

1 AN ACT Relating to enacting planning measures to provide for the
2 future long-term care services and supports needs of the aging
3 population; amending RCW 74.41.050; creating new sections; and
4 providing expiration dates.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature makes the following
7 findings:

8 (1) By 2030 nearly twenty percent or one out of every five people
9 in our state will be age sixty-five or older and by 2060 the population
10 of people who are age eighty-five or older in our state will more than
11 triple. This will affect every area of state government;

12 (2) There is a need for increased focus and a planning to support
13 the growing number of seniors and people with disabilities with
14 Washington state. Planning is necessary across a broad range of policy
15 areas including health, long-term services and supports, housing,
16 transportation, financial security, and protections for vulnerable
17 adults;

18 (3) To address the growing demand for long-term services and
19 supports, Washington state must do more to leverage private resources,

1 support families so they can take care of their loved ones without
2 having to resort to medicaid and help people plan for potential future
3 costs;

4 (4) In the past few decades, a number of initiatives have been
5 undertaken to reform Washington's system of supports for seniors to
6 emphasize home and community based options. These efforts have saved
7 millions of dollars by preventing expensive institutional placements;

8 (5) Washington must begin planning for the future long-term
9 services and supports needs of its residents by taking steps to grow
10 its workforce, resources, and quality long-term services and supports,
11 and identify alternative long-term care financing options to help
12 families and reduce the rate of growth in medicaid;

13 (6) It is necessary to explore public and private sector approaches
14 to support payment for long-term services and supports to support full
15 integration of people with disabilities and assist elders to age in
16 place; and

17 (7) The family caregiver support program and the four existing
18 aging and disability resource centers have proven potential in delaying
19 medicaid utilization and helping families manage and plan for the cost
20 of long-term services and support.

21 **Sec. 2.** RCW 74.41.050 and 2008 c 146 s 4 are each amended to read
22 as follows:

23 (1) The department shall contract with area agencies on aging or
24 other appropriate agencies to conduct family caregiver long-term care
25 information and support services to the extent of available funding.
26 The responsibilities of the agencies shall include but not be limited
27 to: ~~((+1))~~ (a) Administering a program of family caregiver long-term
28 care information and support services; ~~((+2))~~ (b) negotiating rates of
29 payment, administering sliding-fee scales to enable eligible
30 participants to participate in paying for respite care, and arranging
31 for respite care information, training, and other support services;
32 ~~((and—(3))~~ (c) developing an evidence-based tailored caregiver
33 assessment and referral tool; and (d) conducting outreach activities in
34 order to reach people in the community who would benefit from family
35 caregiver long-term care information and support services. In
36 evaluating the need for respite services, consideration shall be given

1 to the mental and physical ability of the caregiver to perform
2 necessary caregiver functions.

3 (2) By July 1, 2014, the aging and disability services
4 administration of the department of social and health services must
5 report to the appropriate committees of the legislature on a phased
6 expansion plan to meet the demands of an aging society and extend
7 caregiver support to a greater percentage of caregivers in need. The
8 report should include evaluation of the program's potential to: (a)
9 Delay or divert medicaid utilization rates; and (b) improve the health
10 and well-being of family caregivers including, but not limited to,
11 reducing rates of depression and other health or mental health issues.
12 In developing the plan, the aging and disability services
13 administration must consult with stakeholders, including individuals
14 with developmental disabilities, physical disabilities, behavioral
15 health needs, and long-term care needs.

16 NEW SECTION. Sec. 3. By July 1, 2014, the aging and disability
17 services administration of the department of social and health
18 services, in consultation with stakeholders, including individuals with
19 developmental disabilities, physical disabilities, behavioral health
20 needs, and long-term care needs, must report to the appropriate
21 committees of the legislature on:

22 (1) The existing funding of the following aging and disability
23 resource centers: (a) The northwest regional council in Skagit and
24 Whatcom counties; (b) Pierce county community connections; (c)
25 southeast Washington aging and disability resource centers in Asotin,
26 Benton, Columbia, Franklin, Garfield, Kittitas, Yakima, and Walla Walla
27 counties; and (d) aging and long-term care of eastern Washington in
28 Ferry, Pend Oreille, Spokane, Stevens, and Whitman counties;

