

FINAL BILL REPORT

SSB 6387

C 139 L 14
Synopsis as Enacted

Brief Description: Concerning individuals with developmental disabilities who have requested a service from a program that is already at capacity.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Hill, Hargrove, Ranker, Fain, Braun, Tom, Dammeier, Parlette, Becker, Schoesler, Hewitt, Bailey, King, Angel, Roach, Keiser, Litzow, Kohl-Welles, O'Ban, Conway and Benton).

Senate Committee on Health Care
Senate Committee on Ways & Means
House Committee on Early Learning & Human Services
House Committee on Appropriations

Background: The Developmental Disabilities Administration (DDA) within the Department of Social and Health Services (DSHS) serves clients in a variety of community and institutional settings. The level of support needed by DDA clients to assist them in their daily lives and help them participate in the community varies greatly across individuals. Some clients who have exceptional care and treatment needs receive care in state-run Residential Habilitation Centers (RHCs). Others may receive services through residential programs in community living situations, or receive services in their own homes. Services are offered under waivers; Home and Community Based Waiver services are a capped program and are only provided to individuals based on available funding. A number of individuals meet the statutory definition of having a developmental disability, have requested a service, and are waiting for an available slot.

On July 31, 2013, the State Auditor's Office released its Performance Audit of the DDA within DSHS. The Performance Audit found that over 20,500 individuals with developmental disabilities receive services from the state while an additional 15,100 who meet financial and physical eligibility requirements do not currently receive any services. The Performance Audit determined that this is "due in part to policy choices the state has made about the services it offers combined with insufficient funding to meet the demand for services." The Performance Audit recommended that the Legislature set policy and develop strategies to use cost-effective service options such as: (1) reducing the number of RHCs; (2) expanding crisis stabilization and emergency respite services in the community; and (3) providing resources to build peer support networks in the community to aid clients and their families with transportation, respite, and day activities. The Performance Audit also

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recommended that the Legislature set targets to reduce the waitlist and prioritize the people waiting for services by their needs.

Summary: DSHS must establish and maintain a service request list for individuals who are found to be eligible and have an assessed and unmet need for services offered under a home and community-based services waiver, but funding is not available to provide that service. Services must be prioritized for Medicaid-eligible clients and made available to non-Medicaid eligible clients based on available funding.

DSHS must develop and implement a Medicaid program to replace the Individual and Family Services program for Medicaid-eligible clients beginning May 1, 2015. The new Medicaid program must offer services that resemble the services offered through the Individual and Family Services program. To the extent possible, DSHS must expand the client caseload on the Medicaid program replacing the Individual and Family Services program. General Fund-State dollars previously provided for the Individual and Family Services program may be used to cover the costs of increasing the number of clients served.

By June 30, 2017, if additional federal funds through the Community First Choice Option are attained, then DSHS must increase the number served on the Medicaid program replacing the Individual and Family Services program by at least 4000 and increase the clients receiving services on the Home and Community Based Services Basic Plus Waiver by at least 1000.

The certification exemption for individual providers who provide 20 hours or less of care for one person in any calendar month is extended from July 1, 2014, to July 1, 2016. A certification exemption for individual providers who only provide respite service and work less than 300 hours in a calendar year is created through July 1, 2016.

Votes on Final Passage:

Senate	49	0	
House	93	4	(House amended)
Senate	48	0	(Senate concurred)

Effective: June 12, 2014