



Increase Patient Access to Appropriate Post-Acute Care Settings

The Problem

A lack of funding, staff, and capacity in long term care means patients who no longer need hospitalization are living in hospitals. A WSHA survey of acute care hospitals in Washington State showed between 10-20% of patients were ready for discharge but were stuck in the hospital on a single day in November 2022. Caring for these patients who do not need to be in the hospital impacts hospitals' capacity to care for those who need acute care, exacerbates staffing shortages, strains finances and limits already stretched capacity. Patients stuck in hospital beds past the time they need acute care means hospitals are less able to handle flu surges and have less capacity for patients who need elective procedures and routine care. According to WSHA's survey, some of the top barriers that keep patients in hospitals despite readiness to leave include:

- Inadequate Medicaid rates for long-term care providers and delays in Department of Social and Human Services process
- Delays due to need for guardianship
- Behaviors from patients that may be related to intellectual/developmental disabilities (I/DD) or the need for cognitive impairment (Alzheimer's/dementia/TBI) specialized facilities and/or increased payment rates.

Public investment in long-term care capacity for complex clients, including individuals who have experienced traumatic brain injuries and people with developmental disabilities, is crucial to getting these patients into the right care setting.

The COVID-19 pandemic laid bare the long-standing problems with patients remaining in hospitals beyond their need for acute care services, many of which are due to chronic underfunding of the long-term system amid a growing population in need of those services. More than 2,000 skilled nursing beds closed during the pandemic due to inability to staff those positions.

Proposed Solution

WSHA supports additional public investment to address the top reasons for patients' inability to access care in the most appropriate long-term care setting. Our proposed solutions come in the form of a package of investments in various parts of the long-term care system.

Budget Ask

\$54.4 million state (\$86.6 million total) to support difficult to discharge budget items in the governor's proposed budget. See Key Messages section for details.

Legislative Ask

Please see WSHA's issue briefs on Guardianship and Payment for Patients Awaiting Discharge for more information about policy barriers to accessing long-term care decision-makers and potential solutions.

Key Messages

In addition to undergirding the state's chronically underfunded long-term care system through across-the-board Medicaid rate increases, WSHA supports the following budget items to address patients most likely to face barriers to discharging from acute care hospitals:

- **\$17.4 million state (\$34.8 million total) to continue the long-term care rapid response nursing team program in fiscal year 2024.** This program provides staffing teams for long-term care facilities facing workforce shortages to help address hospital capacity issues.
- **\$10.9 million state (\$12.9 million total) for institutional transitions** to help Medicaid patients transition from acute care hospitals, state hospitals and community psychiatric hospitals into settings in the community with more appropriate levels of care. This appears to be different from the Department of Social and Health Services (DSHS) Acute Hospital Long Length of Stay decision package, but we believe it to have the same intent.
- **\$5.8 million state to fund slots for people with intellectual or developmental disabilities (I/DD)** who are not eligible for federally funded programs due to their immigration status.
- **\$6 million state (\$11.9 million total) for DSHS to provide an enhanced rate to providers** who take specialized training to better serve clients and reduce unnecessary hospitalization of children and adults with I/DD.
- **\$6.1 million state (\$13.3 million total) for a new enhanced pilot for adult family homes (AFH)** that specialize in serving individuals with I/DD who may also have a co-occurring health or behavioral diagnosis in their communities rather than in an acute care setting.
- **\$6.8 million state (\$11 million total) for a Developmental Disabilities Administration (DDA) behavior stabilization program** to expand capacity for both bed-based and mobile diversion services, as well as increase the rate for service providers for clients with difficult-to-serve behaviors.
- **\$1.5 million state (\$2.9 million total) for one 16-bed facility for people with traumatic brain injuries** in a community-based residential setting.

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