



## WASHINGTON ASSOCIATION OF HOUSING AND SERVICES FOR THE AGING

---

*"WAHSA advocates for its members in the advancement of innovation, quality and social responsibility in aging services."*

October 10, 2007

Yvette Fox  
Department of Health  
PO Box 47852  
Olympia, WA 98504-7852

Sent via email to [yvettefox@doh.wa.gov](mailto:yvettefox@doh.wa.gov)

### **RE: Rulemaking Proposal Revising the Definition of Established Bed Ratio**

Dear Ms. Fox:

Due to scheduling conflicts, the Washington Association of Housing & Services for the Aging (WAHSA) was unable to attend the meeting convened by the Department of Health concerning its proposal to amend WAC 246-310-010(9), the definition of established bed ratio. WAHSA, therefore, submits the following comments in support of the proposed rule to change the age of persons from 65+ to 70+ when establishing the projected need for nursing facility beds.

As the department indicated, the average age of a nursing facility resident is almost 80 years, well above the age the department has proposed be used in the bed need methodology. Although there seems to be little rationale behind the use of 40 beds per 1,000 persons as the numerator, to determine projected bed need, it is rational that the state changes the age from 65+ to at least 70+, recognizing that this factor could even be higher. However, when you examine the projected bed need using 40 beds per 1,000 persons aged 70+, the methodology results in no new licensed beds being needed until around the year 2015. To use a higher age than 70+ would result in no new licensed beds being needed until years well beyond 2015. Also, there are a number of persons who are well below the age of 70 who have mental health or complex medical needs that require nursing home placement. So, using 70+, instead of the average age of 80+, allows some future bed growth opportunity to accommodate this younger population. WAHSA firmly believes that it is reasonable to take a more graduated approach to changing the bed need methodology, understanding that the department may quickly revise the rule again if the need for nursing home bed capacity exists prior to 2015.

We do not, however, anticipate a need for nursing home beds in the coming decade. We base this on several clear trends – baby boomers are demanding that care and services be provided to them in their own homes; the state's long-standing public policy of providing options for care in places other than nursing homes when appropriate; boarding homes can, since 2003, serve persons with higher care needs, although admittedly the funding must be improved significantly if this is going to be a viable option for Medicaid eligible persons; and there are approximately

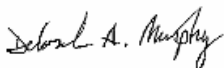
3,000 nursing home beds that could be placed into active use with as little as 90 days notice to the department and to the Department of Social & Health Services if there was or is a genuine need for beds.

We will from time to time experience placement difficulties as bed capacity is saturated in a particular geographic area during flu season. We will also likely continue to experience difficulty placing persons with certain characteristics and care needs because providers determine that they are unable to meet their needs. For example, placing persons with chronic and complex mental health issues and those residents who require services, treatment or equipment that is not generally available at most nursing facilities will continue to experience placements difficulties. These problems won't go away by simply adding more nursing facility beds. Additional funding may be necessary, or the creation of a new licensed facility may be needed, to care for these special needs persons. Furthermore, we do not believe it is fiscally prudent for the state to have a certain number of beds "on hand" to meet seasonal swings in demand caused by influenza. Any needed seasonal placement can likely be accommodated, on a short term basis, in a neighboring community.

Finally, WAHSA supports the proposed change in the nursing facility bed need ratio because we believe we must provide the services people need, when they need them, in the place they call home. The trends, both nationally and in Washington State, indicate that the consumer of today and tomorrow will demand something other than today's nursing home. They are and will continue to demand that they receive care in their own home for as long as feasibly possible. Nursing facilities will become even more specialized than they are today and will likely be smaller and attached to or co-located with some other care center, i.e. hospital, assisted living, adult family home, affordable housing or retirement housing. We do not support the proposed rule change out of fear of competition or to gain a monopoly on beds, as suggested by a member of the public. WAHSA members are simply responding to the changing demographics and trends. Make no mistake, WAHSA supports improvements to resident quality of life, and the proposed rule change will not prohibit existing nursing home licensees from replacing or renovating their aged physical plants. Indeed, WAHSA will support legislation that appropriately encourages the replacement and renovation of existing physical plants either by changes made to the certificate of capital authorization process or changes to the methodology used to fund the property component of the payment system.

Should you have questions, please contact me at me your earliest convenience.

Sincerely,



Deb Murphy, MPA, J.D.  
Chief Executive Officer