

HOUSE BILL REPORT

E2SSB 5483

As Reported by House Committee On:
Human Services & Early Learning

Title: An act relating to improving services for individuals with developmental disabilities.

Brief Description: Improving services for individuals with developmental disabilities.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Braun, Keiser, Palumbo, Sheldon, Becker, Short, Wilson, C., Hunt, Kuderer and Darneille).

Brief History:

Committee Activity:

Human Services & Early Learning: 3/27/19, 4/2/19 [DPA].

**Brief Summary of Engrossed Second Substitute Bill
(As Amended by Committee)**

- Requires the Department of Social and Health Services (DSHS) to offer crisis stabilization services to support the provider and the client in the client's current setting before a provider terminates services because the provider is unable to manage the client's care, subject to funding appropriated.
- Requires the DSHS to transition the client to another provider or transition the client to a residential habilitation center for short-term crisis stabilization services if those settings meet the client's needs and preferences until an alternative provider is determined in the event that a provider is unable to manage the client's care after crisis stabilization services are offered.
- Requires the Health Care Authority to hire or contract with specialists in developmental disabilities to participate in behavioral health crisis teams, subject to the availability of funding for that purpose.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: Do pass as amended. Signed by 11 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Eslick, Assistant Ranking Minority Member; Corry, Goodman, Griffey, Kilduff, Klippert, Lovick and Ortiz-Self.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Minority Report: Without recommendation. Signed by 1 member: Representative McCaslin, Assistant Ranking Minority Member.

Staff: Luke Wickham (786-7146).

Background:

Developmental Disabilities Administration.

The Department of Social and Health Services (DSHS) Developmental Disability Administration (DDA) assists individuals with developmental disabilities and their families to obtain services and support based on individual preferences, capabilities, and needs. The DDA clients live in residential habilitation centers (RHCs), an institutional setting, as well as in the community.

Eligibility for DDA services hinges on whether the client has a qualified developmental disability, has a functional need, and meets certain income and asset standards.

The services provided to clients are designed to promote everyday activities, routines, and relationships common to most citizens, and they include employment services and community access services, which are contracted with counties.

Office of the Developmental Disabilities Ombuds.

Disability Rights Washington contracts with the Department of Commerce (COM) to carry out the duties of the Office of the Developmental Disabilities Ombuds (Ombuds). The duties of the Ombuds include:

- providing information on the rights and responsibilities of persons receiving DDA services or other state services, and on the procedures for providing these services;
- investigating, upon its own initiative or upon receipt of a complaint, an administrative act related to a person with developmental disabilities alleged to be contrary to law, rule, or policy, imposed without an adequate statement of reason, or based on irrelevant, immaterial, or erroneous grounds;
- monitoring the procedures as established, implemented, and practiced by the DSHS to carry out its responsibilities in the delivery of services to a person with developmental disabilities, with a view toward appropriate preservation of families and ensuring health and safety;
- periodically reviewing the facilities and procedures of state institutions which serve persons with developmental disabilities and state-licensed facilities or residences;
- recommending changes in the procedures for addressing the needs of persons with developmental disabilities;
- submitting an annual report to the Governor and the Legislature;
- establishing procedures to protect the confidentiality of records and sensitive information to ensure that the identity of any complainant or person with developmental disabilities will not be disclosed without the written consent of the complainant or person, or upon court order;
- maintaining independence and authority within the bounds of the duties, insofar as this independence and authority is exercised in good faith and within the scope of contract; and
- carrying out such other activities as determined by the COM.

"Stuck in Hospitals" Report.

The Ombuds published a report in December 2018 regarding adults with developmental disabilities stuck in hospitals without any medical need. Many of these individuals were DDA clients who had been receiving residential services. The report included stories from hospital employees and hospitalized individuals.

The report includes policy recommendations related to the hospitalization without medical need of individuals with developmental disabilities.

Summary of Amended Bill:

The DSHS must track and monitor the following items, within existing resources, and make certain deidentified information available to the Ombuds, the Legislature, the Washington State Hospital Association, and the public upon request, about a client who is admitted to a hospital:

- and receiving services from a provider; and
- once the provider terminates services.

