
Health Care & Wellness Committee

ESSB 5708

Brief Description: Creating flexibility in the delivery of long-term care services.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senator Keiser).

Brief Summary of Engrossed Substitute Bill

- Expands services that may be provided to nonresident individuals in boarding homes, including falls risk assessment services, nutrition management, dental services, and wellness programs.
- Requires boarding homes to provide disclosures to nonresidents that certain residential rights do not apply to nonresidents.
- Allows nursing homes to provide telephone or web-based transitional care management services to former residents.
- Establishes a work group of stakeholders to develop incentives to reduce the number of nursing facility beds from active service.

Hearing Date: 3/10/11

Staff: Chris Blake (786-7392).

Background:

Boarding Homes.

Boarding homes are facilities that provide housing and basic services to seven or more residents. Residents of boarding homes are people who live in a boarding home for reasons of age or disability and receive services provided by the boarding home. Services provided to residents by boarding homes include housekeeping, meals, snacks, laundry, and activities. They may also provide domiciliary care including assistance with activities of daily living, health support services, and intermittent nursing services. Intermittent nursing services include: medication

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administration, administration of health care treatments, diabetic management, nonroutine ostomy care, tube feeding, and delegated nursing tasks.

Nonresident individuals may also live in a boarding home and receive specified services, but they may not receive domiciliary care from the boarding home. The services that nonresident individuals may receive upon request include:

- emergency assistance;
- facility systems to respond to the potential need for emergency assistance;
- infrequent nonscheduled blood pressure checks;
- nurse referral services;
- making health care appointments;
- preadmission assessment for transitioning to a licensed care setting; and
- customary landlord services.

Nursing Home Care and Supervision.

Nursing homes provide continuous 24-hour convalescent and chronic care. Such care may include the administration of medications, preparation of special diets, bedside nursing care, application of dressings and bandages, and carrying out treatment prescribed by licensed health care providers. Nursing homes must develop a comprehensive plan of care for each resident to meet his or her medical, nursing, and mental and psychosocial needs.

Nursing homes must have an administrator who is on-site and in charge of the administration of the premises at least four days per week for an average of 40 hours per week. There are reduced standards for the administrators of nursing homes with small resident populations or in rural areas depending on the number of beds at the facility.

Summary of Bill:

Services that may be provided to nonresident individuals in a boarding home are expanded to also permit medication assistance, nutrition management, dental services, and wellness programs. In addition, technology-based monitoring devices may be incorporated into the facility system for responding to potential emergency situations. Blood pressure monitoring services may be scheduled and are no longer limited in frequency. Boarding homes must provide nonresidents with specific disclosures that residential rights do not apply to nonresidents and the jurisdiction of the Long-Term Care Ombudsman and the authority of the Department of Social and Health Services (Department) do not apply to their residences.

The reduced supervision standards for small nursing homes and rural nursing homes regarding the presence of an on-site, full-time administrator is extended to nursing homes with small resident populations as a result of having converted some nursing home beds for use as assisted living or enhanced assisted living services.

Nursing homes may provide telephone or web-based transitional care management services to former residents for up to 30 days following discharge. Transitional care management services include care coordination, discharge plan review, instructions to promote compliance with the discharge plan, reminders or assistance with appointments, and the promotion of self-management. These services may be provided by the nursing home in situations in which the

resident either refuses in-home care or is not eligible for in-home care. If concerns are identified through the transitional care management services, the nursing home must notify the client's primary care physician.

The Department shall convene a work group to develop mechanisms to incentivize nursing facilities to remove licensed beds from active service. The Department shall adopt rules to implement the recommendations. The Department shall report the work group's recommendations and progress toward implementing them to the Governor and the Legislature by September 1, 2011.

Legislative findings are made to acknowledge the increased demands and expectations of the long-term care system and the need to realize cost efficiencies within the health care system.

Appropriation: None.

Fiscal Note: Requested on March 7, 2011.

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