**6275-S2 AMH APP H5351.1 - NOT FOR FLOOR USE**

**2SSB 6275** - H COMM AMD

By Committee on Appropriations

Strike everything after the enacting clause and insert the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW SECTION. **Sec.**  (1) The joint legislative audit and review committee shall conduct a review of the staffing model the department of social and health services uses to transition acute care individuals to home and community-based services under chapter 74.39A RCW. This review shall consider the process used to staff financial and functional eligibility determinations, as well as staffing for service plan development and transition activities, for patients located in an acute care setting. The committee shall consult with the department of social and health services in conducting this review. By September 1, 2021, the committee shall submit a report with its findings to the office of financial management, the research and data analysis division of the department of social and health services, and the appropriate committees of the legislature.

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

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

(b) The report must, at a minimum:

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

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

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

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

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

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

Correct the title.

EFFECT: (1) 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.

(2) 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.

(3) Requires the Joint Legislative Audit and Review Committee to consider the Department of Social and Health Services' staffing model, including the process used to staff financial and functional eligibility determinations.

(4) 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.