

SENATE BILL REPORT

SB 5708

As Reported by Senate Committee On:
Health & Long-Term Care, February 21, 2011

Title: An act relating to reshaping the delivery of long-term care services.

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

Sponsors: Senator Keiser.

Brief History:

Committee Activity: Health & Long-Term Care: 2/14/11, 2/21/11 [DPS, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5708 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Murray, Pflug and Pridemore.

Minority Report: That it be referred without recommendation.

Signed by Senators Carrell and Parlette.

Staff: Rhoda Donkin (786-7465)

Background: Boarding homes are privately owned facilities that are licensed by the state to assume general responsibility for the safety and well-being of seven or more residents. The services provided are considered domiciliary care may include a wide range of support, from light care and housekeeping to intermittent nursing services and other specialized care. Boarding homes vary in size and ownership from a small, locally-owned seven-bed facility to a 150-bed facility operated by a large national corporation. The majority of residents are private pay. Medicaid contracts for assisted living, adult residential care, and group homes for developmentally disabled individuals. There are approximately 544 boarding homes in the state, with 28,882 licensed beds. Boarding homes may also have non-licensed beds. Nonresidents in these beds may not receive domiciliary care directly by the boarding home. They receive all of their services independently, through contracts or arrangements not directly involving the boarding home.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Nursing facilities provide 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities and other specialized services. Residents in nursing facilities may require nursing services for chronic illness or rehabilitation, and are not capable of independent living, or they may need short post-hospital recuperative care. In general, because of the regulatory limits on the amount of nursing care provided in boarding homes, residents in nursing facilities are considered to have more acute needs than those in boarding homes. Some nursing facilities in the state have converted part of their facility to boarding homes in order to provide lower levels of care under assisted living and private pay arrangements.

Summary of Bill (Recommended Substitute): Nonresidents of boarding homes may receive technology-based monitoring devices, scheduled blood pressure checks, reminders about health care appointments, medication assistance, falls risk assessment, and nutrition management and education services, dental services, and wellness programs. Boarding homes must notify residents in non-licensed rooms that certain protections and services available to licensed beds do not apply to them.

The State Board of Nursing Home Administrators is authorized to determine the parameters for on-site full time administrators in nursing homes with small resident populations when the nursing home has converted some of its licensed nursing facility bed capacity into assisted living.

Nursing homes may establish and provide nonmedical care management services to persons discharged to home for up to 30 days following discharge. The services may include on-site or remote visits within two, seven, 14, 21, and 30 days following discharge and are intended to monitor compliance with the post discharge plan of care. These services are not available to patients who are eligible for home health services.

DSHS must convene a workgroup of stakeholders to identify mechanisms to incentivize nursing facilities to close or eliminate licensed beds from active service. The recommendations from the workgroup must be submitted in a report to the Governor and the Legislature by September 1, 2011.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute): Eliminates the expansion of intermittent nursing services to residents of boarding homes. Reestablishes current language in statute that no one may be admitted to a boarding home if they need the frequent presence and evaluation of a registered nurse. Removes requirement that medication assistance be provided by a licensed nurse to nonresidents of boarding homes, and removes prevention services for nonresidents. Removes requirement that a post acute care certification program be established and that DSHS develop rules for the program. Requires that boarding homes make specific disclosures to nonresidents upon admission and at the time that additional services are requested.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony on Original Bill: PRO: This supports aging in place. It allows for a partnership of the whole health care continuum. Nursing facilities should be able to look after residents after they leave the building. The baby boomer generation is going to put huge demands on the long-term care system. We have to continually adapt it to changing needs, and this bill does that.

This is a common sense answer to providing residents in low-income housing with the services they need. If affordable services are available, people will be able to live independently for much longer. Simple nursing assessments can keep people out of emergency departments and nursing homes.

OTHER: We need to make sure there are no conflicts with federal regulations and that we're not adding unnecessary new layers of bureaucracy. Also, does this threaten the current tax exemption for boarding homes? There needs to be adequate oversight if we go in this direction so we don't create new problems. In providing for transition services – we need to clarify what is meant by non-medical management and we don't want to interfere with the current access patients have to Medicare home care services. A stakeholder group should be discussing regional and rural long-term care needs into the future.

Persons Testifying: PRO: Lynette Ladenburg, Tacoma Lutheran Retirement Community; Jay Woolford, Senior Housing Assistance Group Housing; Della Lium, Resident of Exeter House; Chad Solvie, Martha and Mary; Patrick O'Neill, Riverview Retirement community; Robert Hellrigel, Providence; Nick Federici, Service Employees International Union – Health Care 775 NW.

OTHER: Doris Visaya, Home Care Assn. of Washington; Dave Knutson, Washington Health Care Assn.; MaryAnne Lindeblad; Aging & Disabilities Services Administration; Louise Ryan, Long-Term Care Ombudsman.