

HOUSE BILL REPORT

HB 2435

As Amended by the Senate

Title: An act relating to reducing training requirements for certain respite care providers who provide respite to unpaid caregivers and work three hundred hours or less in any calendar year.

Brief Description: Reducing training requirements for certain respite care providers who provide respite to unpaid caregivers and work three hundred hours or less in any calendar year.

Sponsors: Representatives Kilduff, Schmick, Cody, Muri, Kagi, Tharinger, Pollet and Tarleton.

Brief History:

Committee Activity:

Health Care & Wellness: 1/16/18, 1/23/18 [DP].

Floor Activity:

Passed House: 2/7/18, 98-0.

Senate Amended.

Passed Senate: 2/27/18, 49-0.

Brief Summary of Bill

- Changes training requirements for individual providers who only provide respite services to Aging and Long-Term Support Administration clients and work less than 300 hours in a year.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

Staff: Chris Blake (786-7392).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Long-term care workers provide paid, personal care assistance to individuals with developmental disabilities or other long-term care needs. The term includes individual providers of home care services. It excludes people who are not paid by the state or any private agency or facility licensed by the state to provide personal care services.

The minimum training requirement for long-term care workers is 75 hours of entry-level training approved by the Department of Social and Health Services (Department). Several categories of individual providers are subject to different training requirements. For example:

- A biological, step, or adoptive parent who is the individual provider only for his or her developmentally disabled son or daughter must receive 12 hours of training relevant to the needs of adults with developmental disabilities within 120 days of becoming an individual provider.
- A person working as an individual provider who works less than 300 hours annually providing respite care services only to individuals with developmental disabilities who are receiving services must complete at least 14 hours of specified training within 120 days of becoming an individual provider.
- The following types of individual providers must complete 35 hours of training within 120 days of becoming an individual provider: (1) an individual provider caring for his or her biological, step, or adoptive child or parent (unless he or she is subject to the 12-hour requirement); (2) a person working as an individual provider who provides 20 hours or less of care for one person in a month; and (3) a person working as an individual provider who only provides respite services and works less than 300 hours in a year, unless the respite services are provided for an individual with developmental disabilities who is receiving services.

Only training curricula approved by the Department may be used to fulfill these requirements. The Department may only approve curricula that have been developed with input from consumer and worker representatives and that require comprehensive instruction by qualified instructors.

For individual providers represented by an exclusive bargaining representative, all required training must be provided by a training partnership designated by the exclusive bargaining representative. The training partnership must provide reports to verify that individual providers have complied with all training requirements.

Summary of Bill:

A person working as an individual provider must complete 14 hours of training within 120 days of becoming an individual provider if he or she:

- provides respite care services only for individuals receiving long-term care services; and
- works 300 hours or less in a year.

To become eligible to provide care, the individual provider must complete 5 training hours, including 3 hours of safety training and 2 hours of orientation training regarding the caregiving role and terms of employment. The training partnership must offer at least 12 of

the 14 training hours online, and 5 of the online training hours must be individually selected from elective courses.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment removes language that is inoperative because of the changes made in the underlying bill.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Last year the Legislature reduced respite care training requirements for individuals with developmental disabilities and this bill expands who may receive this reduction to include those with Alzheimer's disease or traumatic brain injury. This bill makes sure that the training relief established for respite provided through the Developmental Disabilities Administration is also available for respite provided through the Aging and Long-Term Support Administration.

This approach strikes a balance between providing quality care and expanding access. Training is an essential component to quality of care which also keeps costs down. This assures that patients get the care they need and also saves Medicaid money by keeping people out of long-term care facilities.

Respite care gives unpaid family caregivers a break, but there is a shortage of respite workers and the demand is expected to increase. There is a potential pool of caregivers who would like to provide care on a part-time basis, but are discouraged from having to spend 35 hours in the classroom getting training. This bill will help recruit a pool of part-time providers by reducing training requirements that could provide a barrier. Without respite care it is difficult for caregivers to get a break from caregiver responsibilities. With the coming increase in Alzheimer's disease, more respite care will be needed. Respite care is critical for anybody dealing with Alzheimer's disease.

(Opposed) None.

Persons Testifying: Representative Kilduff, prime sponsor; Kate White Tudor and Joy McBride, Washington Association of Area Agencies on Aging; and Dick Hardy.

Persons Signed In To Testify But Not Testifying: None.