
SENATE BILL 6419

State of Washington

66th Legislature

2020 Regular Session

By Senators Keiser, Braun, Rolfes, Randall, Rivers, Dhingra, Darneille, Wilson, C., Saldaña, and Salomon; by request of Office of the Governor

Read first time 01/16/20. Referred to Committee on Human Services, Reentry & Rehabilitation.

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) Disability rights Washington;

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

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

40 (f) The Washington federation of state employees; and

1 (g) The service employees international union 1199.

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

12 (a) Increasing the capabilities of community residential
13 services;

14 (b) Improving cross-system coordination;

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

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

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

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

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

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

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

38 (e) Assess options for an alternative, opt-in rate structure for
39 contracted supported living. This includes considering a model that
40 would provide contracted providers with an enhanced rate for serving

1 individuals with complex behavioral needs, completing additional
2 training, and submitting to additional monitoring;

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

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

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

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

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

30 (k) Invest in state-operated nursing facilities, including
31 constructing a replacement facility for the current nursing facility
32 on the Fircrest campus;

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

38 (m) Expand the family mentor project to the level necessary to
39 connect each client in a state-operated facility with a family
40 mentor;

1 (n) Establish transition teams at each intermediate care facility
2 in order to increase the ability of intermediate care facilities to
3 serve as short-term interventions; and

4 (o) Leverage future intermediate care facility capacity to meet
5 crisis stabilization needs by redesigning state-operated intermediate
6 care facilities to operate as short-term crisis intervention
7 facilities.

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

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