
Health Care & Wellness Committee

HB 1901

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

Sponsors: Representatives Cody and Hinkle.

Brief Summary of Bill

- Expands the services that boarding homes may provide to include personal and special care services, as well as nursing services on a regular, rather than intermittent, basis.
- Expands services that may be provided to nonresident individuals in boarding homes, including falls risk assessment and prevention services, nutrition management, dental services, and wellness programs.
- Authorizes nursing homes to offer their residents postacute care following discharge from a hospital for a stay of 90 days or less.
- Allows nursing homes to provide nonmedical care management services to former residents for up to 30 days after discharge.
- Establishes a work group of stakeholders to identify the chronic and acute care needs of the region's residents over the next 10 years.

Hearing Date: 2/16/11

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

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provide domiciliary care including assistance with activities of daily living, health support services, and intermittent nursing services. Intermittent nursing services include: medication 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 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:

Boarding homes may provide nursing services on a regular, rather than intermittent, basis. In addition, the services may include other personal and special care services as defined by the Department of Social and Health Services (Department). Boarding homes are no longer prohibited from admitting people who require nursing or medical care that is provided by nursing homes, hospitals, or mental health or chemical dependency facilities. Boarding homes are required to assure that adequate and appropriate staff is available to provide the necessary care.

Services that may be provided to nonresident individuals in a boarding home are expanded to also permit medication assistance when performed by a registered or licensed nurse, falls risk assessments and prevention services, 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.

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 are authorized to offer postacute care for its residents. The Department must establish certification standards for the postacute care program. The program is designed for residents following a hospital stay who need medical care, skilled nursing care, or rehabilitation services because of complex medical conditions or multiple acute or chronic illnesses. Residents in the postacute care program must have stays of 90 days or less, unless a longer stay is authorized by the Department.

Nursing homes are authorized to provide nonmedical care management services to former residents for up to 30 days following their discharge. The services include those that should: (1) improve care transitions to the patient's residence; (2) minimize patient safety concerns at the residence; (3) improve care through monitoring compliance with postdischarge plans; and (4) result in timely interventions and coordination with outside service providers. The service shall be provided within 2, 7, 14, 21, and 30 days following discharge. These services are exempt from home health agency requirements.

The Department is directed to convene a work group of acute care facilities, long-term care facilities, housing for seniors, services for seniors, state agencies, the Long-Term Care Ombudsman's Office, and consumers. The work group shall identify the chronic and acute care needs of the region's residents over the next 10 years and the capacity to meet those needs. The work group shall develop a plan for coordinating care to improve quality and reduce cost. The work group shall report its findings to the Governor and the Legislature by December 31, 2011.

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 February 9, 2011.

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