29 (2) The level of funding necessary to achieve the full complement
30 of aging and disability resource center functions statewide by December
31 1, 2017. The full complement of services includes five core functions:
32 (a) Information and assistance; (b) options counseling; (c) streamlines
33 access; (d) person-centered care transitions; (e) quality assurance and
34 evaluation; and (f) care coordination. This proposal must include ways
35 to maximize opportunities to leverage federal dollars and requirements
36 to establish local partnerships to draw in additional funding;

1 (3) Preliminary results of evaluations underway on the aging and
2 disability resource centers as of the effective date of this section
3 and a proposal for ongoing evaluations and assessments; and

4 (4) The roles and responsibilities of the aging and disability
5 resource centers, how they serve different populations including
6 individuals with developmental disabilities, individuals with physical
7 disabilities, and individuals with behavioral health needs, and how
8 they interact with existing information and assistance programs such as
9 211, parent to parent, centers for independent living, and regional
10 support networks.

11 This section expires December 15, 2014.

12 NEW SECTION. **Sec. 4.** (1) Consistent with funds appropriated
13 specifically for this purpose, the office of financial management shall
14 contract for professional services to summarize and update information
15 from the joint task force on long-term care financing and chronic care
16 management (chapter 276, Laws of 2005) and other relevant federal and
17 state activity, on options to support families as they prepare for the
18 cost of long-term services and supports, including:

19 (a) Tax incentives or other measures to encourage individuals to
20 purchase private long-term care insurance and to encourage employers to
21 offer private long-term care insurance to their employees;

22 (b) Regulatory changes necessary to encourage the use of life
23 insurance or other assets to finance long-term services and supports;

24 (c) A public insurance option financed through voluntary or
25 mandatory contributions and designed as either a short-term bridge
26 benefit or a full lifelong benefit.

27 (2) Each of the options listed in subsection (1) of this section
28 must be summarized and ranked based on how it meets the following
29 goals:

30 (a) Delay or divert medicaid long-term care utilization and provide
31 relief for family caregivers;

32 (b) Expand long-term coverage and supports for the greatest number
33 of people;

34 (c) Be affordable for families and include comprehensive benefits;

35 (d) Reduce inequality and promote economic security for middle-
36 class families; and

1 (e) Include a minimal impact on the state general fund and bring
2 additional funds into the long-term care system.

3 (3) The report must rank the options in subsection (1) of this
4 section based on criteria in subsection (2) of this section and provide
5 design and implementation plans on one or more of the highest-ranked
6 options to start in 2015. These plans must be designed to meet two
7 additional goals:

8 (a) Supporting individuals to remain in the community and avoid
9 institutional care; and

10 (b) Ensure access to needed supports by addressing workforce
11 recruitment and retention issues.

12 (4) The office of financial management must also consult with stake
13 holders, including advocates for people with disabilities or area
14 aging, labor representatives, area agencies on aging, long-term
15 services and supports providers, and the office of the insurance
16 commissioner on the draft report.

17 (5) The office of financial management must provide a draft report
18 to the joint legislative executive committee on aging and disability
19 issues for review and feedback by October 15, 2014. The office of
20 financial management must deliver a final report to the legislature by
21 December 10, 2014, that includes an implementation plan to the ways and
22 means committees of the senate and the house of representatives.

23 (6) This section expires December 15, 2014.

24 NEW SECTION. **Sec. 5.** (1) A joint legislative executive committee
25 on aging and disability issues is established, with members as provided
26 in this subsection.

27 (a) The president of the senate shall appoint the chair of the
28 senate committee with jurisdiction over long-term care policy as well
29 as one additional member from each of the two largest caucuses of the
30 senate;

31 (b) The speaker of the house of representatives shall appoint the
32 chair of the house committee with jurisdiction over long-term care
33 policy as well as one additional member from each of the two largest
34 caucuses of the house of representatives;

35 (c) The governor shall appoint one member to service as a liaison
36 to the committee;

1 (d) The secretary of the department of social and health services
2 or his or her designee; and

3 (e) The director of the health care authority or his or her
4 designee.

5 (2) The joint committee must be convened by September 1, 2013. At
6 the first meeting, the members of the joint committee shall select
7 cochairs from among the committee members. The joint committee shall
8 establish advisory committees, consisting of at least three
9 stakeholders and chaired by a member of the joint committee, to focus
10 on specific topic areas. All meetings of the joint committee and the
11 advisory committees are open to the public.

12 (3) The joint committee shall consult with the office of the
13 insurance commissioner, the caseload forecast council, and other
14 appropriate entities with specialized knowledge of the growing needs of
15 the aging population and population with disabilities.

