

SSB 6387 - H COMM AMD

By Committee on Early Learning & Human Services

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) In conjunction with recent findings
4 from the Washington state auditor's office, the legislature finds that
5 there are thousands of state citizens who have been determined eligible
6 for services through the department of social and health services'
7 developmental disability administration. For those who have asked for
8 help but are waiting for services, families may experience financial or
9 emotional hardships. The legislature intends to clarify and make
10 transparent the process for accessing publicly funded services for
11 individuals with developmental disabilities and their families. The
12 legislature intends to significantly reduce the number of eligible
13 individuals who are waiting for services by funding additional slots
14 and by implementing new programs that better utilize federal funding
15 partnerships.

16 (2) In addition to the need to serve more individuals with
17 developmental disabilities, the legislature finds that there is an
18 increasing need for long-term care services. By 2030, nearly twenty
19 percent or one out of five people in our state will be age sixty-five
20 or older and our state is not prepared for the growing demand for long-
21 term services and supports. Washington must plan for the future long-
22 term services and support needs of its residents by utilizing
23 alternative long-term care financing options.

24 **Sec. 2.** RCW 71A.10.020 and 2011 1st sp.s. c 30 s 3 are each
25 amended to read as follows:

26 As used in this title, the following terms have the meanings
27 indicated unless the context clearly requires otherwise.

28 (1) "Assessment" means an evaluation is provided by the department
29 to determine:

1 (a) If the individual meets functional and financial criteria for
2 medicaid services; and

3 (b) The individual's support needs for service determination.

4 (2) "Community residential support services," or "community support
5 services," and "in-home services" means one or more of the services
6 listed in RCW 71A.12.040.

7 ~~((+2))~~ (3) "Crisis stabilization services" means services provided
8 to persons with developmental disabilities who are experiencing
9 behaviors that jeopardize the safety and stability of their current
10 living situation. Crisis stabilization services include:

11 (a) Temporary intensive services and supports, typically not to
12 exceed sixty days, to prevent psychiatric hospitalization,
13 institutional placement, or other out-of-home placement; and

14 (b) Services designed to stabilize the person and strengthen their
15 current living situation so the person may continue to safely reside in
16 the community during and beyond the crisis period.

17 ~~((+3))~~ (4) "Department" means the department of social and health
18 services.

19 ~~((+4))~~ (5) "Developmental disability" means a disability
20 attributable to intellectual disability, cerebral palsy, epilepsy,
21 autism, or another neurological or other condition of an individual
22 found by the secretary to be closely related to an intellectual
23 disability or to require treatment similar to that required for
24 individuals with intellectual disabilities, which disability originates
25 before the individual attains age eighteen, which has continued or can
26 be expected to continue indefinitely, and which constitutes a
27 substantial limitation to the individual. By January 1, 1989, the
28 department shall promulgate rules which define neurological or other
29 conditions in a way that is not limited to intelligence quotient scores
30 as the sole determinant of these conditions, and notify the legislature
31 of this action.

32 ~~((+5))~~ (6) "Eligible person" means a person who has been found by
33 the secretary under RCW 71A.16.040 to be eligible for services.

34 ~~((+6))~~ (7) "Habilitative services" means those services provided
35 by program personnel to assist persons in acquiring and maintaining
36 life skills and to raise their levels of physical, mental, social, and
37 vocational functioning. Habilitative services include education,
38 training for employment, and therapy.

1 ~~((7))~~ (8) "Legal representative" means a parent of a person who
2 is under eighteen years of age, a person's legal guardian, a person's
3 limited guardian when the subject matter is within the scope of the
4 limited guardianship, a person's attorney-at-law, a person's
5 attorney-in-fact, or any other person who is authorized by law to act
6 for another person.

7 ~~((8))~~ (9) "Notice" or "notification" of an action of the
8 secretary means notice in compliance with RCW 71A.10.060.

9 ~~((9))~~ (10) "Residential habilitation center" means a state-
10 operated facility for persons with developmental disabilities governed
11 by chapter 71A.20 RCW.

