



STATE OF WASHINGTON
OFFICE OF GOVERNOR JAY INSLEE

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Cassie Sauer
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Washington State Hospital Association
RE: WSHA Request to Support Patients and Hospitals

Dear healthcare leaders and partners,

Thank you for the ongoing dialogue regarding the current crisis for hospital and long term care capacity, particularly for those individuals awaiting discharge from acute care to post-acute care settings. This is a long-standing issue that predates the pandemic, but it has been exacerbated during these past two and half years. The State agrees there is a need for immediate solutions, but we must also work together to develop more permanent remedies to ensure individuals who no longer need acute hospital care can discharge to their community when ready. We are and have been working with many of you to develop these long-term sustainable solutions and we look forward to continuing that partnership.

In recognition of the current urgency and to address some of the immediate need while longer term solutions are crafted, we are taking several steps using resources and tools available to us now. The Department of Social and Health Services and the Health Care Authority will immediately implement the following measures to tackle the current crisis. They address three primary areas:

- additional supports for post-acute care capacity
- efforts to expedite discharges to the community
- specialized supports for challenging discharges

A number of these initiatives are new, and several are continuing over \$91 million of investments from the Legislature in the 2022 legislative session. We believe this suite of measures will have significant impact for our healthcare and long term care systems.

Supports for post-acute care capacity

Our long term care facilities have not been immune to the staffing shortages gripping much of the healthcare world. The ability to recruit and retain staff in nursing homes and other post-acute settings remains a challenge. In order to create more community capacity within our long term care system, we are taking the following steps:

1. **Extend statewide rapid response teams through March 2023.** These teams have been supporting our long term care systems for many months, but were scheduled to end this summer. DSHS will maintain 56 contracted staff state-wide through March 2023 to ensure long term care facilities have capacity to accept transitions from acute care hospitals.
2. **Mass certification examinations for long term care staff.** We have asked DSHS and the Nursing Commission to enter an interagency agreement to rapidly meet the need to examine and certify nursing assistants by setting up mass examination sites. Because of federal waivers during the pandemic, there is a backlog of long term care staff that need to become certified to continue practicing. These staff are critical to our state's long term care system and ensuring they can get all of the necessary credentials supports additional capacity in the community.

Efforts to expedite discharges to the community

The State has made numerous efforts since March 2020 to assist in discharges for people waiting in acute care hospitals for post-acute care placement. The governor and Legislature have invested over \$91 million to directly assist in this effort, along with many other supports to the hospitals and long term care through federal dollars and other mechanisms. With these supports, the average length of stay for those awaiting discharge has dropped by 31%, from 58 days to 40 days, since 2020. But we have hit a plateau and need to redouble our efforts in expeditiously moving people through the system. Additional supports in this regard include:

1. **Difficult to discharge incentives.** Health Care Authority will provide a one-time incentive per patient for long term care providers to accept patients from hospital inpatient settings. These incentives have been in place for some time and on average result in 100+ additional discharges per month.
2. **Case management supports.** Health Care Authority nursing staff is working with DSHS and Medicaid managed care organizations to find suitable community placements for eligible clients. This enhanced case management will focus on the hospitals the highest number of administrative only patients to move them to an appropriate medical setting.

Specialized supports for particularly challenging discharges

Some patients need additional help. People who are unhoused, have mental health or substance use issues, require guardianship services, do not have access to traditional health insurance, or have specialized medical care needs, often face challenges in finding placement in post-acute care. Ensuring that all individuals, regardless of background, history, condition or status upon entry to the hospital have an opportunity to timely discharge from acute care is critical to the over all capacity for our healthcare system.

