

## **HB 2252 - DIGEST**

Provides that, when a facility returns beds banked under chapter 70.38 RCW to service, or adds new beds through the certificate of need process, the facility's per patient day reimbursement rate for the direct care, support services, therapy, and operations cost components, shall not be adjusted downward or reduced. The department shall not use the increased bed capacity to recalculate these component rates, nor shall the increased bed capacity be used to recalculate minimum occupancy levels.