12 ~~((10))~~ (11) "Respite services" means relief for families and
13 other caregivers of people with disabilities, typically not to exceed
14 ninety days, to include both in-home and out-of-home respite care on an
15 hourly and daily basis, including twenty-four hour care for several
16 consecutive days. Respite care workers provide supervision,
17 companionship, and personal care services temporarily replacing those
18 provided by the primary caregiver of the person with disabilities.
19 Respite care may include other services needed by the client, including
20 medical care which must be provided by a licensed health care
21 practitioner.

22 ~~((11))~~ (12) "Secretary" means the secretary of social and health
23 services or the secretary's designee.

24 ~~((12))~~ (13) "Service" or "services" means services provided by
25 state or local government to carry out this title.

26 ~~((13))~~ (14) "State-operated living alternative" means programs
27 for community residential services which may include assistance with
28 activities of daily living, behavioral, habilitative, interpersonal,
29 protective, medical, nursing, and mobility supports to individuals who
30 have been assessed by the department as meeting state and federal
31 requirements for eligibility in home and community-based waiver
32 programs for individuals with developmental disabilities. State-
33 operated living alternatives are operated and staffed with state
34 employees.

35 ~~((14))~~ (15) "Supported living" means community residential
36 services and housing which may include assistance with activities of
37 daily living, behavioral, habilitative, interpersonal, protective,
38 medical, nursing, and mobility supports provided to individuals with

1 disabilities who have been assessed by the department as meeting state
2 and federal requirements for eligibility in home and community-based
3 waiver programs for individuals with developmental disabilities.
4 Supported living services are provided under contracts with private
5 agencies or with individuals who are not state employees.

6 ((+15+)) (16) "Vacancy" means an opening at a residential
7 habilitation center, which when filled, would not require the center to
8 exceed its biennially budgeted capacity.

9 (17) "Service request list" means a list of eligible persons who
10 have received an assessment for service determination and their
11 assessment shows that they meet the eligibility requirements for the
12 requested service but were denied access due to funding limits.

13 **Sec. 3.** RCW 71A.16.050 and 1988 c 176 s 405 are each amended to
14 read as follows:

15 The determination made under this chapter is only as to whether a
16 person is eligible for services. After the secretary has determined
17 under this chapter that a person is eligible for services, the
18 individual may request an assessment for eligibility for medicaid
19 programs and specific services administered by the developmental
20 disabilities administration. The secretary shall make a determination
21 as to what services are appropriate for the person. The secretary shall
22 prioritize services to medicaid eligible clients. Services may be made
23 available to nonmedicaid eligible clients based on available funding.
24 Services available through the state medicaid plan must be provided to
25 those individuals who meet the eligibility criteria. The department
26 shall establish and maintain a service request list database for
27 individuals who are found to be eligible and have an assessed and unmet
28 need for programs and services offered under a home and community-based
29 services waiver, but the provision of a specific service would exceed
30 the biennially budgeted capacity.

31 NEW SECTION. **Sec. 4.** The department of social and health services
32 shall develop and implement a medicaid program to replace the
33 individual and family services program for medicaid-eligible clients
34 during the 2015-2017 biennium, as soon as May 1, 2015, and no later
35 than May 30, 2016. The new medicaid program must offer services that
36 closely resemble the services offered in fiscal year 2014 through the

1 individual and family services program. The department shall expand
2 the client caseload as soon as the new medicaid program is implemented.
3 By June 30, 2017, the department shall increase the number of clients
4 served in the new medicaid program by at least four thousand additional
5 individuals from the numbers served in the 2014 individual and family
6 support program. The department is authorized in fiscal year 2015 to
7 use general fund--state dollars previously provided for the individual
8 and family services program to cover the costs of increasing the number
9 of clients served in the new medicaid program. To the extent possible,
10 the department shall use general fund--state savings from section 6 of
11 this act to offset costs for the increased client caseloads in fiscal
12 years 2016, 2017, 2018, and 2019.

