

Upriver Place

Liberty Place



March 10, 2023

Dear Senators,

We are operators of Enhanced Services Facilities (ESFs) in Washington, and we are reaching out to urge your support for Medicaid funding and policy improvements through the enclosed budget proviso to eliminate case management and payment barriers that limit our ability to serve individuals with complex behaviors who are medically ready to discharge from acute care hospitals.

ESFs offer a unique combination of intense behavioral support, personal care, and nursing services at a level that is not generally provided in other licensed long term care settings. Our wraparound service model was specifically designed by the Legislature to support and provide care for individuals with behavior disorders who are difficult to discharge from acute care hospitals, however, the current DSHS case management and referral process hinders our ability to accept these residents. We have detailed our services in Appendix A to this letter.

In addition to addressing case management barriers, we are requesting an \$8 million general-fund state appropriation for a Medicaid rate increase. While our costs for healthcare workers' wages, food costs, utilities, insurance, and taxes have increased significantly (25% or more in some cases), our rates have not changed since 2019. Western and Eastern State Hospitals hire from the same direct care staffing pool that we do, but they have raised their staff wages by 17-22%. Under these conditions, we struggle to maintain our mandatory minimum staffing and training requirements, which are extensive and include 24/7 nursing coverage, mental health professional coverage, and four-to-one staffing ratios (more details in Appendix A).

Our settings vary in size—the maximum number of units is 16 beds. Our charge is to offer a homelike environment that allows residents with complex behavior and physical needs to live an independent lifestyle and receive necessary services and supervision. While many other placements have previously failed, residents admitted to ESFs often experience long-term, successful residencies in our care.

Currently, there are nine licensed ESFs located in Everett, Lakewood, Olympia, Spokane, Spokane Valley, and Vancouver. However, the Legislature recently allocated \$12 million to the Department of Commerce to fund the development of this setting, and nine more ESFs are under construction. We understand these will be located in Marysville, Burlington, Auburn, Bellingham, Kent, Graham, and Puyallup. The timing is good to set the legislative future course for ESFs that care for these incredibly complex and vulnerable human beings.

We are ready and willing to be part of the solution to the current hospital backlogs and ask you to support proviso language in the 2023-25 Biennial Operating Budget that would permit access to this important setting.

Our proviso request includes the formation of a DSHS stakeholder workgroup to design and propose a payment methodology that would recognize the intensive staffing levels and the comprehensive services provided to our residents, with a report due to the Legislature in December 2023.

We stand ready to meet with you directly to further inform your work in this area. Thank you for your consideration.

Sincerely,



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Upriver Place/Liberty Place

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Appendix A

ESF Services and Staffing Requirements

Enhanced Services Facilities Services Requirements:

- Medications management;
- Comprehensive assessments and individual behavior support plans;
- Personal care, assistance with the activities of daily living;
- Fully furnished, private rooms;
- Laundry and housekeeping;
- Dietary services including three meals a day, plus snacks;
- Social services support;
- Group and individual activities;
- Security; and
- Individualized medical and wellness support for each resident including:
 - An intensive behavioral support plans that is written and managed by MHPs. These plans are reviewed and updated monthly. Care staff are trained on the plan by the MHP.
 - Monthly treatment/care plan meetings between the resident and the entire interdisciplinary team to review and make changes as necessary.
 - Each month, each resident has an intensive pharmacology medication review and consultation.

Enhanced Services Facilities Staffing & Training Requirements:

- Licensed Mental Health Professionals (MHPs) onsite eight hours a day;
- Minimum staff to resident ratio of 1:4; and
- 24/7 mandatory nurse staffing. Includes 20 hours a week of RN coverage in the facility. An LPN must be in the facility whenever an RN is not present.
- Minimum training requirements:
 - 10 of 12 CEUs directly related to ESF residents; additional 12 hours of quarterly training required for any facility employee related to ESF residents.
 - Mandatory annual pharmacological training by a licensed pharmacist for all staff.
 - All staff trained by a certified trainer on Therapeutic Options or Crisis Prevention and Intervention before working on the floor.
 - All staff must have specialty trainings before being allowed to work on the floor.
 - All homecare aides and nurse aides must be fully trained and certified before working on the floor.
 - Unlike other long term care residential settings which have 120 days after hire for aides to obtain training, ESFs hire and pay prospective workers while they are in training, even though the worker cannot provide any resident care and does not count in the mandatory staffing ratios.

