



Targeted Funding for Complex Discharge Patients

The Problem

A lack of funding, staff and capacity in long-term care means patients who no longer need acute care are living in hospitals. A WSHA survey of acute care hospitals in Washington State showed 10-20% of patients were ready for discharge but were stuck in the hospital on a single day in November 2022. This restricts the ability to tend to those who need acute care, exacerbates staffing shortages, strains finances and limits already-stretched capacity. Hospitals then become 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 barriers that keep patients in hospitals despite readiness to leave include:

- Lack of availability of long-term care services for individuals ineligible for Medicaid due to immigration status;
- The need for enhanced services to care for both children and adults with behaviors related to intellectual/developmental disabilities (I/DD); or
- Delays due to need for guardianship.

Public investment in long-term care capacity for complex clients is crucial to getting these patients into the right care setting.

Proposed Solution

WSHA supports additional public investment to address several top reasons for patients' inability to access care in the most appropriate long-term care setting. Specifically, we support funding for:

- Additional long-term care slots for undocumented immigrants stuck in acute care hospitals
- Enhanced payment rates for children's developmental disability services providers who received additional training to serve children with complex behavioral needs and agree to serve children languishing in acute care hospitals
- Increased access to guardianships (see WSHA budget brief on access to public guardians)

Longer term, WSHA supports the recommendations of the governor's Complex Discharge Task Force to fund a new model of care.

Budget Ask

\$4.6 million state annually (\$9.2 million state per biennium) to support undocumented individuals with long-term care needs. Funding will create an additional 25 slots for undocumented Washington residents discharging from acute to long-term care settings.

\$1.4 million state, \$2.2 million total annually (\$2.8 million state, \$4.4 million total per biennium) to add six enhanced out-of-home services program beds to serve people ages 12-20 cleared for discharge from acute care hospitals.

Key Messages

WSHA strongly supports the initial recommendations of the governor's Complex Discharge Task Force published Nov. 1, 2023. In the short term, WSHA supports funding for additional non-citizen long-term care program slots and enhanced out-of-home services beds.

- Hospitals are excellent at providing acute medical services. Hospitals are not designed for long-term care. There are not activities, exercise, or educational or employment opportunities for hospital patients to thrive after their illness or injury is treated.
- Every community needs access to acute care services. People who do not need acute care but remain in acute care hospitals are occupying beds needed for acute care patients.
- Washington currently funds 114 non-citizen, long-term care slots, but the waitlist has more than 150 people on it. Currently, 49 of the 114 funded slots are for individuals in acute care hospitals. Only 8-12 of these acute care slots open each year, but around 60 people are added in that time.
- There are children and youth eligible for DDA services and stuck in acute care hospitals. Many are stuck because providers are not equipped to provide for complex behaviors. The enhanced out-of-home services program provides enhanced payment to providers who receive special training to care for these children in long-term community settings.
- Longer term, WSHA strongly supports the task force recommendation on the development of a model of care to serve patients ready for discharge from acute care hospitals without appropriate post-acute care options.

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