

SENATE BILL REPORT

SB 6372

As Reported By Senate Committee On:
Health & Long-Term Care, February 2, 2006

Title: An act relating to assessment of assisted living facility applicants.

Brief Description: Requiring timely assessment of assisted living facility applicants.

Sponsors: Senators Keiser, Deccio, Spanel, Zarelli, Pflug, Kline, Kohl-Welles and Rasmussen.

Brief History:

Committee Activity: Health & Long-Term Care: 1/18/06, 2/2/06 [DPS-WM, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6372 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Benson, Franklin, Kastama, Kline and Poulsen.

Minority Report: That it be referred without recommendation.

Signed by Senators Brandland and Parlette.

Staff: Sharon Swanson (786-7447)

Background: Case managers, employed by the Department of Social and Health Services (DSHS), are charged with completing resident assessments to determine medicaid eligibility.

An assessment determines the level of services to be offered and the payment rate for the care. DSHS has an internal policy that requires a 30-day turn around on assessments for persons who are converting from private pay to medicaid and for persons with significant condition changes.

Providers are concerned that the policy based time line is not consistently met. Lack of a timely assessment can mean that services are provided without appropriate payment.

Summary of Substitute Bill: When a Medicaid eligible boarding home resident submits a request to DSHS for a change in condition reassessment, the boarding home shall receive payment from DSHS beginning the date the boarding home requests the reassessment or the date on which the boarding home begins to provide the necessary services, whichever is later.

When an existing boarding home resident becomes financially eligible for Medicaid, the boarding home shall receive payment from DSHS beginning on the date the of the request for assessment or financial application, depending on which occurs earlier or, the date the person is determined to have been financially eligible.

Substitute Bill Compared to Original Bill: The original bill required DSHS to complete an assessment of the care needs of current or potential medicaid boarding home residents within ten business days of application of services.

When an assessment is not completed within the ten day period, and the applicant qualifies for medicaid services, DSHS is required to pay for services from the date of the request for assessment.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: It creates an additional fiscal challenge when assisted living providers absorb the cost of late assessments. The goal for assessment completion by DSHS is 30 days. In some regions, the time line is met. In other regions, it is not uncommon to wait 45 days or longer. The result is that services are provided but not paid for. Medicaid payments are dated for the date of approval, not the date the services began or the assessment was requested.

Testimony Against: The current system is set up to support a 30-day turn around, not 10. DSHS does not have the authority to back date assessments to the date of request. Any money spent on back dating would come out of the general fund.

Who Testified: PRO: Jonathan Eames, Washington Health Care Association; Julie Peterson, Washington Association of Housing and Services for the Aging.

CON: Bill Moss, Department of Social and Health Services.