13 NEW SECTION. **Sec. 5.** The department of social and health services
14 shall expand the home and community-based services basic plus waiver
15 client caseload beginning June 30, 2015. By June 30, 2017, the
16 department of social and health services shall increase the number
17 served on the home and community-based services basic plus waiver
18 program by at least one thousand additional individuals from the
19 numbers served in fiscal year 2014. The department is authorized in
20 fiscal year 2015 to use general fund--state dollars previously provided
21 for the individual and family services program to cover the costs of
22 increasing the number of clients served in the basic plus waiver
23 program. To the extent possible, the department shall use general
24 fund--state savings from section 6 of this act to offset costs for the
25 increased client caseloads in fiscal years 2016, 2017, 2018, and 2019.

26 NEW SECTION. **Sec. 6.** (1) The department of social and health
27 services shall refinance medicaid personal care services under the
28 community first choice option. Beginning July 1, 2014, the department
29 shall seek stakeholder input on program and system design prior to the
30 submission of a proposal to the center for medicaid and medicare
31 services. The community first choice option shall be designed in such
32 a way to meet the federal minimum maintenance of effort requirements
33 and all service requirements as specified in federal rule.

34 (2) In the first full year of implementation, the per capita cost
35 of all services offered in the community first choice benefit design,
36 including required and optional services, shall not exceed a three

1 percent increase over the per capita cost of the services provided to
2 this population prior to the community first choice option refinance.
3 The three percent limit on new expenditures shall not apply to cost
4 increases that are not the result of implementing the community first
5 choice option, including but not limited to caseload growth, case mix
6 changes, inflation, vendor rate changes, expenditures necessary to meet
7 state and federal law requirements, and adjustments made pursuant to
8 collective bargaining, and adjustments made in the biennial budget.

9 (3) The community first choice option must be fully implemented
10 during the 2015-2017 biennium, as soon as July 1, 2015, and no later
11 than June 30, 2016. In fiscal year 2015, the department shall use
12 general fund--state savings from section 4 of this act to cover the
13 fiscal year 2015 general fund--state costs of this section. For the
14 2015-2017 biennium and the 2017-2019 biennium, the department shall use
15 general fund--state savings from the refinance in this section to
16 offset costs related to sections 4 and 5 of this act. Any remaining
17 general fund--state savings from section 4 of this act shall be
18 reserved for potential investments in home and community-based services
19 for individuals with developmental disabilities. Any remaining savings
20 from the refinance of medicaid personal care services under the
21 community first choice option shall be reserved for potential
22 investments in home and community-based services for individuals with
23 developmental disabilities or individuals with long-term care needs,
24 including investments recommended by the joint legislative executive
25 committee on aging and disability and other work groups, councils, or
26 committees convened by the department."

27 Correct the title.

EFFECT: The substitute makes the following changes to the underlying bill:

Adds intent language describing the growing demand for long-term care services.

Specifies that the new Medicaid program that replaces the Individual and Family Services program must serve at least four thousand additional clients.

Specifies that the home and community-based services basic plus

waiver caseload must increase by at least one thousand additional clients.

Specifies that any remaining savings from the implementation of a Medicaid program replacing the Individual and Family Services program must be reserved for potential investment in home and community-based services for individuals with developmental disabilities.

Specifies that any remaining savings from the refinance of Medicaid personal care services through the Community First Choice Option shall be reserved for potential investments in home and community-based services for individuals with developmental disabilities or individuals with long-term care needs.

Specifies that the three percent limit on new expenditures applies only during the first full year of the Community First Choice Option implementation and does not apply to cost increases that are not the result of implementing the Community First Choice Option and does not apply beyond the initial benefit design.

Changes the implementation date of the Community First Choice Option from August 30, 2015, to as soon as July 1, 2015, and no later than June 30, 2016.

Changes the implementation date of the Medicaid program replacing the Individual and Family Services program from May 1, 2015, to as soon as May 1, 2015, and no later than May 30, 2016.

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