

2SSB 6275 - H COMM AMD

By Committee on Health Care & Wellness

1 Strike everything after the enacting clause and insert the
2 following:

3 **"Sec. 1.** RCW 74.39A.040 and 1995 1st sp.s. c 18 s 6 are each
4 amended to read as follows:

5 The department shall work in partnership with hospitals in
6 assisting patients and their families to find and gain timely access
7 to long-term care services of their choice. The department shall not
8 delay hospital discharges but shall assist and support the activities
9 of hospital discharge planners. The department also shall coordinate
10 with home health and hospice agencies whenever appropriate. The role
11 of the department is to assist the hospital and to assist patients
12 and their families in making informed choices by providing
13 information regarding home and community options to individuals who
14 are hospitalized and likely to need long-term care.

15 (1) To the extent of available funds, the department shall assess
16 individuals who:

17 (a) Are medicaid clients, medicaid applicants, or eligible for
18 both medicare and medicaid; and

19 (b) Apply or are likely to apply for admission to a nursing
20 facility.

21 (2) (a) Subject to the availability of amounts appropriated for
22 this specific purpose, the department shall complete its assessment
23 and determine a hospitalized individual's eligibility for medicaid
24 funded long-term services and supports within twenty business days of
25 receiving the request for an assessment.

26 (b) If the department is not able to determine eligibility within
27 the relevant timeline in (a) of this subsection due to patient-
28 specific situations beyond the control of the department, the
29 department shall notify the hospital where the patient is located of
30 the specific reason for the delay, the status of the assessment and
31 determination, and the expected completion date.

1 (c) This subsection (2) does not impact assessments performed in
2 community settings or case management functions performed by
3 department employees.

4 (3) Subject to the availability of amounts appropriated for this
5 specific purpose, the department shall develop specialty contracts
6 that prioritize the transition of long length of stay clients who are
7 ready to discharge from acute care hospitals, but are not able to
8 discharge to appropriate locations due to complex medical and
9 behavioral needs requiring additional supports and funding.

10 (4) For individuals who are reasonably expected to become
11 medicaid recipients within one hundred eighty days of admission to a
12 nursing facility, the department shall, to the extent of available
13 funds, offer an assessment and information regarding appropriate in-
14 home and community services.

15 ~~((3))~~ (5) When the department finds, based on assessment, that
16 the individual prefers and could live appropriately and cost-
17 effectively at home or in some other community-based setting, the
18 department shall:

19 (a) Advise the individual that an in-home or other community
20 service is appropriate;

21 (b) Develop, with the individual or the individual's
22 representative, a comprehensive community service plan;

23 (c) Inform the individual regarding the availability of services
24 that could meet the applicant's needs as set forth in the community
25 service plan and explain the cost to the applicant of the available
26 in-home and community services relative to nursing facility care; and

27 (d) Discuss and evaluate the need for ongoing involvement with
28 the individual or the individual's representative.

29 ~~((4))~~ (6) When the department finds, based on assessment, that
30 the individual prefers and needs nursing facility care, the
31 department shall:

32 (a) Advise the individual that nursing facility care is
33 appropriate and inform the individual of the available nursing
34 facility vacancies;

35 (b) If appropriate, advise the individual that the stay in the
36 nursing facility may be short term; and

37 (c) Describe the role of the department in providing nursing
38 facility case management.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.39A
2 RCW to read as follows:

3 (1) A patient, client, health care provider, hospital, facility,
4 or department case manager may submit a request justifying the need
5 for additional personal care services and an increased daily rate to
6 the department's exception to rule committee.

7 (2) The committee shall provide the requesting person or entity,
8 the client, and the hospital or facility where the patient is
9 located, with a copy of its final decision, including whether the
10 request was approved, modified, or denied, and the reason for the
11 decision. The department shall track and make publicly available data
12 on the number of requests and decisions by the committee.

13 NEW SECTION. **Sec. 3.** (1) The joint legislative audit and review
14 committee shall conduct a review of the staffing model and the
15 approach the department of social and health services uses to
16 transition individuals to home and community-based services, the
17 review shall include establishing financial and functional
18 eligibility for the services under chapter 74.39A RCW as well as
19 service plan development and transition activities, for patients
20 located in an acute care setting. The committee shall consult with
21 the department of social and health services in conducting this
22 review. By September 1, 2021, the committee shall submit a report
23 with its findings to the office of financial management, the research
24 and data analysis division of the department of social and health
25 services, and the appropriate committees of the legislature.

26 (2) Until January 1, 2022, the research and data analysis
27 division of the department of social and health services, in
28 collaboration with the health care authority, the Washington state
29 hospital association, and other stakeholders, shall prepare a report
30 regarding patients who remain in a hospital setting due to barriers
31 in accessing community alternatives.

32 (a) In preparing the report, the division may use administrative
33 data sources in the integrated client databases maintained by the
34 division. The division will consider information and recommendations
35 produced under subsection (1) of this section. The Washington state
36 hospital association and hospitals may provide data identifying the
37 target populations for the division to link to its integrated client
38 databases. The division will work with the Washington state hospital

1 association to develop the format hospitals may use in providing the
2 data.

3 (b) The report must, at a minimum:

4 (i) Describe the physical and behavioral health, cognitive
5 performance, functional support, and housing needs of these patients;

6 (ii) Identify how the department of social and health services'
7 current assessment tool captures patients' personal care needs
8 related to behavioral health and cognitive function;

9 (iii) Identify barriers for patients accessing postacute
10 settings, including funding, services, and supports, that are not
11 captured or accounted for in the department of social and health
12 services' current assessment tool and identify alternative sources
13 for addressing and resolving the identified barriers; and

14 (iv) Identify the potential types and sources of funding that may
15 be used to transition patients to a postacute care setting.

16 (c) The division shall submit the report to the office of
17 financial management and the appropriate committees of the
18 legislature by November 15, 2021.

19 NEW SECTION. **Sec. 4.** No later than December 31, 2021, the
20 health care authority, in partnership with the department of social
21 and health services shall submit a waiver request to the federal
22 department of health and human services to authorize presumptive
23 medicaid eligibility determinations for clients preparing for acute
24 care hospital discharge who may need long-term services and supports.
25 The authority and the department shall hold stakeholder discussions
26 including opportunities for public review and comment, during
27 development of the waiver request. Upon submission of the waiver
28 request, the authority and the department shall submit a report to
29 the governor and the appropriate legislative committees that
30 describes the request and identifies any statutory changes that may
31 be necessary if the federal government approves the request."

32 Correct the title.

EFFECT: Removes the option for hospitals to enter an agreement with the Department of Social and Health Services (DSHS) to allow them to support the DSHS's functional assessment responsibilities through the preparation and submission of preassessment information for individuals who are hospitalized and likely to need long-term care. Eliminates the DSHS tracking system regarding delays in assessments for hospitalized persons.

Removes the Washington State Institute for Public Policy review of DSHS's assessment tool. Eliminates the direction to the Department of Health to develop a statewide system for collecting data on difficult to discharge hospital patients. Requires the Joint Legislative Audit and Review Committee staffing model study to focus on the transition of individuals to home and community-based services, rather than all eligibility assessments.

Limits the waiver to the federal government to requesting authorization for presumptive Medicaid eligibility determinations for clients preparing for acute care hospital discharge who may need long-term services and supports, rather than presumptive eligibility for all long-term services and supports.

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