long-term care services in boarding homes and adult family homes. The Department of Social and Health Services is given authority to set the level of participation in this program.

---

**Appropriation:** None.

**Fiscal Note:** Available.

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

**Testimony For:** This bill will make community residential options such as adult family homes and boarding homes more accessible to nursing home eligible persons. This allows the client to live in a setting that meets their needs but doesn't force them into a nursing home because their income exceeded the COPEs standard.

**Testimony Against:** None.

**Testified:** Kathy Leitch, Department of Social and Health Services; Jerry Reilly, Washington Health Care Association; and Karen Tynes, Washington Association of Housing and Services for the Aging.

---

## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 32 members: Representatives Sehlin, Republican Co-Chair; H. Sommers, Democratic Co-Chair; Barlean, Republican Vice Chair; Doumit, Democratic Vice Chair; Lisk, Republican Vice Chair; Alexander, Benson, Boldt, Buck, Clements, Cody, Cox, Dunshee, Fromhold, Gombosky, Grant, Kagi, Keiser, Kenney, Kessler, Lambert, Linville, Mastin, McIntire, Mulliken, Pearson, Pflug, Ruderman, D. Schmidt, Schual-Berke, Talcott and Tokuda.

**Staff:** Bernard Dean (786-7130).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care:**

The substitute bill expand the community-based waiver option to include in-home care services, as well as adult family home and boarding home services. The Department of Social and Health Services is required to adopt rules to establish eligibility criteria, applicable income standards, and the specific waiver services to be provided. The number of persons enrolled in the expanded program and the services covered are to be as specified in the waiver agreement or agreements with the federal government, and are subject to conditions on appropriated funds.

**Appropriation:** None.

**Fiscal Note:** Available on original bill. Requested for substitute bill on March 9, 2001.

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

**Testimony For:** This bill corresponds with agency request legislation that addresses past inquiries to the Department of Social and Health Services from legislators and constituents. These inquiries are about clients who reside in adult family homes and boarding homes, but have become ineligible for services because of small increases in their income. This separate waiver would enable these clients to continue to receive services in a community setting. In addition, it gives nursing home-eligible clients the option of receiving services in the community. The Senate Ways and Means Committee recently passed a similar measure that would also allow a limited waiver in an in-home care setting. The House should consider amending the bill to allow for this additional expansion.

**Testimony Against:** None.

**Testified:** Kathy Leitch, Department of Social and Health Services, Aging and Adult Services Administration.