

# SENATE BILL REPORT

## EHB 2410

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As Reported By Senate Committee On:  
Health & Long-Term Care, March 5, 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 & Long-Term Care: 3/5/98 [DPA, DNPA].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass as amended.

Signed by Senators Deccio, Chair; Wood, Vice Chair; Fairley, Franklin and Wojahn.

**Minority Report:** Do not pass as amended.

Signed by Senators Benton and Strannigan.

**Staff:** Rhoda Jones (786-7198)

**Background:** Boarding homes are residential facilities serving a diverse group, including the elderly, disabled, mentally ill, veterans, juveniles and others. For the most part, boarding homes offer long-term care services to individuals who need some degree of assistance or supervision. There is no statutory limit on size, but the average boarding home serves about 70 individuals. There are approximately 400 boarding homes serving about 16,000 residents in this state, of whom 13 percent have their care paid for by the Department of Social and Health Services (DSHS).

Boarding homes are currently regulated, licensed and inspected by the Department of Health (DOH). DSHS establishes the payment rate for the state-supported Medicaid clients, and has program oversight for contracted assisted living programs within boarding homes. Assisted living contracts have increased rapidly in the past few years, placing many more long-term care residents in boarding homes.

DOH conducts its comprehensive licensing inspection approximately every 12 months and also responds to individual complaints concerning facility violations. DSHS responds to complaints and conducts investigations regarding any state-funded program in boarding homes, including assisted living and group homes.

In 1995 and 1996, the state Long-Term Care Ombudsman Program conducted investigations of the quality of care in boarding homes and issued reports to the Legislature. The reports expressed concern over inspection and investigation practices, and overall enforcement of

safety and care standards. The last report issued by the ombudsman recommended that the Legislature eliminate the dual regulation of boarding homes and transfer jurisdiction of boarding homes to DSHS.

**Summary of Amended Bill:** The powers and duties regarding boarding homes, previously held by DOH, are transferred to DSHS.

A joint legislative task force on long-term care is authorized. The seven members are appointed by the Governor. Members include appointees from DSHS, DOH, the Long-Term Care Ombudsman, with two members from the House of Representatives and the Senate. The joint task force reviews all care and safety standards for all long-term care facilities and services, develops recommendations to improve rules and procedures, reviews the need for reorganizing the current administration of long term care services, suggests cost effective methods for reallocating funds to unmet needs in direct services, suggests methods to establish a single entry point into the system and performs other related duties.

The task force reports initial findings to the Governor by January 1, 1999, and submits final findings by December 12, 1999. Any resident of a boarding home or an adult family home may not be bed bound, as a result of an illness or disease for any continuous period longer than five days unless the attending physician has prescribed a plan of care that approves this placement.

Residents who are bed bound for longer than nine consecutive days must see their physician at least every 30 days and these visits must be documented.

The conditions on bed bound illness do not apply to hospice clients.

**Amended Bill Compared to Original Bill:** Any resident of a boarding home or an adult family home may not be bed bound, as a result of an illness or disease for any continuous period longer than five days unless the attending physician has prescribed a plan of care that approves this placement.

Residents who are bed bound for longer than nine consecutive days must see their physician at least every 30 days and these visits must be documented.

The conditions on bed bound illness do not apply to hospice clients.

**Appropriation:** \$50,000.

**Fiscal Note:** Available.

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

**Testimony For:** The transfer will help facilitate more streamlined and comprehensive regulation of the boarding home industry. The study will provide the information needed to further strengthen the long-term care system.

**Testimony Against:** None.

**Testified:** PRO: Lyle Quasim, DSHS; Bruce Reeves, Senior Citizens' Lobby; Kary Hyre, Jeff Crollard, LTCOP.