



Allow Patients Waiting in Hospitals During Guardianship Processes to Transition to Appropriate Long-Term Care

Background

More Medicaid patients than ever are stuck in the hospital for longer awaiting completion of a guardianship process. This backlog is due to substantial changes to the guardianship process in 2022 (with the enactment of the Uniform Guardianship Act) and increased care demands. Guardianship proceedings understandably take significant time and legal process, but patients should not have to wait in the hospital for the duration of the guardianship process, which typically lasts four-to-six months. These long lengths of stay due solely to legal process further exacerbate hospital capacity and staffing challenges.

According to data collected in November 2022, guardianship was a discharge barrier for approximately 13% of difficult-to-discharge patients in acute care hospitals. A portion of these patients – approximately 3-5% – have a loved one who is willing to make long-term care decisions for them but does not have the legal authority to do so. These patients who lack capacity, and have a loved one available, would greatly benefit from the court being able to give the loved one the ability to transfer the patient out of the hospital before the guardianship process is completed.

WSHA Position

In partnership with the Governor's Office and the Department of Social and Health Services, WSHA supports amending the Uniform Guardianship Act to allow a court, as part of guardianship proceeding, to grant a responsible adult limited decision-making authority to consent to appropriate hospital discharge and transition to long-term care placement for an individual waiting in a hospital who is subject to a guardianship proceeding. The limited decision-making authority includes applying for and authorizing Medicaid benefits and consenting to transition to appropriate long-term care while they await the conclusion of the guardianship process.

Key Messages

- The guardianship process is time and resource intensive, even when a loved one is willing to be appointed as a guardian. Allowing this adult to consent to transfer to long-term care before the guardianship process is complete will help patients get appropriate long-term care rather than wait in legal limbo in a hospital.
- Between 10% and 20% of hospital patients statewide do not have a need for hospital-level care but are stuck in the hospital. Many of these difficult-to-discharge patients are covered by Medicaid. Amending the guardianship law will help 3-5% of these patients transition out of the hospital. But these patients wait hundreds of unnecessary days in the hospital, so allowing them to discharge to long-term care will increase capacity for patients with acute needs.
- The numbers of difficult-to-discharge patients who no longer need hospital care but are unable to be discharged contributes to ongoing financial losses at hospitals. This will result in less access to health care for patients, as some hospitals are forced to close inpatient beds or units, or limit availability of certain services.
- This is a narrowly focused solution that will provide some relief for patients, families and hospitals.

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