

HOUSE BILL REPORT

HB 2789

As Reported By House Committee On:

Health Care

Title: An act relating to improving long-term care.

Brief Description: Providing for adult family home and boarding home training.

Sponsors: Representatives Backlund, Dyer, Cody, Skinner, Conway, Mitchell, Hickel, Carlson, Cooke, Kenney, Wood, Tokuda, Cole, Murray, Regala and Van Luven.

Brief History:

Committee Activity:

Health Care: 1/30/98, 2/3/98 [DPS].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Anderson; Conway; Parlette; Sherstad; Wood and Zellinsky.

Staff: Antonio Sanchez (786-7383).

Background: Washington State has four principle types of long-term care facilities for its disabled or frail elderly citizens. These include nursing homes, state developmentally disabled (DD) institutions, adult family homes, and boarding homes. Boarding homes are care facilities usually ranging in size from 10 to 60 residents. Smaller boarding homes are often called group homes and larger ones might be marketed to the public as assisted living facilities. Adult family homes are regular neighborhood residences providing care for two-six residents. The owner of the adult family home, or staff hired by the owner, provide the care. They provide room, board, laundry, necessary supervision, assistance with activities of daily living, personal care and social services. Nursing services can be provided in the home. Adult family homes are licensed, regulated and inspected by the Department of Social and Health Services (DSHS). The state has approximately 2,300 adult family homes providing services to almost 8,000 clients. Of the total adult family home caseload, approximately 3,000 are state clients.

Direct care staff in adult family homes and boarding homes are required to receive 22 hours of training and must have 10 hours of continuing education related to caregiving every calendar year.

In 1997, the Legislature required the Nursing Care Quality Assurance Commission (NCQAC) and the DSHS to create a 22-hour long-term care training program within existing funds that consists of modules, some of which qualify hour for hour towards the requirements for nursing assistant education. The two agencies created a five-person steering committee and a 29- person work group to determine the best approach to implement this new education framework for home care workers. The agency and the commission submitted their recommendations to the Legislature in December of 1997. The committee recommended a number of technical changes including modification in the original statute to allow the transfer of classroom hours from hour for hour to be changed to a transfer of skills and competencies.

The State Long-term Care Ombudsman also worked with a caregivers training group consisting of long-term care provider associations and consumer advocacy groups. Their objective was to develop a set of training requirements, consistent with their 1995 and 1996 study findings, concerning the quality of care in in-home care settings. Their reports indicated that numerous safety and care problems in adult family homes and boarding homes were caused by insufficiently qualified caregivers. The ombudsman study group recommended reviewing the training standards.

Summary of Substitute Bill: The DSHS, the Department of Health (DOH), and the NCQAC are directed to meet with provider and resident groups and, by December 1, 1998, to recommend to the Legislature enhanced staff training standards and improvements in the training delivery system. The training group is required to develop recommendations to the Legislature that will create enhancements to the current caregivers staff training standards and improvements to the current caregivers training delivery system. The overall framework for the study is outlined. Caregiver training must contain: a) a practical or clinical component; b) training needs specific to the special needs of those with dementia, mental illness, or developmental disabilities; c) availability of training at multiple sites; d) exemption by competency testing or licensure; e) specific time frames for completing training; f) the requirement that facilities with state-pay residents must be compensated for training-related costs; and g) training standards for trainers.

Two-way disclosure of information between a potential state pay long-term care resident and a facility or home is addressed. All residents are required to have a thorough assessment of their long-term care needs and preferences before admission. Provisions are made for emergency admissions. In turn, the facility or home is required to fully disclose their capabilities and charges to the resident or his or her representative. Thirty-day notification of changes in charges to the resident must be made by the facility.

Facilities are only allowed to admit or retain individuals that they are capable of caring for through available staff.

Substitute Bill Compared to Original Bill: The DSHS is given the primary responsibility for coordination with the DOH. Standards for trainers are included in the study. The requirement for recent medical history information to be collected as part of the mandatory assessment is eliminated for persons who object of religious reasons.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Testimony For: Additional information is needed about in-home care provider training to keep pace with patient care needs and the need to enhance the quality of care and safety.

Testimony Against: None.

Testified: (Pro w/amendment) Scott Sigmon, Washington Health Care Association; Bill Day, Adult Family Home Association; Lauri St. Ours, Norwest ALFA; Karen Tynes, Washington Association of Homes for the Aging; Jeff Larson, Washington State Residential Care Council; Kathy Leitch, Department of Social and Health Services (support amendment); and Kary Hyre and Jeff Crollard, Long-term Care Ombudsman Program (pro).