Long Term Care Supports for Difficult to Discharge Hospital Patients

() \$6,351,000 of the general fund—state appropriation for fiscal year 2024, \$6,354,000 of the general fund—state appropriation for fiscal year 2025, and \$12,703,000 of the general fund—federal are provided solely to support providers that are ready to accept patients who are in acute care beds and no longer require inpatient care, but cannot transition to appropriate post-acute care settings, generally referred to as difficult to discharge hospital patients. The department shall broaden the current discharge and referral case management practices for difficult to discharge patients with behaviors waiting in acute care hospitals to include referrals to all long term care behavioral health settings including Enhanced Service Facilities (ESF), Enhanced Adult Residential Care (EARCs), and EARCs with Community Stability Supports (CSS) contracts or Community Behavioral Health Support (CBHS) Services including: 1) Supportive Supervision and Oversight, and 2) Skills Development and Restoration. These home and community-based providers are contracted to provide various levels of personal care, nursing, and behavior supports for difficult to discharge patients with significant behavior support needs. Patients ready to discharge from acute care hospitals with diagnosed behaviors or behavior history, and a likelihood of unsuccessful placement in other licensed long-term care facilities, a history of rejected applications for admissions, or a history of unsuccessful placements shall be fully eligible for referral to available beds in ESFs or EARCs with contracts that adequately meet the patient's long term care needs. Previous or current detainment under the Involuntary Treatment Act shall not be a requirement for individuals in acute care hospitals to be eligible for these specialized settings. The department shall develop a standard process for acute care hospitals to refer patients to DSHS for placement in ESFs and EARCs with contracts to provide behavior support. Funding is provided for the following specialty and ESF rates to recognize higher staffing ratios or specialty staffing and care needs:

- (i) The Enhanced Behavior Services (ESB) Plus and ESB Respite rates for skilled nursing facilities shall be converted to \$175 per patient per day add-on in addition to daily base rates to recognize additional staffing and care needs for patients with behaviors.
- (ii) ESB Plus with Specialized Services rates for skilled nursing facilities shall be converted to \$235 per patient per day add-on on top of daily base rates.
- (iii) The ventilator rate add-on for all skilled nursing facilities shall be \$192 per patient per day.
- (iv) The tracheotomy rate add-on for all skilled nursing facilities shall be \$123 per patient per day.
- (v) A Traumatic Brain Injury (TBI) rate add-on is established at \$200 per patient per day. Total expenditures for this rate are not to exceed \$2,920,000 general fund-state and \$2,920,000 general fund- federal over the biennium.
- (vi) Beginning July 1, 2023, the daily rate for Enhanced Services Facilities shall be \$591.50 per patient per day. The department shall conduct a stakeholder workgroup with an ESF advocacy organization and two providers to design and propose a Medicaid payment methodology based on staffing and service requirements for ESFs. The stakeholder workgroup shall make recommendations by December 1, 2023, to appropriate legislative committees for ESF rates beginning July 1, 2024.

Additional Information:

This matches the DSHS agency request for Nursing Facility specialty rates and Enhanced Services Facility rates found in DP-PL-SB Medicaid Provider Rates. The Governor's budget also funded these rates. Patients should not be stuck in hospitals. The weekly average of individuals referred to DSHS who remain hospitalized for more than 60 days beyond acute care is 24 percent of the total hospitalized caseloads. Long term care providers who specialize in behaviors report available capacity. This proviso addresses barriers to hospital discharge to these settings and sets incentive rates for specialized services in SNFs. A workgroup is established to develop a payment methodology for ESFs.