

FINAL BILL REPORT

ESSB 5708

C 366 L 11
Synopsis as Enacted

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).

Senate Committee on Health & Long-Term Care
House Committee on Health Care & Wellness

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.

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: 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

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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.

Under certain circumstances, nursing facilities may provide transitional care management services for up to 30 days by either telephone or through web-based means to patients who have been discharged from their facilities. These transition care services may be provided when a resident is without in-home care services, because they have refused them, or they are not eligible. The services may include care coordination, review of the discharge plan, and other support. If the nursing facility is concerned about the discharged patient's situation, the facility must call the patient's primary care physician.

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.

Votes on Final Passage:

Senate	49	0	
House	96	0	(House amended)
Senate	47	0	(Senate concurred)

Effective: July 22, 2011.