
SUBSTITUTE SENATE BILL 6419

State of Washington

66th Legislature

2020 Regular Session

By Senate Human Services, Reentry & Rehabilitation (originally sponsored by Senators Keiser, Braun, Rolfes, Randall, Rivers, Dhingra, Darneille, Wilson, C., Saldaña, and Salomon; by request of Office of the Governor)

READ FIRST TIME 02/06/20.

1 AN ACT Relating to implementation of the recommendations of the
2 December 2019 report from the William D. Ruckelshaus center regarding
3 residential habilitation center clients; creating new sections; and
4 providing an expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that the
7 recommendations in the December 2019 report, "Rethinking Intellectual
8 and Developmental Disability Policy to Empower Clients, Develop
9 Providers and Improve Services" are the product of deliberations
10 among a diverse and dedicated group of stakeholders facilitated by
11 the William D. Ruckelshaus center, and are critical to advancing the
12 continuum of care for individuals with developmental disabilities.

13 (2) The legislature intends to design a phased-in, multiyear
14 implementation plan based on the recommendations from the report with
15 the goals of reducing the risk of federal divestment from
16 Washington's intermediate care facilities and providing appropriate
17 care to clients of the developmental disabilities administration.

18 NEW SECTION. **Sec. 2.** (1) The developmental disabilities
19 administration within the department of social and health services
20 must develop a plan to implement the recommendations of the December

1 2019 report from the William D. Ruckelshaus center regarding
2 residential habilitation center clients. The administration also must
3 collaborate with the office of financial management to create a
4 financing plan to include as part of the recommendations for
5 implementation. A preliminary implementation plan must be included
6 within a report to the governor and the appropriate policy and fiscal
7 committees of the legislature no later than November 1, 2020. A final
8 implementation plan and report must be provided to the governor and
9 the appropriate policy and fiscal committees of the legislature no
10 later than September 1, 2021. The final plan and report must describe
11 the implementation plan, timeline, any recommended statutory changes,
12 and a financing plan and expected fiscal impacts of operationalizing
13 the recommendations.

14 (2) The legislature hereby creates a joint executive and
15 legislative task force to oversee the development of, and to approve,
16 the preliminary and final reports prior to submission. The members of
17 the task force must include:

18 (a) The governor or his or her designee;

19 (b) One member from each of the two largest caucuses in the
20 senate, appointed by the president of the senate;

21 (c) One member from each of the two largest caucuses in the house
22 of representatives, appointed by the speaker of the house; and

23 (d) The secretary of the department of social and health services
24 or his or her designee.

25 (3) The governor or his or her designee must convene and chair
26 the task force. The department of social and health services must
27 staff the task force.

28 (4) The task force must periodically meet with, provide updates
29 to, and solicit feedback from stakeholders. The task force may meet
30 with stakeholders collectively or individually, at the task force's
31 discretion. The stakeholders must include but are not limited to:

32 (a) The developmental disabilities council;

33 (b) The Arc of Washington;

34 (c) A representative of the organization designated to implement
35 the protection and advocacy program pursuant to RCW 71A.10.080;

36 (d) Family members or guardians of current residential
37 habilitation center residents, including members of the friends of
38 residential habilitation centers groups;

39 (e) Individuals with developmental disabilities, which may
40 include residents of the residential habilitation centers;

- 1 (f) The Washington federation of state employees;
- 2 (g) Developmental disability self-advocacy organizations; and
- 3 (h) The service employees international union 1199.

4 (5) The preliminary and final reports must advance the
5 recommendations of the Ruckelshaus report to design and implement a
6 modern, community-focused, person-centered, and individualized
7 service delivery system for individuals who reside in residential
8 habilitation centers, with an emphasis on investments in community
9 residential service options, including services and options for those
10 with complex behavioral needs. At a minimum, they must address the
11 following four guideposts from the December 2019 report, "Rethinking
12 Intellectual and Developmental Disability Policy to Empower Clients,
13 Develop Providers and Improve Services":

14 (a) Increasing the capabilities of community residential
15 services;

16 (b) Improving cross-system coordination;

17 (c) Investing in state-operated nursing facilities; and

18 (d) Redesigning intermediate care facilities to function as
19 short-term crisis stabilization and intervention facilities.

