

SENATE BILL REPORT

SB 5918

As of March 3, 1997

Title: An act relating to long-term care.

Brief Description: Revising regulation of long-term care.

Sponsors: Senator Wood.

Brief History:

Committee Activity: Health & Long-Term Care: 3/3/97.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Rhoda Jones (786-7198)

Background: Currently, over 16,000 individuals live in 407 licensed boarding homes in this state. Boarding homes are licensed by the Department of Health (DOH), and typically provide basic assistance with activities like bathing, dressing, grooming, hygiene. The average boarding home has about 40 residents. Some boarding homes contract with the Department of Social and Health Services (DSHS) to provide "assisted living," which sets specific care and facility standards to boarding home care for long-term residents. This is the fastest growing sector of the boarding home market. DOH has a staff of five inspectors who oversee licensing, inspections, complaints for boarding homes.

Adult family homes are licensed by DSHS. These are small facilities with up to six unrelated individuals living together. There are currently 2,216 licensed adult family homes and an increasing number of multiple operators who hire resident managers to live in and run homes in which the owners do not reside. Over 10,000 individuals live in adult family homes. DSHS has a staff of 28 inspectors overseeing the licensing and inspection of these facilities.

In 1994, the Legislature directed the state's long-term care ombudsman to monitor conditions in long-term care facilities in the state and report back to the Legislature. The ombudsman compiled two reports based on a review of over 1,000 resident files. It cited cases of abuse and neglect and made recommendations to increase staff training, change inspection practices, and transfer the DOH oversight of boarding homes to DSHS.

Summary of Bill: Licensing inspections are required of boarding homes and adult family homes by state agencies. These inspections must include interviews with a percentage of residents and family members or their representatives, in addition to providers and staff. Agencies are directed to provide consultation when appropriate, but must sanction violations that are serious, recurring or uncorrected. Inspecting agencies must revisit facilities to ensure that such violations are corrected. Complaints involving imminent danger to the health, safety or well-being of a resident must be responded to within at least two days.

Protections are established for residents or employees who report problems. Retaliatory action against a whistleblower employer is defined and prohibited. Violations can lead to a maximum fine of \$3,000.

Within available funding, providers and all staff of these facilities must be screened to ensure they have no criminal history. No one may be employed who appears on the state registry with a finding of abuse, neglect, exploitation or abandonment of a minor or a vulnerable adult.

Caregivers of long-term care services must have at least 75 hours of training, with annual continuing education. Anyone who cares for residents with special needs such as traumatic brain injury or dementia must have additional training. Current providers and staff may be exempt if their prior health care credential involved at least 75 hours or more of training and they have passed an equivalency exam. Staff must have at least 16 hours of training prior to patient contact, with the balance of the remaining 75 hours under direct supervision of someone who has completed the training. The cost for staff training is reimbursed only in facilities with state-pay clients and only in pro rata basis according to their number of state-funded residents. Training can be delivered through community colleges, long-term care facilities, area agencies on aging and other organizations.

Long-term care providers must only accept residents whose needs they can safely and appropriately serve. Except in emergencies, facilities are required to obtain an assessment of the potential resident's needs and preferences before admission. Full disclosure of a potential resident's health background is required, if available, and the type of information is listed.

Residents or their representatives must be informed in writing 30 days in advance of changes in services or charges. Facilities are required, before discharging a resident, to first attempt through reasonable accommodations to avoid a discharge, unless the transfer is agreed to by the resident. Facilities are directed to refund prepaid charges when a resident dies or transfers to another facility, except for charges to cover the resident's actual stay and the costs associated with the resident's move.

All duties and responsibilities of DOH under the state's boarding home statute, 18.20 RCW and related programs, services and management and support services, are transferred to DSHS.

Appropriation: None.

Fiscal Note: Requested on February 28, 1997.

Effective Date: Ninety days after adjournment of session in which bill is passed.