

# HOUSE BILL REPORT

## 2SSB 6544

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### 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:** Senate Committee on Ways & Means (originally sponsored by Senators Deccio, Franklin, Wood, Wojahn and Winsley).

### Brief History:

#### Committee Activity:

Health Care: 2/24/98, 2/27/98 [DPA].

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass as amended. 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 principal 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 toward 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 consumers advocacy groups. Their objective was to develop a set of training requirements consistent with their 1995 and 1996 study findings that increase 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 Amended Bill:** With the DSHS as the lead agency, the Department of Health (DOH), the NCQAC and representatives of other long-term care services are directed to meet with boarding home and adult family home providers and resident groups to develop recommendations on training standards for caregivers and management in adult family homes, boarding homes, and for in-home care providers. Their report is due to the Legislature by December 1, 1998.

The proposal must include recommended training standards for both management and staff serving residents with a diagnosis of dementia, mental illness or developmental disability. Training recommendations must take into account the following factors: availability and affordability of training; potential costs to the DSHS and private providers; what types of training could transfer; competency testing; and practical and clinical coursework.

The Division of Developmentally Disabilities (DDD) must also conduct a study of administrator and resident caregiver training for specified programs and are required to coordinate the recommendations with the general caregiver training.

Disclosure language requires that all facilities receive a full assessment of the health condition of each resident before admission. Specific required information is defined. These assessments are required before admission except in cases of emergency placements.

Facilities must also fully disclose to potential residents what items and activities they are capable of arranging. Facilities must also inform each resident in advance of changes in services, charges for services, or changes in the facility's rules. Facilities with six or fewer residents may make changes with a 14-day notice.

**Amended Bill Compared to Second Substitute Bill:** The study is required to examine training standards for caregiving staff and facility management, rather than for only licensees. Minimum standards must be examined, not just standards for facilities serving special needs populations. The DSHS is given the primary responsibility of coordinating with the DOH for the study. The study must also include an examination of the standards for those conducting the training. The list of the items to be studied is made the same throughout the bill. The DDD is required, by December 1, 1998, to: (1) conduct a study of administrator and resident caregiver training for specified programs; and (2) coordinate the recommendations with the general caregiver training.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date of Amended Bill:** Ninety days after adjournment of session in which bill is passed, except for section 4 which takes effect on July 1, 1998.

**Testimony For:** A further review of training should increase the quality of care. Coordination of the state's training for caregivers is vital to developing a long-term care system that is responsive, especially for those who need specialized care.

**Testimony Against:** None.

**Testified:** Gene Forrester, American Association of Retired Persons; Donna Patrick, Developmental Disabilities Council; Kathy Leitch and Tim Brown, Department of Social & Health Services; Kary Hyre, Long-term Care Ombudsman Program; Nick Federici, Washington Association of Homes for the Aging; Bill Day, Adult Family Homes Association; Lauri St. Ours, NOR-ALFA; Jeff Larsen, Washington State Residential Care Council; Scott Sigmon, Washington Health Care Association; Margaret Casey, Washington State Catholic Conference and WSAHCS; Jeff Crollard, Long-term Care Ombudsman Program; and Bruce Miyahara, Department of Health.