20 (6) In developing the implementation plan, the task force must
21 review and consider the following recommendations from the December
22 2019 report, "Rethinking Intellectual and Developmental Disability
23 Policy to Empower Clients, Develop Providers and Improve Services":

24 (a) Assess options to expand forecast-based maintenance level
25 funding adjustment for the developmental disabilities administration
26 waiver services. This includes developing and examining options to
27 more accurately project demand for developmental disabilities
28 administration waiver services in order to provide funding that is
29 predictable and aligned with caseload demand;

30 (b) Reduce case management ratios, with a goal of a general
31 caseload of one case manager per thirty-five clients;

32 (c) Expand state-operated community residential options. This
33 includes expanding state-operated living alternatives and four-bed
34 facilities that provide stabilization, assessment, and intervention
35 services for individuals with complex behavioral support needs;

36 (d) Expand quality assurance efforts by developing uniform
37 quality assurance metrics that are applied across community
38 residential settings, intermediate care facilities, and state-
39 operated nursing facilities;

1 (e) Assess options for an alternative, opt-in rate structure for
2 contracted supported living. This includes considering a model that
3 would provide contracted providers with an enhanced rate for serving
4 individuals with complex behavioral needs, completing additional
5 training, and submitting to additional monitoring;

6 (f) Increase the options for overnight planned respite, including
7 increasing the number of funded respite hours available to clients
8 and the number of respite beds statewide;

9 (g) Expand apprenticeship opportunities for medical and direct
10 care professionals who have received specific training related to
11 working with individuals with developmental disabilities. This
12 includes working with the Washington state apprenticeship and
13 training council, colleges, and universities to establish medical,
14 dental, nursing, and direct care apprenticeship programs that would
15 address gaps in provider training and overall competence;

16 (h) Continue reforming guardianship. This includes, but is not
17 limited to, supporting the ongoing stakeholder work groups regarding
18 the implementation of the uniform adult guardianship and protective
19 proceedings jurisdiction act;

20 (i) Address the challenges of access to affordable housing for
21 individuals with intellectual and developmental disabilities;

22 (j) Enable professional staff at the state-operated intermediate
23 care facilities to provide state plan benefits to individuals who
24 reside in the community. This includes directing the developmental
25 disabilities administration to work with the health care authority
26 and their contracted managed care organizations to establish the
27 agreements necessary for clients who live in the community to access
28 the developmental disabilities administration's facility-based
29 professionals to receive care covered under the state plan. If
30 feasible, these agreements should enable facility-based professionals
31 to deliver services at mobile or brick-and-mortar clinical settings
32 in the community;

33 (k) Invest in state-operated nursing facilities, including
34 constructing a replacement facility for the current nursing facility
35 on the Fircrest campus;

36 (l) Complete assessments for intermediate care facilities
37 clients. All intermediate care facilities clients should be assigned
38 a case manager and receive the developmental disabilities
39 administration's assessment at least annually and any time a
40 significant change is identified;

1 (m) Expand the family mentor project to the level necessary to
2 connect each client in a state-operated facility with a family
3 mentor;

4 (n) Establish transition teams at each intermediate care facility
5 in order to increase the ability of intermediate care facilities to
6 serve as short-term interventions;

7 (o) Leverage future intermediate care facility capacity to meet
8 crisis stabilization needs by redesigning state-operated intermediate
9 care facilities to operate as short-term crisis intervention
10 facilities; and

11 (p) Conduct a rate study to determine future rates, and enhanced
12 rates when appropriate, for community contracted providers.

13 (7) This section expires July 1, 2022.

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