

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 6419

66th Legislature
2020 Regular Session

Passed by the Senate February 19,
2020

Yeas 47 Nays 0

President of the Senate

Passed by the House March 6, 2020

Yeas 95 Nays 2

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 6419** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

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 task force must make funds available to reimburse
32 travel expenses for stakeholders who are not participating on behalf
33 of an employer, governmental agency, or other organization and allow
34 for telephonic or other means of remote participation. The
35 stakeholders must include but are not limited to:

36 (a) The developmental disabilities council;

37 (b) The Arc of Washington;

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

1 (d) Family members or guardians of current residential
2 habilitation center residents, including members of the friends of
3 residential habilitation centers groups;

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

6 (f) The Washington federation of state employees;

7 (g) Developmental disability self-advocacy organizations; and

8 (h) The service employees international union 1199.

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

19 (a) Increasing the capabilities of community residential
20 services;

21 (b) Improving cross-system coordination;

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

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

25 (6) In developing the implementation plan, the task force must
26 review and consider the following recommendations from the December
27 2019 report, "Rethinking Intellectual and Developmental Disability
28 Policy to Empower Clients, Develop Providers and Improve Services":

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

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

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

1 (d) Expand quality assurance efforts by developing uniform
2 quality assurance metrics that are applied across community
3 residential settings, intermediate care facilities, and state-
4 operated nursing facilities;

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

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

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

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

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

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

37 (k) Invest in state-operated nursing facilities, including
38 constructing a replacement facility for the current nursing facility
39 on the Fircrest campus;

1 (1) Complete assessments for intermediate care facilities
2 clients. All intermediate care facilities clients should be assigned
3 a case manager and receive the developmental disabilities
4 administration's assessment at least annually and any time a
5 significant change is identified;

6 (m) Expand the family mentor project to the level necessary to
7 connect each client in a state-operated facility with a family
8 mentor;

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

12 (o) Leverage future intermediate care facility capacity to meet
13 crisis stabilization needs by redesigning state-operated intermediate
14 care facilities to operate as short-term crisis intervention
15 facilities; and

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

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

--- END ---