

E2SSB 5483 - H COMM AMD

By Committee on Human Services & Early Learning

NOT CONSIDERED 12/23/2019

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that:

4 (1) The office of the developmental disabilities ombuds is a
5 private, independent office that protects the interests of persons
6 with developmental disabilities in Washington state. It is the duty
7 of the developmental disabilities ombuds to monitor procedures and
8 services provided to people with developmental disabilities; review
9 state-licensed facilities and residences where services are provided;
10 resolve complaints about services; and issue reports on the services
11 provided.

12 (2) The office of the developmental disabilities ombuds has
13 identified a systemic issue of adults with developmental disabilities
14 in hospitals without any medical need because there is no alternative
15 setting available to discharge the individual.

16 (3) Many of the individuals that are unable to discharge from the
17 hospital are clients of the developmental disabilities administration
18 of the department of social and health services. In some cases, these
19 clients were receiving residential services and went to the hospital
20 for a medical condition, but when the client was ready for discharge,
21 their residential services provider had terminated services. Other
22 clients were dropped off at the hospital by their residential service
23 provider because the residential service provider could no longer
24 manage the client's care.

25 (4) It is not in the public or the clients' interests for
26 hospitals to be used for clients that do not have medical needs.
27 Further, changes should be made to the developmental disabilities
28 administration's service delivery system to ensure clients have
29 access to services that keep them in the community and prevent
30 inappropriate hospital stays.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 71A.12

2 RCW to read as follows:

3 (1) Within existing resources, the department shall track and
4 monitor the following items and make the deidentified information
5 available to the office of the developmental disabilities ombuds
6 created in RCW 43.382.005, the legislature, the Washington state
7 hospital association, and the public upon request:

8 (a) Information about clients receiving services from a provider
9 that are admitted to a hospital. This includes:

10 (i) The number of clients that are admitted to a hospital without
11 a medical need;

12 (ii) The number of clients that are admitted to a hospital with a
13 medical need, but are unable to discharge once the medical need is
14 met;

15 (iii) Each client's length of hospital stay for nonmedical
16 purposes;

17 (iv) The reason each client was unable to be discharged from a
18 hospital once the client's medical need was met;

19 (v) The location, including the type of provider, where each
20 client was before being admitted to a hospital; and

21 (vi) The location where each client is discharged.

22 (b) Information about clients that are admitted to a hospital
23 once their provider terminates services. This includes:

24 (i) The number of clients that are admitted to a hospital without
25 a medical need;

26 (ii) The number of clients that are admitted to a hospital with a
27 medical need, but are unable to discharge once the medical need is
28 met;

29 (iii) Each client's length of hospital stay for nonmedical
30 purposes;

31 (iv) The reason each client was unable to be discharged from a
32 hospital once the client's medical need was met;

33 (v) For each client, the reason the provider terminated services;

34 (vi) The location, including the type of provider, where each
35 client was before being admitted to a hospital; and

36 (vii) The location where each client is discharged.

37 (2) A provider must notify the department when a client is
38 admitted to a hospital without a medical need, or with a medical need
39 but is unable to discharge once the medical need is met, so that the

1 department may track and collect data as required under subsection
2 (1) of this section.

3 (3) A provider must notify the department before terminating
4 services on the basis that the provider is unable to manage the
5 client's care. Prior to a provider terminating services to a client
6 because the provider is unable to manage the client's care, and
7 subject to the availability of amounts appropriated for this specific
8 purpose, the department shall offer crisis stabilization services to
9 support the provider and the client in the client's current setting.
10 The department is not required to provide crisis stabilization
11 services to clients who are hospitalized.

12 (4) In the event that the provider is unable to manage the
13 client's care after crisis stabilization services are offered, the
14 provider may terminate services and, subject to the availability of
15 amounts appropriated for this specific purpose, the department shall:

16 (a) Transition the client to another provider that meets the
17 client's needs and preferences; or

18 (b) Transition the client to a residential habilitation center
19 for short-term crisis stabilization services if that setting meets
20 the client's needs and preferences until an alternative provider is
21 determined.

22 (5) The department shall be responsible for frequently and
23 appropriately communicating with a hospital that is caring for a
24 client without a medical need, and providing frequent updates on
25 transitioning the client to a more appropriate setting.

26 (6) Subject to the availability of amounts appropriated for this
27 specific purpose, the health care authority shall hire or contract
28 with specialists in developmental disabilities to participate in
29 behavioral health crisis teams. One of the specialists required under
30 this subsection must be located east of the crest of the Cascade
31 mountain range. The specialists required under this subsection must
32 work with hospitals to create response and diversion services.

33 (7) This section may not be construed to create a private right
34 of action.

35 (8) The definitions in this subsection apply throughout this
36 section unless the context clearly requires otherwise.

37 (a) "Administration" means the developmental disabilities
38 administration of the department of social and health services.

39 (b) "Crisis stabilization services" has the same meaning as
40 defined in RCW 71A.10.020.

1 (c) "Hospital" means a facility licensed under chapter 70.41 or
2 71.12 RCW.

3 (d) "Provider" means a certified residential services and support
4 program that contracts with the administration to provide services to
5 administration clients. "Provider" also includes the state-operated
6 living alternatives program operated by the administration."

7 Correct the title.

EFFECT: Makes the following changes to the underlying bill:

(1) Specifies that the office of the developmental disabilities ombuds is a private, independent office that protects the interests of persons with developmental disabilities with the duty to review state-licensed facilities and residences where services are provided, among others.

(2) Specifies that changes should be made to the developmental disability administration's service delivery system instead of stating that those changes must be made.

(3) Replaces the term "taken" with the term "admitted" related to the hospitalization of clients throughout the bill.

(4) Specifies that the Department of Social and Health Services (DSHS) is not required to provide crisis stabilization services to clients who are hospitalized.

(5) Specifies that the transition of a client to a residential habilitation center is for short-term crisis stabilization services if that setting meets the client's needs and preferences.

(6) Specifies that providers must notify the DSHS when clients are taken to a hospital without a medical need, or with a medical need but unable to discharge once the medical need is met.

(7) Removes the requirement that the DSHS coordinate providing psychological and rehabilitative services for clients being cared for at a hospital without a medical need.

(8) Removes the requirement that the DSHS coordinate with the appropriate state agencies to reimburse hospitals caring for certain clients.

(9) Requires that the Health Care Authority hire or contract with specialists in developmental disabilities to participate in behavioral health crisis teams subject to the availability of amounts appropriated for this specific purpose.

(10) Removes the emergency clause.

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