

HOUSE BILL REPORT

HB 1226

*As Reported By House Committee on:
Health Care
Appropriations*

Title: An act relating to nursing homes.

Brief Description: Making provisions for nursing home residents' discharge for temporary hospitalization.

Sponsor(s): Representatives Prentice, Wood, Franklin, Braddock, May, Brekke, Leonard, Belcher, Day, Brough, R. Meyers, Morris, Pruitt, Silver, D. Sommers, Dellwo, Jones, Riley, Scott, Sheldon, Phillips, Orr, Basich, Ogden and Cantwell.

Brief History:

Reported by House Committee on:
Health Care, February 21, 1991, DPS;
Appropriations, March 10, 1991, DPS(HC)-A.

**HOUSE COMMITTEE ON
HEALTH CARE**

Majority Report: *That Substitute House Bill No. 1226 be substituted therefor, and the substitute bill do pass.*
Signed by 10 members: Representatives Braddock, Chair; Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Cantwell; Edmondson; Franklin; Morris; Paris; Prentice; and Sprenkle.

Staff: Antonio Sanchez (786-7383).

Background: Some nursing home residents may need periodic hospitalization that requires them to leave the nursing home for an indefinite period of time. The current Medicaid reimbursement system does not pay the nursing home to hold the unoccupied bed while a medicaid resident is hospitalized. As a result, a Medicaid resident may face the loss of their resident status in the nursing home because of the nursing homes' need to fill the empty bed. This problem is more prevalent in nursing homes with a high occupancy rate.

The Department of Social and Health Services Bureau of Aging and Adult Services has authorized, by rule, reimbursement to nursing homes for up to 18 days for Medicaid residents who

take social leave. If a resident leaves the nursing home to be hospitalized, however, no social leave time can be applied towards Medicaid reimbursement and the bed occupied does not have to be held for them.

Summary of Substitute Bill: Nursing homes are required to hold a Medicaid resident's bed for up to six days while the resident is hospitalized. During this period of time while the bed is vacant, the nursing home will be reimbursed its full rate for the first two days plus the day of discharge and at 50 percent for the remaining three days. The full amount a nursing home will be reimbursed is equal to the facility assigned medicaid rate, less the amount the resident is required to pay. Reimbursement for the days the resident's bed is vacant, only applies to nursing homes with an occupancy rate of 95 percent or higher. The total days a bed is held vacant for a resident for the purpose of hospitalization, will be included as part of the total 18 days per year a resident can currently use for social leave. The resident who is discharged to a hospital must be readmitted to the same bed occupied before discharge to the hospital, unless readmitted into a medicare bed or the physician requests admittance into a heavy care bed.

The Department of Social and Health Services is required to develop a tracking system to identify the days a Medicaid bed is held vacant due to social time and hospitalization.

Substitute Bill Compared to Original Bill: The number of days a Medicaid nursing home resident's bed can be held vacant and be fully reimbursed, while a resident is discharged to a hospital, is reduced from six days to three days. The bed must be held for the resident an additional three days; however, the nursing home will only be reimbursed at 50 percent the Medicaid rate. The six days a resident uses to hold the bed while hospitalized will be considered part of the total 18 days that the resident has available for social leave. The Department of Social and Health Services is required to develop a tracking system to identify the days a bed is held vacant due to social leave time and hospitalization.

Fiscal Note: Requested January 25, 1991.

Effective Date of Substitute Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: Residents of a nursing home consider it their home. If they should become hospitalized they face both the loss of their health and their residency in the nursing home. This places the nursing home at double risk.

Testimony Against: The Department of Social and Health Services cannot support this legislation because funding for it is not included in the governor's 1991-1993 biennial budget request.

Witnesses: Marilyn Tausend, Amy Hansen, and Burnell McGlocklin, Washington State Nursing Home Advisory Council (pro); Jerry Reilly, Washington Health Care Association (pro); Hilke Faber, Washington Nursing Home Resident Councils (pro); Ralph Smith, Department of Social and Health Services; Karen Tynes, Washington Association of Homes for the Aging (supports concept but against occupancy level); Jeff Mero, State Hospital Association (pro); and Cary Hyer, Nursing Home Ombudsman (pro).

**HOUSE COMMITTEE ON
APPROPRIATIONS**

Majority Report: *The substitute bill by Committee on Health Care be substituted therefor and the substitute bill as amended by Committee on Appropriations do pass.* Signed by 27 members: Representatives Locke, Chair; Inslee, Vice Chair; Spanel, Vice Chair; Silver, Ranking Minority Member; Morton, Assistant Ranking Minority Member; Appelwick; Belcher; Bowman; Braddock; Brekke; Dorn; Ebersole; Ferguson; Fuhrman; Hine; Lisk; May; McLean; Mielke; Nealey; Peery; Pruitt; H. Sommers; Valle; Vance; Wang; and Wineberry.

Staff: John Woolley (786-7154).

Summary of Recommendation of Committee on Appropriations Compared to Recommendation of Committee on Health Care: The bill was amended to change the bed hold from three days at 100 percent reimbursement and three days at 50 percent reimbursement to four days at 100 percent reimbursement.

Fiscal Note: Requested February 25, 1991.

Effective Date of Substitute Bill As Amended: Ninety days after adjournment of session in which bill is passed.

Testimony For: Testimony was provided in support of the bill as amended; the bed hold is necessary and good policy.

Testimony Against: None.

Witnesses: Chris Boldt, NHAC; Silka Vavorn, Senior Citizens Lobby; and Cary Hyer, LTC Ombudsman.