

# HOUSE BILL REPORT

## HB 1226

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**As Reported by House Committee On:**  
Human Services  
Health & Human Services Appropriations

**Title:** An act relating to intensive behavior support services for children with developmental disabilities.

**Brief Description:** Establishing intensive behavior support services.

**Sponsors:** Representatives Dickerson, Roberts, Walsh, Kagi and Kenney; by request of Department of Social and Health Services.

**Brief History:**

**Committee Activity:**

Human Services: 1/29/09, 2/2/09 [DPS];

Health & Human Services Appropriations: 2/25/09 [DPS(HS)].

**Brief Summary of Substitute Bill**

- Creates a program to provide services for children with developmental disabilities who exhibit intense behaviors.

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### HOUSE COMMITTEE ON HUMAN SERVICES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Dickerson, Chair; Orwall, Vice Chair; Dammeier, Ranking Minority Member; Green, Klippert, Morrell, O'Brien and Walsh.

**Staff:** Linda Merelle (786-7092)

**Background:**

The Division of Developmental Disabilities (DDD) offers several programs and services for children with developmental disabilities and their families. Some examples include the Individual and Family Services Program which supports families while they are caring for a family member with a developmental disability in their home. The program provides

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families with some of the support services necessary to keep eligible children at home with parents or relatives, including:

- respite care;
- therapies;
- home and motor vehicle modifications;
- specialized nutrition and clothing;
- transportation;
- training;
- behavior management;
- education; and
- recreational opportunities.

Residential services are insufficient for children with the most extreme behaviors. Families who no longer have the ability to care for children with developmental disabilities and such behavior increasingly seek to place such children in a facility outside of the home.

The 2008 Legislature authorized a new waiver to be administered by the DDD, directing the Department of Health and Social Services (DSHS) to submit a waiver application and to implement a program for services. This authorization was made in the form of a budget proviso, rather than a bill.

Under the federal Medicaid statute, Title XIX, a person with a developmental disability has an entitlement to be placed in a Residential Habilitation Center (RHC). A person with a developmental disability, or their representative, may waive the right to be placed in an RHC and choose to receive services in the community instead. Washington has four waiver programs to provide services for individuals in the community: (1) Basic, (2) Basic Plus, (3) Core, and (4) Community Protection. The new waiver for intensive behavior services has been applied for, but has not yet been approved by the federal government.

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### **Summary of Substitute Bill:**

The Intensive Behavior Support Program (Program), previously authorized by the 2008 Legislature, is codified into statute. To the extent that funding is appropriated, intensive behavior support services may be provided by the DSHS directly or by contract to children who have developmental disabilities and their families. The DSHS shall be the lead administrative agency for children's intensive behavior support services and shall:

- collaborate with appropriate parties to develop and implement the Program within the DDD;
- use best practices and evidence-based practices;
- provide coordination and planning for the implementation and expansion of intensive in-home services;
- contract for the provision of intensive in-home services;
- monitor and evaluate services to determine whether the Program meets standards identified in the service contracts;
- collect data regarding the number of families serviced and the costs and outcomes of the Program;

- adopt appropriate rules to implement the Program;
- license out-of-home respite placements on a timely basis; and
- maintain an appropriate staff-to-client ratio.

### Eligibility.

A person is eligible for intensive behavior support services if:

- he or she is under the age of 21;
- has a developmental disability and has been determined to be eligible for services as a result of the developmental disability and meets the eligibility requirements for a home and community-based care waiver;
- an assessment by the DDD indicates that the child/family acuity scores are substantially high enough to indicate a significant risk that an out-of-home placement may be required as a result of the child's behavior;
- the child resides in his or her family home or is temporarily in an out-of-home placement with a plan to return home;
- the family demonstrates the ability and willingness to fully participate in the Program and complete the care and support steps outlined in the completed individual support plan; and
- the family is not subject to an unresolved child protective services referral.

### Services Provided.

The intensive behavior support services shall be designed to enhance the child's and parent's skills to manage behaviors, increase family and person self-sufficiency, improve functioning of the family, reduce stress on children and families, and assist the family in locating and using other community services. These services are required to be provided through a core team of highly trained individuals, either directly or by contract. The core team shall have the following characteristics and responsibilities:

- expertise in behavior management, therapies, and children's crisis intervention;
- ability to coordinate the services and support needed to stabilize the family;
- ability to conduct transition planning as an individual and the individual's family leave the Program; and
- ability to authorize or coordinate the services in the family's home and other environments, such as schools and neighborhoods.

The Intensive Behavior Support Program would provide the following services:

- behavior management and consultation;
- environmental adaptations;
- motor vehicle adaptations;
- therapy equipment and supplies;
- in-home personal care;
- specialized diet goods and services;
- in-home respite and planned out-of-home respite;
- intensive training to intervene effectively with the child for families and other individuals and partners working with the child; and
- coordination and planning.

### **Substitute Bill Compared to Original Bill:**

Out-of-home services as well as in-home services may be provided on the intensive behaviors waiver. A child or family acuity score need only be "high enough" rather than "substantially high enough." A family need only agree to participate in the waiver services rather than "demonstrate an ability and willingness to fully participate." The core team must have both the ability to authorize and coordinate services in the home and other environments rather than have the ability to do one or the other. Therapy, equipment, and supplies are included in the services under this program rather than "therapy equipment." Personal care is allowed regardless of whether it is in-home or out-of-home.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

### **Staff Summary of Public Testimony:**

(In support) There are five or six states that have waivers for children with developmental disabilities who have behavioral needs. Most families want to take care of their own children in their home. This bill puts something in place that has not been there. In some circumstances, because of behaviors, the child is no longer in the home, not because the parents don't want him or her there but because the parents can no longer have the child at home.

(Opposed) None.

**Persons Testifying:** Representative Dickerson, prime sponsor; Linda Rolfe, Division of Developmental Disabilities, Department of Social and Health Services; Donna Patrick, Developmental Disabilities Council; Seth Dawson, Little Red Schoolhouse, Rehabilitation Enterprises of Washington, and Partnership 2020; and Dawn Sidell.

**Persons Signed In To Testify But Not Testifying:** None.

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## **HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS**

**Majority Report:** The substitute bill by Committee on Human Services be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Pettigrew, Chair; Seaquist, Vice Chair; Schmick, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Appleton, Cody, Dickerson, Ericksen, Johnson, Miloscia, Morrell, O'Brien, Roberts, Walsh and Wood.

**Staff:** Trista Zugel (786-7157)

**Summary of Recommendation of Committee On Health & Human Services  
Appropriations Compared to Recommendation of Committee On Human Services:**

No new changes were recommended.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) This bill will enable the Department of Social and Health Services (Department) to support children with severe behavioral challenges. The Department will be able to work with school districts and families to ensure that a child's needs are met in the home. This will help families manage these behaviors in the home and hopefully avoid institutionalization.

(Opposed) None.

**Persons Testifying:** Representative Dickerson, prime sponsor; Linda Rolfe, Division of Developmental Disabilities, Department of Social and Health Services; and Donna Patrick, Developmental Disabilities Council.

**Persons Signed In To Testify But Not Testifying:** None.