Washington State Hospital Association

2020 **POLICY** BRIEF

Ensure Patients Get Meaningful, Timely Access to Medicaid Long Term Services and Supports

(HB 2597 / SB 6275)

Background

Many Medicaid patients are getting stuck in the hospital because the state cannot determine post-acute placement in a timely manner. This is not right for patients and takes up resources needed by other patients.

Currently, only staff from the Department of Social and Health Services (DSHS) can assess and complete a patient's functional eligibility for long-term services and supports. This information drives the daily rate that DSHS will pay a post-acute setting (such as assisted living facilities and adult family homes).

It takes DSHS an average of four weeks to start the assessment. It often takes several more weeks to complete the assessment and generate a daily rate. Too often, the process takes *even longer* because community providers cannot accept the low payment rate. The process that is supposed to address outliers that need higher rates – the exception to rule process – does not work. Patients wait in a hospital the entire time. They are stuck because the state cannot meet its obligations to provide timely access to long-term services and supports to eligible Medicaid patients.

WSHA Position

WSHA strongly supports House Bill 2597/Senate Bill 6275 to increase the opportunity for meaningful, timely access for patients who are eligible for Medicaid long-term services and supports. The bill would significantly improve the DSHS process by allowing hospitals to provide pre-assessment patient information, requiring DSHS staff to complete assessments in weeks rather than months, and improving transparency about the exception to the rule process and decisions. The bill also requires an in-depth study on patients who remain in a hospital setting due to barriers in accessing community alternatives.

Finally, the bill directs the state to seek Centers for Medicare and Medicaid Services' (CMS) approval to establish presumptive eligibility for long-term services and supports.

Key Messages

- Hospital staff who care for the patient are in the best position to provide medical and functional information to inform the DSHS assessment process. This bill allows hospitals to provide pre-assessment information to speed up the Comprehensive Assessment Reporting Evaluation (CARE) assessment and requires DSHS to complete the eligibility process within 10-20 business days.

- DSHS uses an “exception to rule” process to consider requests to reevaluate a patient’s needs and the rate the state will pay. This process is opaque, frustrating, and lengthy. Patients are often stuck in a hospital while the state review occurs, with no information about why they cannot move into a more appropriate setting to receive care in the community.
- Presumptive eligibility allows the state to partner with CMS to establish a streamlined process for qualified entities to determine a patient’s eligibility for Medicaid and long-term services and supports. Presumptive eligibility would allow patients to be assessed for functional and financial eligibility quickly. The federal government already allows hospitals to conduct presumptive eligibility for Medicaid and the Area Agencies on Aging to conduct presumptive eligibility to help patients move to a more appropriate long-term care setting.

Contact Information

Zosia Stanley
Associate General Counsel
Zosias@wsha.org | 206.216.2511

Lisa Thatcher
WSHA Lobbyist
Lisathatcher@comcast.net | 253.686.8746