

# SENATE BILL REPORT

## SHB 1527

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As Reported by Senate Committee On:  
Health Care, March 28, 2013

**Title:** An act relating to services for people with developmental disabilities.

**Brief Description:** Concerning residential habilitation center residents' transition to the community.

**Sponsors:** House Committee on Early Learning & Human Services (originally sponsored by Representatives Appleton, Green and Johnson).

**Brief History:** Passed House: 3/11/13, 83-14; 3/11/13, 81-14.

**Committee Activity:** Health Care: 3/25/13, 3/28/13 [DPA].

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass as amended.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Keiser, Ranking Member; Bailey, Cleveland, Ericksen, Parlette and Schlicher.

**Staff:** Kathleen Buchli (786-7488)

**Background:** In 2011, the Legislature passed 2SSB 5459, which established the Developmental Disabilities Service System Task Force (Task Force). As part of its duties, the Task Force was required to make recommendations on: developing a system of services for persons with developmental disabilities; the state's long-term needs for residential habilitation center (RHC) capacity, including the benefits and disadvantages of maintaining one RHC in eastern Washington and one RHC in western Washington; a plan for efficient consolidation of institutional capacity, including whether one or more RHCs should be downsized or closed, and if so, a timeframe for closure; mechanisms through which savings that result from the downsizing, consolidation, or closure of RHC capacity can be used to create additional community-based capacity; strategies for the use of surplus property that results from the closure of one or more centers; and strategies for reframing the mission of the Yakima Valley School that consider the opportunity to provide medical services to other clients served by the Department of Social and Health Services (DSHS) and the creation of a treatment team consisting of crisis stabilization and respite services to those individuals with developmental disabilities in the surrounding community.

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The Governor vetoed parts of 2SSB 5459. One of these vetoed sections addressed transitioning persons from RHCs to the community. In her veto message, former Governor Gregoire expressed concerns that a portion of this section could be interpreted to mandate that DSHS provide new transportation services and other supports to assist family and friends in maintaining regular contact with residents who moved out of an RHC, and that this requirement would result in unanticipated fiscal impacts.

On January 9, 2013, the Task Force submitted its recommendations to the Legislature. Among those recommendations was to address the vetoed section and ensure that persons transitioning to the community are provided the level of care that meets the individuals' assessed needs, as well as establish a right of return. The proposal discussed by the Task Force did not include language on transportation services that was mentioned in the former Governor's veto message.

**Summary of Bill (Recommended Amendments):** Within 30 days of admission to an RHC, DSHS must ensure that each resident's individual habilitation plan includes a plan for discharge to the community. DSHS must use a person-centered approach in developing the discharge plan and this must include the following: providing a choice of community living options and providers, including offering to place residents on the appropriate home and community-based waiver; providing residents with the opportunity to visit state-operated living alternatives and supported living options in the community, conducted with the consent of the residents of these facilities; offering residents a right of return to an RHC for two years following their move; and addressing services in addition to those that will be provided by providers of residential services which are necessary to address the resident's assessed needs.

Before discharge from an RHC, clients must continue to receive services for which they have an assessed need. DSHS must address funding of these services including maximizing federal funding for transitioning clients and using savings achieved through efficiencies to extend services to people with developmental disabilities who are currently receiving limited or no services. DSHS must employ the quality assurance process currently in use to monitor the adjustment of each resident who leaves an RHC.

Beginning November 1, 2013, and annually until 2018, DSHS must submit information to the Legislature regarding the first two years of a person's transition to the community. This review must include client and guardian satisfaction, stability of placement, safety and health outcomes, types of services received by clients who transitioned to the community, and accessibility of former residents to family.

**EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Amendments):** Residents of an RHC are provided a right of return to an RHC, rather than an intermediate care facility, for two years after transitioning to the community.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony on Substitute House Bill:** PRO: RHC is a state designation and those using an intermediate care facility have a right to return to RHCs under federal law. It is not clear how to change that language in the bill to address concerns about the use of the intermediate care facility in the right to return provision. We are in support of the bill as worded and are interested in other changes needed to help it along.

OTHER: These safety net components were vetoed in past legislation. These provisions re-instate those safety nets. Some things were omitted from the current version of the bill. We would like hospice care to be added to the provisions that must be considered as part of the services provided to the client. We would like the right of return re-instated to RHCs, and not limited to intermediate care facilities. RHCs also include nursing facilities, and not using this term would limit residents' rights to return to such facilities.

**Persons Testifying:** PRO: David Lord, Disability Rights WA.

OTHER: Rick Jensen, Action DD; Terri Anderson, VOR.