A provider must notify the DSHS when a client is admitted to a hospital without a medical need, or with a medical need but unable to discharge once the medical need is met, so that the DSHS may track and collect information.

A provider must notify the DSHS before terminating services on the basis that the provider is unable to manage the client's care. Before the provider terminates services in this circumstance, the DSHS must offer crisis stabilization services to support the provider and the client in the client's current setting, subject to funding appropriated. The DSHS is not required to provide crisis stabilization services to clients who are hospitalized.

In the event that a provider is unable to manage the client's care after crisis stabilization services are offered, the provider may terminate services, and subject to funding appropriated, the DSHS must:

- transition the client to another provider; or
- transition the client to an RHC for short-term crisis stabilization services if that setting meets the client's needs and preferences until an alternative provider is determined.

The DSHS is responsible for frequently and appropriately communicating with a hospital that is caring for a client without a medical need and providing frequent updates on transitioning the client to a more appropriate setting.

The Health Care Authority (HCA) must hire or contract with specialists in developmental disabilities to participate in behavioral health crisis teams, subject to the availability of funding for that purpose.

Amended Bill Compared to Engrossed Second Substitute Bill:

The amended bill specifies that the 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. The amended bill also specifies that changes should be made to the DDA's service delivery system instead of stating that those changes must be made.

The amended bill replaces the term "taken" with the term "admitted" related to the hospitalization of clients throughout the bill.

The amended bill specifies that the DSHS is not required to provide crisis stabilization services to clients who are hospitalized.

The amended bill specifies that the transition of a client to an RHC is for short-term crisis stabilization services if that setting meets the client's needs and preferences.

The amended bill specifies that providers must notify the DSHS when clients are admitted to a hospital without a medical need, or with a medical need but unable to discharge once the medical need is met.

The amended bill removes the requirement that the DSHS coordinate providing psychological and habilitative services for clients being cared for at a hospital without a medical need. The amended bill also removes the requirement that the DSHS coordinate with the appropriate state agencies to reimburse hospitals caring for certain clients.

The amended bill requires that the HCA 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.

The amended bill removes the emergency clause.

Appropriation: None.

Fiscal Note: Requested on April 2, 2019.

Effective Date of Amended 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) Individuals should not languish in hospitals. There are 16 to 20 beds available at Yakima Valley School that could be used for crisis stabilization beds if there were employees available to staff those beds.

There are a lot of services needed for this population, and it will be expensive.

In the last 12 months, there were 26 unique individuals who spent 2,818 days in one hospital system in the state without a medical need for hospitalization. Five hundred and sixty-three medically sick people could not be in those beds because those beds were taken. Individuals do not receive the appropriate services while in this setting and often either act out or decline during hospital stays.

The hospitalization of individuals with developmental disabilities happens across age ranges. Often these individuals are there because no other placement is available. There has been a sharp increase in these placements over the last few years.

The data collection required by this bill will increase our knowledge of why individuals end up in the hospital and why they are unable to leave.

Hospitals have an obligation to take anyone, unlike other systems.

The DDA is tracking some of this information, but the information could be more detailed. It is necessary for the state to track the number of days that individuals remain in the hospital and the settings that individuals transition into.

An effort needs to be made to prevent these hospitalizations.

The DDA can get the information required by the bill from providers, but not from family members, so the DDA may not be able to track everyone who is receiving services from the DDA who were taken to a hospital without a medical need. It is also impossible to track individuals with developmental disabilities who are not receiving services from the DDA.

Families do not want to have to drive to Yakima Valley for crisis stabilization services.

The bill language specifying clients who are "taken" to the hospital should be changed to clients who are "admitted" to the hospital.

(Opposed) None.

Persons Testifying: Senator Braun, prime sponsor; Matt Zuvich, Washington Federation of State Employees; Kim Cummins, MultiCare Health System; Lynnette Gregory, Providence St. Peter Hospital; Zosia Stanley, Washington State Hospital Association; Noah Seidel, Office of Developmental Disabilities Ombuds; Diana Stadden, The Arc Of Washington State; and Melissa Johnson, Community Residential Services Association.

Persons Signed In To Testify But Not Testifying: None.