1. **Support for Harborview bed readiness program with Rapid Response Teams.** UW Medicine and Harborview have made extensive efforts to care for the patients that come through their doors, including creating a critical bed readiness program to support their patients awaiting discharge into post-acute care settings. The State will partner with Harborview to expand this program by up to 40 beds by providing staffing support to the program through rapid response team staff.
2. **Additional staff to support transition of patients in the Harborview bed readiness program.** The State will also expand the rapid response teams by 25 staff to specifically support transitions of patients from the Harborview bed readiness program to the community.
3. **Incentives for transition of specialty care patients.** For patients with serious medical care or behavioral needs, finding placement can be challenging because of the staff and supports needed to ensure quality care upon discharge. This incentive will provide \$300 per day for 180 days for 50 people transitioning from specific hospitals into assisted living or nursing facilities. The State will also make use of its Community Services and Supports contract in order to address complex medical and behavioral needs. Incentives will be available to discharges to assisted living and skilled nursing facilities only.
4. **Immediate transition beds for non-citizens.** This past legislative session, the Legislature appropriated dollars to create significant additional capacity for this population. But the need is so great that all of the funded slots are full. This option will create an additional 10 beds for non-citizens who need immediate transition to a LTC setting.

5. **Reduced barriers for people receiving treatment for OUD.** HCA has received permission from SAMSHA that will help to remove barriers that complicate the transition of people receiving treatment for opioid use disorders from the hospital to post-acute care.
6. **Guardianship program pilot program.** Patients who require a guardian to facilitate discharge often face long wait times while the necessary legal proceedings occur. DSHS has begun a pilot to seek qualified guardians and/or petition for guardianship or selection of a legal decision maker under Title 11 RCW for individuals where a petition cannot be filed due to lack of professional or lay guardian available or do not have the income/resources necessary to pay for guardianship establishment fees or monthly fees of the guardian. With funding for this pilot provided in the 2022 supplemental budget, DSHS is contracting with a pool of certified professional guardians and conservators to accept cases from acute hospitals.

In addition, claims of discriminatory practices by the state in regard to people who receive Medicaid services and require guardianships are unfounded. This claim misunderstands the current law. In a small subset of specific cases, a handful by the State's count, federal law limits when an individual representative can make decisions on behalf of a person for long term services and supports, which is different than medical decision-making¹. DSHS works closely with individuals requesting Medicaid assistance to access needed supports in community based long term care settings. There are a small number of individuals who are identified by the hospital as lacking decision-making capacity. DSHS works with these individuals and any informal decision makers they have identified to determine eligibility and develop plans of care. In situations where the patient is not able to identify an informal decision maker and are not able to consent to services or choose the setting or provider to deliver care, a formal decision maker is needed to assist the individual in making these decisions. The State remains willing to partner to find solutions on this issue, but preserving and protecting individual rights to decision-making is essential.

We also believe focusing on this small subset of individuals, while important, misses the mark on addressing the larger issue of people who face barriers due to guardianship. The state continues to desire a solution that focuses on providing appropriate legal protections when needed, and supporting the courts, guardians, and families in achieving legal decision-making expeditiously.

We also have an ask for our healthcare partners. We have seen a precipitous rise in the number of referrals to post-acute care, a 25% increase from last year to this year, with no clear root cause. And nearly 40% of referrals received for home and community based services do not ultimately come into our services. This expends critical state resources that could be redirected to others who are awaiting discharge. We would ask our hospital partners to begin looking into this rise in referrals and triaging cases in order to ensure appropriate referrals are made to the State.

We all must work on this challenge together. We will find no solution through placing blame on one another instead of taking responsibility when it is ours to take. The State recognizes it has a role to play. We will continue to stand ready to help in the areas where we can and should. We want to thank our partners in the healthcare system who have been so diligent and thoughtful regarding this challenging topic. We hope to continue the work and conversations on this challenging issue heading into legislative session, and our state agencies will be looking into long term options such as rate increases, specialty care services, and ensuring federal match whenever possible. We look forward to continued partnership and hope in doing so we can develop permanent solutions to this long-standing issue.

Warm regards,

¹ We have found no evidence that Washington is operating differently than other states in this regard. The State is also seeking additional guidance from CMS regarding this rule that applies in a small percentage of cases.

/s/

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