

Concise Explanatory Statement

Summary of comments and agency responses regarding acute care and psychiatric hospital fee proposed rules filed under WSR 24-11-118 impacting WAC 246-320-199 and 246-322-990.

General Comments and Recommendations

Citation	Comments	Agency Response
WAC 246-320-199 and 246-322-990	Limit costs, find efficiencies, and adjust fees later if the projected costs occur. Review the fees next year to see if the projected complaint costs occur.	Detailed cost drivers were created and shared as part of the process detailing the prior, current, and projected state of the finances related to each impacted facility. These cost drivers are generated based on the requirements of RCW 43.70.110 and 43.70.250 stating that the costs of the licensed program must be fully borne by the facilities and fund the activity or class of activities which may include inspection costs. Part of this rules process is to examine the impacts on fiscal stability and set fees as low as possible to still cover the requirements. The fiscal projections show a deficit that must be resolved. No changes were made to the proposed fee amounts based on these comments. The department will continue to monitor the finances for the acute care and psychiatric hospital licensing programs and propose fee adjustments as needed.
WAC 246-320-199 and 246-322-990	Find efficiency and cost saving among FTEs. Keep staffing to a minimum and only hire staff for current work. Remove any anticipatory hiring costs from the fee amount. The position of Epidemiologist should not be funded in licensing	The Office of Financial Management requires agencies to maintain a reasonable working capital reserve in state accounts to cover the fluctuations in cash flow. The cash reserves are required to protect against fluctuations. Staffing updates will place resources where current demands exist as well as provide quality ongoing service. Included in those

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	fees to provide patient safety work.	services is proactive work to guide resources to where they have the greatest impact. Data informed decision-making and state-wide quality improvement efforts require staff to gather, access, track and interpret data. No changes were made based on these comments. The department will continue to monitor the acute care and psychiatric hospital licensing programs and propose fee adjustments as needed.
WAC 246-320-199	Mixed responses about whether Critical Access Hospitals (CAH) should have a reduced rate. • CAHs benefit from reimbursements from Medicare and Medicaid • Some independent rural hospitals are not included with the CAHs. • Rural hospitals have fewer options for controlling expenses.	Access and equity are central elements to the department's transformational plan and a key focus in the healthcare delivery system. To support access and equity in care, especially for Washington's rural communities, the lower rate for CAHs was retained. The department will continue to monitor the finances for the acute care hospital licensing program and propose fee adjustments as needed. Feedback is welcome on how this update impacts hospitals and whether there are any unintended results from this action.