



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, WA 98504-5000

January 5, 2007

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Brian*

Mary Selecky, Secretary
Department of Health
PO Box 47890
Olympia, Washington 98504-7890

Robin Arnold-Williams, Secretary
Department of Social and Health Services
PO Box 45010
Olympia, Washington 98504-5010

Dear Secretaries Selecky and Arnold-Williams:

Our four organizations are writing to request a change to the "established ratio" as defined in WAC 246-310-010. This ratio is used to determine nursing home bed need throughout the state. The current "established ratio" is a bed-to-population ratio of forty beds per one thousand persons age sixty-five and older. We are requesting that the "established ratio" be amended to a bed-to-population ratio of forty beds per one thousand persons age seventy and older. We offer the following support for this change:

- In November 1996, the definition of established ratio was first implemented in statute. At that time it meant a bed-to-population ratio of forty-five beds per one thousand persons age sixty-five and older. The legislature changed the definition on July 1, 1999 to mean a bed-to-population ratio of forty beds per one thousand persons age sixty-five and older. The definition has not been reviewed or changed since 1999. This section of the statute expired on June 30, 2004, and the established ratio of 40 beds/1,000 age 65 and older was adopted in rule.
- In June of this year, 74.57 percent of nursing home residents were age 70 or older, and 66.04 percent were age 75 or older. Over one-third of the residents were age 85 or older. The average age for all nursing home residents was 79.97 years. Changing the "established ratio" based on the population age 70 or older more accurately reflects the population served by nursing homes.
- There continue to be vacant beds available in nursing homes in the State of Washington. Based on 2005 cost reports, the average occupancy for nursing homes was 86.5%, meaning that on any day, 13.5 out of every 100 nursing home beds are vacant.

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- The University of Washington, Evans School of Public Affairs, published a study in 2001 regarding demographic and economic trends as they relate to the system of long term care in Washington. This study forecasts that the nursing home caseload in this state will continue to decline until the year 2018, and then slowly increase. This is one indicator that there is not a need for additional nursing home beds in this state at this time.
- Washington State is a leader in rebalancing the long term care system. RCW 74.39A establishes the foundation for long term care policy in this state. When this legislation was enacted in 1993, the legislature stated that the public interest would best be served by a broad array of long-term care services that support persons who need such services at home or in the community whenever practicable. In passing this legislation, the legislature clearly stated its expectations that as other long-term care options become more available, the relative need for nursing home beds is likely to decline. The legislature further expressed its intent as follows:

(1) Long-term care services administered by the department of social and health services include a balanced array of health, social, and supportive services that promote individual choice, dignity, and the highest practicable level of independence;

(2) Home and community-based services be developed, expanded, or maintained in order to meet the needs of consumers and to maximize effective use of limited resources;

(3) Long-term care services be responsive and appropriate to individual need and also cost-effective for the state;

(4) Nursing home care is provided in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident and timely discharge to a less restrictive care setting when appropriate; and

(5) State health planning for nursing home bed supply take into account increased availability of other home and community-based service options.”
(RCW 74.39A.007)

- There are other services available in every community to meet the needs of individuals requiring long term care services. These include assisted living, boarding homes, adult family homes, and in-home care. In FY92, 53 percent of Medicaid clients were served in home and community settings. Today, 77 percent of these clients receive services in their own homes or in community residential settings. The Medicaid nursing home caseload has decreased from 17,353 in FY92 to 11,654 in September 2006. During this same time, the average home and community caseload has grown from 19,330 to 37,042.

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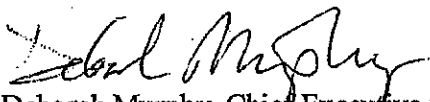
- We have researched the nursing home bed-to-population ratio used in other states. We found many states establish ratios specific to certain age cohorts, reflecting an increasing bed need with increasing age. This is consistent with research published by the Administration on Aging in its "Profile of Older Americans 2005". This study states, "While a relatively small number and percentage (4.5%) of the 65+ population lived in nursing homes in 2000, the percentage increases dramatically with age, ranging from 1.1% for persons 65-74 years to 18.2% for persons 85+."
- The state of Oregon statute states that "Clinical and epidemiological research indicates that, on the average, 30 nursing home beds per 1,000 persons age 65 and over would be sufficient to meet the need for care for those functional deficits for which nursing home care is medically necessary and cost effective. The experience of some states and some Oregon counties indicates that when sufficient alternatives are available, a ratio of less than 30 nursing home beds per 1,000 persons age 65 and over may be sufficient to meet the population's needs."

We believe a change in the definition of "established ratio" is an appropriate incremental step to insure the appropriate balance of nursing home beds and other resources to meet the long term care needs of the residents of this state. We welcome the opportunity to meet with you and your staff in support of this WAC amendment. Please call on any of us if you have questions or need additional information.

Sincerely,



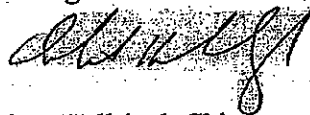
Kathy Leitch, Assistant Secretary
Aging and Disability Services Administration



Deborah Murphy, Chief Executive Officer
Washington Association of Housing and
Services for the Aging



Gary Weeks, Executive Director
Washington Health Care Association



Robert Hellrigel, Chief Executive
Long Term Care Division
Providence Health System

cc: Long Term Care Task Force
Mark Rupp
Jonathan Seib