

HOUSE BILL REPORT

EHB 2410

As Passed House:

March 3, 1998

Title: An act relating to the administration of boarding homes.

Brief Description: Establishing the department of social and health services as the sole administrator for boarding homes.

Sponsors: Representative Dyer.

Brief History:

Committee Activity:

Health Care: 1/30/98, 2/3/98 [DP];

Appropriations: 2/7/98 [DP].

Floor Activity:

Passed House: 3/3/98, 95-3.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 10 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Anderson; Conway; Parlette; Wood and Zellinsky.

Minority Report: Do not pass. Signed by 1 member: Representative Sherstad.

Staff: Antonio Sanchez (786-7383).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 29 members: Representatives Huff, Chairman; Alexander, Vice Chairman; Clements, Vice Chairman; Wensman, Vice Chairman; H. Sommers, Ranking Minority Member; Doumit, Assistant Ranking Minority Member; Gombosky, Assistant Ranking Minority Member; Benson; Carlson; Chopp; Cody; Cooke; Crouse; Grant; Keiser; Kenney; Kessler; Lambert; Lisk; Mastin; McMorris; Parlette; Poulsen; Regala; D. Schmidt; Sehlin; Sheahan; Talcott and Tokuda.

Staff: Jason Hall (786-7145).

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 10-60 residents. Smaller boarding homes are often called group homes and larger ones might be marketed to the public as assisted living facilities. Boarding homes are not just rooming houses. They offer room, board, and personal care or nursing services. Boarding homes are licensed, regulated and inspected by the Department of Health (DOH) while the Department of Social and Health Services (DSHS) establishes the payment rate for state supported Medicaid clients. There are over 400 boarding homes currently in the state with approximately 16,000 residents. Of this total only 13 percent of the residents have their care paid by the DSHS. The remainder of boarding home residents pay for their care from their own resources.

The DOH conducts its comprehensive licensing inspection approximately every 12 months and also responds to individual complaints concerning residents care or the facility. If a violation is found to have occurred, the DOH has the authority to take the same actions as the DSHS including, consultations, placing conditions on a license, more staff training, stopping admissions, fines, and closing a facility.

Both 1995 and 1996 legislative reports on residents' rights, quality of care, and regulatory enforcement conducted by the Washington State Long-term Care Ombudsman Program found concern with the way in which the DOH conducted investigations under its regulatory oversight. Further similar concerns have been raised in the ombudsman's 1998 follow-up investigation of the enforcement of safety and care standards in boarding homes. In that follow-up study they again found "widespread problems in the regulatory oversight provided by the state's Department of Health". This 1998 ombudsman report recommended that the Legislature eliminate the dual regulation of boarding homes and transfer jurisdiction of boarding homes to the DSHS.

Summary of Bill: The powers and duties regarding boarding homes, previously held by the DOH are transferred to the DSHS effective immediately and will expire July 1, 2000, unless reauthorized by the Legislature.

A joint legislative and executive task force on long-term care, safety, quality, and oversight is established, effective immediately, and will expire December 12, 1999. The joint task force will consist of seven members, three of which must be selected by the Governor with the remaining four members made up of legislators selected by their respective caucuses in the House of Representatives and the Senate. The joint task force is required to evaluate the success of the transfer of the administrative responsibility of boarding homes to the Department of Social and Health Services and recommend whether any further administrative changes should be made. In addition, the joint task force is required to review and evaluate several issues including the administration, service delivery, access, quality and safety of long-term care services, and the reorganization of the long-term care system. The joint task force is given the ability to create advisory

committees to assist with the evaluation of long-term care issues. The joint task force is required to report its initial findings to the Legislature by January 1, 1999, and its final findings and recommendations to the Legislature by December 12, 1999.

A sum of \$50,000 is appropriated to fund the joint task force.

Appropriation: A sum of \$50,000 is appropriated to fund the joint task force.

Fiscal Note: Requested on January 21, 1998.

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

Testimony For: (Health Care) The DSHS has a proven record of effectively dealing with violations while the DOH has repeatedly shown to have failed to protect the safety and health of residents in boarding homes and adult family homes.

(Appropriations) The DSHS does a better job than the Department of Health in licensing other areas. This bill streamlines government. The DSHS already has experience managing community-based facilities. The Department of Health doesn't speak to the residents when it investigates complaints.

Testimony Against: (Health Care) This measure is not necessary. The DOH has increased its inspections, is addressing violations, and is doing better documentation.

(Appropriations) None.

Testified: (Health Care) Kary Hyre and Jeff Crollard, Long-term Care Ombudsman Program (pro); Janene Quaammen (pro); and Bruce Miyahara, Department of Health (con).

(Appropriations) Kary Hyre, Long-Term Care Ombudsman.