16 (4) The joint committee shall conduct the following activities:

17 (a)(i) Establish a profile of Washington's current elderly
18 population and population with disabilities and their needs;

19 (ii) Establish an inventory of the services and supports currently
20 available to the elderly population and population with disabilities,
21 including health care providers and facilities, long-term care
22 providers and facilities, caregiver supports, public and private
23 financing, transportation services, and housing;

24 (iii) Assess the areas of the current system where the additional
25 support is needed for Washington's current elderly population;

26 (b)(i) Establish a profile of Washington's expected elderly
27 population and population with disabilities in 2025 and evaluate their
28 anticipated needs;

29 (ii) Establish an anticipated inventory of future services and
30 supports that will be required to meet the needs of the elderly
31 population and population with disabilities in 2025;

32 (c) Develop a strategy of actions that the state may take to
33 prepare for the future demographic trends in the elderly population and
34 population with disabilities and build the necessary capacity to meet
35 these demands, including the identification of:

36 (i) Statutory and regulatory changes to promote the most efficient
37 use of resources, such as simplifying administrative procedures,

1 facilitating points of entry into the long-term care services and
2 supports system, and improving transitions between care settings;
3 (ii) Practices for promoting the use of technology, chronic care
4 management, and disability prevention programs to maintain the
5 independence of the elderly population and population with
6 disabilities;
7 (iii) Caregiver supports;
8 (iv) Specialized resources for populations with special needs, such
9 as chronic conditions and dementia; and
10 (v) Housing and transportation programs to help individuals who are
11 elderly or individuals with disabilities to maintain their
12 independence;
13 (d) Consult with and provide direction to the office of financial
14 management in completing the study under section 4 of this act.
15 (5) Staff support for the joint committee must be provided by the
16 senate committee services and the office of program research. The
17 office of financial management shall designate staff of the department
18 of social and health services to provide additional support to the
19 joint committee.
20 (6) The joint committee members may be reimbursed for travel
21 expenses as authorized under RCW 43.03.050 and 43.03.060, and chapter
22 44.04 RCW as appropriate. Advisory committee members may not receive
23 compensation or reimbursement for travel and expenses.
24 (7) The expenses of the joint committee must be paid jointly by the
25 senate, the house of representatives, and the office of financial
26 management. Joint committee expenditures are subject to approval by
27 the senate facilities and operations committee and the house of
28 representatives executive rules committee, or their successor
29 committees.
30 (8) The joint committee shall report its findings and
31 recommendations to the governor and the appropriate committees of the
32 legislature by December 10, 2014.
33 (9) This section expires December 15, 2014.

--- END ---

**Proposed Second Substitute Senate Bill 5519
Summary**

Section 1: Intent/Findings

Section 2: (current statute) Family Caregiver Support Program

Includes "conducting outreach activities"

By July 1, 2014 DSHS must report to the Legislature on a phased expansion plan for the FCSP.

Section 3: By July 1, 2014 DSHS, in consultation with stakeholders, must report to the Legislature regarding the current funding for Aging and Disability Resource Centers and the funding needed to achieve the full complement of ADRC functions statewide, among other issues related to ADRCs.

Section 4: "Consistent with funds appropriate specifically for this purpose" OFM shall contract to have information from the 2005 Jt. Taskforce on LTC Financing and Chronic Care Management updated. Specifically that information related to options available to support families as they prepare for the cost of long-term services and supports. Including tax incentives, using life insurance or other assets to finance long-term services, a public insurance option. Requires that the financing options be ranked according to specific criteria and that OFM provide a design and implementation plan. Draft report due October 2014 and final report due in December 2014.

Section 5: Establishes a joint committee on aging and disability issues membership from the Senate, the House of Representatives, the Governor's Office, DSHS, and the Health Care Authority. The Committee must: establish a profile of Washington's current elderly and disabled population; establish an inventory of the services and supports currently available to the elderly and disabled; assess the area of the current system where additional support is needed; establish a profile of the expected elderly and disabled population in 2025, including future services and supports to be needed by this population; develop statutory and regulatory changes to promote the efficient use of resources; develop practices to maintain the independence of the elderly and disabled population; develop caregiver supports and resources for populations with special needs; and develop housing and transportation programs to help individuals maintain their independence. Staff support to be provided by SCS and OPR.