
Health Care Committee

SSB 6225

Brief Description: Concerning boarding home domiciliary services.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Deccio, Keiser, Parlette, Winsley and Rasmussen).

<p>Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Allows Boarding Homes more flexibility in the level of care they may provide.

Hearing Date: 2/24/04

Staff: Dave Knutson (786-7146).

Background:

Boarding homes provide long-term care services and housing to thousands of individuals in this state. Roughly 70 percent of the residents of boarding homes pay for their care with private means, the rest through state-funded programs. Boarding homes are regulated by the Department of Social and Health Services (DSHS).

Boarding homes use disclosure forms to describe the services and care they provide. Disclosure is part of the requirements of having a boarding home license. Recently, the DSHS began allowing boarding homes to admit people with greater medical and health care needs. The DSHS also increased the care and services requirements that all licensed boarding homes must provide.

Summary of Bill:

The current statutory definition of "domiciliary care" is expanded to specify levels of care including activities of daily living, health support services, and intermittent nursing services. Boarding homes may choose to provide different levels of care, or not to provide more than basic services. This level of services must be fully disclosed to residents. Boarding homes must notify residents 30 days before changing services.

A boarding home licensee may permit a family member to administer medications or treatment assistance to residents. Conditions for family assistance are described.

The pre-admission review process is condensed into eight areas of assessment, and provisions are added allowing greater opportunity for emergency admissions.

The DSHS must report to the Legislature by December 12, 2005, on the payment system for licensed boarding homes.

Language provides for the immediate discharge of any resident who needs 24 hours of continuous skilled nursing care or supervision, excluding persons who are receiving hospice care, or has a short-term illness.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill contains an emergency clause and takes effect immediately, except for sections 2 through 5, 8, 9, and 16, relating to negotiated levels of service delivery, which take effect September 1, 2004.