

SENATE BILL REPORT

SB 5483

As of March 1, 2019

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

Brief Description: Improving services for individuals with developmental disabilities.

Sponsors: Senators Braun, Keiser, Palumbo, Sheldon, Becker, Short, Wilson, C., Hunt, Kuderer and Darneille.

Brief History:

Committee Activity: Health & Long Term Care: 2/06/19, 2/18/19 [DPS-WM].
Ways & Means: 2/26/19.

Brief Summary of First Substitute Bill

- Requires the Department of Social and Health Services (DSHS) to track and monitor client hospitalizations.
- Establishes requirements for transitioning Developmental Disabilities Administration (DDA) clients from service providers.
- Requires DSHS to reimburse hospitals that are caring for certain DDA clients without a medical need at the residential habilitation center daily rate.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5483 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Bailey, Becker, Conway, Dhingra, Frockt, Keiser, Rivers and Van De Wege.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Michele Alishahi (786-7433)

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.

Background: DDA is a subdivision of DSHS and administers a broad range of services and programs for individuals with developmental disabilities in Washington State. These services and programs may include case management, personal care, respite, employment, community engagement, crisis stabilization services, and residential supports. Residential supports include supported living and are provided to an individual living in their own home or living in a group home. If a service provider can no longer manage the client's care, they may terminate their contract with DDA to provide services for the client.

The state also operates four residential habilitation centers (RHCs) which are residential facilities for individuals with developmental disabilities. The RHCs operate as certified intermediate care facilities for the intellectually disabled or skilled nursing facilities or both.

Under current law, crisis stabilization services are provided to individuals with developmental disabilities who are experiencing behaviors that jeopardize the safety and stability of their current living situation. Crisis stabilization services include temporary intensive services and supports, typically not to exceed 60 days, to prevent psychiatric hospitalization, institutional placement, or other out-of-home placement; and services designed to stabilize the person and strengthen their current living situation so the person may continue to safely reside in the community during and beyond the crisis period.

In 2016, the Legislature created the Office of the Developmental Disabilities Ombuds (DD Ombuds) as a private independent office with the duty to monitor the services provided to people with developmental disabilities, and issue reports and recommendations about the services provided. In December 2018, the DD Ombuds released a report with recommendations to the Legislature about DDA clients, without any medical need, unable to be discharged from hospitals.

Summary of Bill (First Substitute): DSHS must track and monitor DDA clients taken to the hospital while receiving services from a residential provider, and DDA clients taken to the hospital once their residential provider terminates services. This includes the number of clients taken to hospitals without a medical need; the number of clients taken to hospitals with a medical need, but are unable to discharge once the medical need is met; the client's length of hospital stay for nonmedical purposes; the reason the client was unable to discharge from the hospital once their medical need was met; the location and provider type where each client was before being taken to the hospital; and the location where the client is discharged. DSHS must provide this deidentified information to the DD Ombuds, Legislature, the Washington State Hospital Association, and the public upon request.

Providers must notify DSHS when they take a client to the hospital, and providers must notify DSHS when they terminate a client's services because they can no longer manage the client's care. To the extent available, DSHS must provide crisis stabilization services to any residential provider needing to terminate a client's services because the residential provider is unable to manage the client's care. Once crisis stabilization services are provided and if the provider is still unable to manage the client's care, DSHS must transition the client to another residential provider that meets the client's needs and preferences; or transition the client to an RHC for crisis stabilization services until a residential provider is determined.

DSHS must reimburse a hospital caring for certain DDA clients without a medical need at the RHC daily rate, and coordinate providing psychological and habilitative services for the client. This only applies to DDA clients receiving services from a residential provider, or clients taken to the hospital once their residential provider terminated services.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Adds items to the data DSHS is required to collect which includes: the reason the client was unable to discharge from the hospital once their medical need was met, and the location and provider type where each client was before being taken to the hospital.
- Requires providers to notify DSHS if they are terminating services or if they take a client to the hospital.
- Specifies that only deidentified data collected by DSHS can be shared by DSHS.
- Adds the Washington State Hospital Association to the list of entities that can receive the data from DSHS.
- Requires DSHS to be responsible for frequently communicating with hospitals about the client's transition plan.
- Requires DDA to coordinate providing psychological and habilitative services to DDA clients in hospitals without a medical need.

Appropriation: None.

Fiscal Note: Requested on January 29, 2019.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: DDA clients being hospitalized without medical needs was an issue identified by the DD Ombuds, and this bill puts their recommendations into effect. It also provides a level of reimbursement for hospitals since many of them are caring for individuals and not being paid since these individuals don't have medical needs. DDA clients are stuck in hospitals for over 100 days which is not good for the client, the hospital staff or the community. Hospitals are not the appropriate place to be caring for individuals with developmental disabilities and can cause aggravate behaviors for the individual. Hospital staff are not trained to provide behavior supports or habilitative services to individuals with developmental disabilities, and when an individual with a nonmedical need is using a hospital bed it means that the bed is not available for other community members that have medical needs. The data collection piece of this bill is important since we don not know how big this issue is. There are additional data elements that should be included. The preventative pieces of the bill, like providing crisis stabilization services prior to hospitalization are helpful. There should be a short-term and long-term workgroup formed with advocates, DDA, and providers to determine how to address this issue. The community service providers do not have capacity

to meet the needs of DDA clients. There needs to be expanded community services, crisis diversion services, and more funding from the state to address this issue.

Persons Testifying (Health & Long Term Care): PRO: Senator John Braun, Prime Sponsor; Donna Patrick, Developmental Disabilities Council; Zosia Stanley, Washington Hospital State Association; Kim Cummins, MultiCare Health System; Matt Zuvich, Washington Federation of State Employees; Beth Leonard, Developmental Disabilities Ombuds.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): PRO: DDA clients are stuck in hospitals for over 100 days. This issue happens in our communities throughout the state, and it deserves our immediate attention. Hospitals are not being paid to take care of these patients, and more importantly, these patients are not in the right place to be cared for.

Persons Testifying (Ways & Means): PRO: Senator John Braun, Prime Sponsor; Lisa Thatcher, Washington State Hospital Association; Donna Patrick, Developmental Disabilities Council.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.