

HOUSE BILL REPORT

HB 2180

As Reported By House Committee On:
Health Care

Title: An act relating to long-term care discharge planning.

Brief Description: Revising long-term care discharge planning requirements.

Sponsors: Representatives Dyer, L. Thomas and Carlson.

Brief History:

Committee Activity:

Health Care: 1/16/96, 1/26/96 [DP].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 9 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Campbell; Casada; Crouse; Morris; Sherstad and Skinner.

Minority Report: Do not pass. Signed by 4 members: Representatives Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Conway and H. Sommers.

Staff: Antonio Sanchez (786-7383).

Background: The 1995 Legislature mandated that hospitals work in cooperation with the Department of Social and Health Services (DSHS) to promote the understanding of long-term care discharge options for a patient or the patient's appropriate representative. DSHS was given the authority to work with hospital discharge planners in hospitals to assess all individuals who are Medicaid eligible, Medicaid applicants, or individuals who are dually eligible for both Medicaid and Medicare. Hospitals are directed to offer an assessment and provide information about cost-effective, long-term care options to people who are likely to become financially eligible for Medicaid within 180 days after admission to a nursing home. This authorization also requires that DSHS provide nursing facility case management for all Medicaid or potentially eligible Medicaid clients residing in nursing facilities. Hospitals must notify DSHS of these potentially Medicaid eligible individuals. Funds and additional staff were authorized to provide case management for these clients.

The enabling legislation simultaneously directed DSHS to establish three pilot projects to test the applicability of the coordinated partnership between hospitals and the department. DSHS has interpreted the authority to provide coordinated discharge planning granted in the legislation to authorize them to implement the three pilot sites state-wide. Under this scenario, the three individual pilot projects would be conducted as one state-wide pilot project.

Concerns have been raised about the decision to advance the long-term care hospital discharge planning process without first successfully conducting the three mandated pilot projects specific to the dissemination of appropriate in-home and community services long-term care information. Concerns have also been raised about individuals being required to reveal information to the state about their personal financial status even though they have not applied for state funded services.

Summary of Bill: The bill specifies that only hospitals selected as pilot sites can have the authority to work in partnership with DSHS to coordinate the discharge planning of patients needing long-term care services. The authority of DSHS to assess individuals who are reasonably expected to become Medicaid eligible within 180 days of admission to a nursing home is eliminated. This authority is also eliminated for nursing home residents, unless the patients, or their legal representatives, request to have the information released to DSHS. DSHS is also required to disclose the Medicaid estate recovery regulations to all individuals receiving coordinated discharge planning in the pilot projects.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: This bill will give hospital discharge planners the ability to continue discharge planning for their patients without the intervention of state mandated discharge planners.

Testimony Against: This bill will take away the state's ability to reduce the nursing home census and provide hospital patients and nursing home residents with information about lower-cost, long-term care options.

Testified: (Pro) Linda Bluhm, Grays Harbor Community Hospital; Robb Menaul, Washington State Hospital Association; (Con) Kathy Leitch, Department of Social and Health Services, Aging and Adult Services; and Florence Stier, Senior Lobby.