

HOUSE BILL REPORT

ESSB 5536

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

Title: An act relating to intermediate care facilities for individuals with intellectual disability.

Brief Description: Concerning intermediate care facilities for individuals with intellectual disability.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Braun, Keiser, Darneille and Honeyford).

Brief History:

Committee Activity:

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

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

- Requires the Department of Social and Health Services (DSHS) to assess all residents receiving services from an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) to determine if the resident is benefiting from active treatment by January 1, 2020, and reassess residents according to a frequency identified after partnering with stakeholders.
- Requires the DSHS to work with the resident on transitioning to an alternative setting that more appropriately meets the resident's needs if the assessment determines that the resident is no longer benefiting from active treatment provided by the ICF/ID.
- Requires the DSHS to develop a plan to expand supported living and state-operated living alternatives to ensure residents of residential habilitation centers can transition to these settings when necessary.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: Do pass as amended. Signed by 12 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Eslick, Assistant Ranking Minority Member;

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.

McCaslin, Assistant Ranking Minority Member; Corry, Goodman, Griffey, Kilduff, Klippert, Lovick and Ortiz-Self.

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 depends 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.

Residential Habilitation Centers.

The DSHS operates four RHCs for individuals with developmental disabilities:

- The Fircrest RHC in Shoreline supports about 200 long-term residents and includes both a nursing facility and an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).
- The Lakeland Village in Medical Lake RHC supports about 150 long-term residents and includes both a nursing facility and an ICF/ID.
- The Rainier School RHC in Buckley supports about 250 long-term residents and includes an ICF/ID.
- The Yakima Valley School RHC supports about 50 long-term residents in a nursing facility and provides planned respite services and crisis stabilization stays.

The ICF/ID facilities are offered as an option to Medicaid recipients that meet the ICF/ID level of care criteria. In addition to meeting the level of care criteria, to be eligible for an ICF/ID, an individual's need for active treatment in an ICF/ID must arise from an intellectual disability. Federal law requires that ICF/ID services be provided to individuals needing and receiving active treatment services. Active treatment is a continuous, aggressive, and consistently implemented program of specialized and generic treatment, and health or related services directed toward helping the client function with as much self-determination and independence as possible. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

Nursing facilities provide 24-hour nursing care to aging individuals and individuals with developmental disabilities.

Supported Living Services.

Some clients of the DDA receive supported living services. These supported living services are provided to clients in the client's own home. Clients in group homes receive the same services as supported living, but live in a facility that is licensed as an assisted living facility or adult family home. The DDA contracts with supported living providers for this service, and may include support with engagement in community activities, self-advocacy, building relationships, finances, shopping, menu planning and cooking, medication management, medical appointments, personal hygiene, and daily living activities.

State-Operated Living Alternatives.

State-operated living alternatives (SOLAs) provide services 24 hours each day. The services provided in SOLAs include habilitation and other supports individuals need to live meaningful lives in the community. Clients served in the SOLA program have access to employment or community inclusion services. Individuals served by the SOLA program live in private residences with up to three housemates who share living expenses and staff support.

Summary of Amended Bill:

By January 1, 2020, the DSHS must assess all residents receiving services from an ICF/ID to determine if the resident is benefiting from active treatment. The DDA must partner with stakeholders to identify the frequency for reassessing residents and reassess residents according to the frequency identified. These assessments are subject to the availability of amounts appropriated for that purpose. "Active treatment" is defined as a continuous, aggressive, and consistently implemented program of specialized and generic training, treatment, and health or related services directed toward helping the client function with as much self-determination and independence as possible.

If the assessment determines that the resident is no longer benefiting from active treatment provided by the ICF/ID, the DSHS must work with the resident on transitioning to an alternative setting that more appropriately meets the resident's needs.

The DSHS must conduct these assessments within the DSHS's appropriations.

The DSHS must develop a plan to expand supported living and SOLAs to ensure residents of RHCs can transition to these settings when necessary.

Amended Bill Compared to Engrossed Substitute Bill:

The amended bill replaces the requirement that the DSHS reassess residents receiving services from an ICF/ID to determine if the resident is benefiting from the active treatment on a quarterly basis with a requirement that the DSHS partner with stakeholders to identify the appropriate frequency for reassessments and implement that frequency.

The amended bill states that the assessments required are subject to the availability of amounts appropriated for that purpose.

The amended bill requires that the plan required by the DSHS include the expansion of supported living and SOLAs, not just the expansion of SOLAs.

Appropriation: None.

Fiscal Note: Available. New 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) It is important to have an array of services available to individuals leaving RHCs. Supported living can be done right, and individuals can really enjoy that setting. There should be more supported living services and SOLAs.

(Opposed) None.

(Other) Language should be modified to indicate that supported living services should be expanded.

Persons Testifying: (In support) Senator Braun, prime sponsor; Noah Seidel, Office of Developmental Disabilities Ombuds; and Diana Stadden, The Arc Of Washington State.

(Other) Melissa Johnson, Community Residential Services Association.

Persons Signed In To Testify But Not Testifying: None.