
SENATE BILL 5562

State of Washington

58th Legislature

2003 Regular Session

By Senators Deccio and Thibaudeau; by request of Department of Social and Health Services

Read first time 01/30/2003. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to direct care component rate allocation; and
2 amending RCW 74.46.508.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 74.46.508 and 1999 c 181 s 2 are each amended to read
5 as follows:

6 ~~((1)(a))~~ The department is authorized to increase the direct care
7 component rate allocation calculated under RCW 74.46.506(5) for
8 residents who have unmet exceptional care needs as determined by the
9 department in rule. The department may, by rule, establish criteria,
10 patient categories, and methods of exceptional care payment.

11 ~~((b) The department shall submit a report to the health care and
12 fiscal committees of the legislature by December 12, 2002, that
13 addresses:~~

14 ~~(i) The number of individuals on whose behalf exceptional care
15 payments have been made under this section, their diagnosis, and the
16 amount of the payments; and~~

17 ~~(ii) An assessment as to whether the availability of exceptional
18 care payments resulted in more expedient placement of residents into
19 nursing homes and fewer and/or shorter hospitalizations.~~

1 ~~(2)(a) The department shall by January 1, 2000, adopt rules and~~
2 ~~implement a system of exceptional care payments for therapy care.~~

3 ~~(i) Payments may be made on behalf of facility residents who are~~
4 ~~under age sixty five, not eligible for medicare, and can achieve~~
5 ~~significant progress in their functional status if provided with~~
6 ~~intensive therapy care services.~~

7 ~~(ii) Payment under this subsection is limited to no more than~~
8 ~~twelve facilities that have demonstrated excellence in therapy care,~~
9 ~~based upon criteria defined by rule. A facility accredited by the~~
10 ~~commission for accreditation of rehabilitation facilities (CARF) shall~~
11 ~~be deemed to meet the criteria for demonstrated excellence in therapy~~
12 ~~care. However, CARF accreditation is not required for payment under~~
13 ~~this subsection.~~

14 ~~(iii) Payments may be made only after approval of a rehabilitation~~
15 ~~plan of care for each resident on whose behalf a payment is made under~~
16 ~~this subsection, and each resident's progress must be periodically~~
17 ~~monitored.~~

18 ~~(b) The department shall submit a report to the health care and~~
19 ~~fiscal committees of the legislature by December 12, 2002, that~~
20 ~~addresses:~~

21 ~~(i) The number of individuals on whose behalf therapy payments were~~
22 ~~made under this section, and the amount of the payments; and~~

23 ~~(ii) An assessment as to whether the availability of exceptional~~
24 ~~care payments for therapy care resulted in substantial progress in~~
25 ~~residents' functional status, more expedient placement of residents~~
26 ~~into less expensive settings, or other long term cost savings.~~

27 ~~(3) This section expires June 30, 2003.)~~

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