**1394-S2 AMS BRAU S4018.2 - NOT FOR FLOOR USE**

**2SHB 1394** - S AMD TO WM COMM AMD (S-3941.1/19) **665**

By Senator Braun

**WITHDRAWN 04/17/2019**

On page 9, line 11, after "(4)" insert "Establish requirements for the ability to provide services and an appropriate level of care to individuals with intellectual or developmental disabilities. The requirements must include staffing and training;

(5)"

Renumber the remaining subsections consecutively and correct any internal references accordingly.

On page 19, beginning on line 25, strike all of section 10, and insert the following:

"NEW SECTION. **Sec.**  By July 1, 2020, the health care authority and the department of social and health services, in consultation with the department of health, the department of children, youth, and families, representatives from providers serving children's inpatient psychiatric needs in each of the three largest cities in Washington, representatives from behavioral health and developmental disability service providers, and representatives from developmental disability advocacy organizations, including individuals and families of individuals who need or receive behavioral health and developmental disability services, must provide recommendations to the governor's office and the appropriate committees of the legislature relating to short-term and long-term residential intensive behavioral health and developmental disability services for youth and adults with developmental disabilities and behavioral health needs who are experiencing, or are in danger of experiencing, barriers discharging from inpatient behavioral health treatment received in community hospitals or state hospitals. The recommendations must address the needs of youth and adults with developmental or intellectual disabilities separately and: (1) Consider services necessary to support the youth or adult, the youth or adult's family, and the residential service provider in preparation for and after discharge, including in-home behavioral health and developmental disability supports that may be needed after discharge to maintain stability; (2) establish staffing and funding requirements that provide an appropriate level of treatment for residents in facilities, including both licensed mental health professionals and developmental disability professionals; and (3) for youth clients, consider how to successfully transition a youth to adult services without service disruption."

On page 21, after line 32, insert the following:

"NEW SECTION. **Sec.**  A new section is added to chapter 71A.12 RCW to read as follows:

(1) Within existing resources, the department shall track and monitor the following items and make the deidentified information available to the office of the developmental disabilities ombuds created in RCW 43.382.005, the legislature, the Washington state hospital association, and the public upon request:

(a) Information about clients receiving services from a provider that are taken to a hospital. This includes:

(i) The number of clients that are taken to a hospital without a medical need;

(ii) The number of clients that are taken to a hospital with a medical need, but are unable to discharge once the medical need is met;

(iii) Each client's length of hospital stay for nonmedical purposes;

(iv) The reason each client was unable to be discharged from a hospital once the client's medical need was met;

(v) The location, including the type of provider, where each client was before being taken to a hospital; and

(vi) The location where each client is discharged.

(b) Information about clients that are taken to a hospital once their provider terminates services. This includes:

(i) The number of clients that are taken to a hospital without a medical need;

(ii) The number of clients that are taken to a hospital with a medical need, but are unable to discharge once the medical need is met;

(iii) Each client's length of hospital stay for nonmedical purposes;

(iv) The reason each client was unable to be discharged from a hospital once the client's medical need was met;

(v) For each client, the reason the provider terminated services;

(vi) The location, including the type of provider, where each client was before being taken to a hospital; and

(vii) The location where each client is discharged.

(2) A provider must notify the department when a client is taken to a hospital so that the department may track and collect data as required under subsection (1) of this section.

(3) A provider must notify the department before terminating services on the basis that the provider is unable to manage the client's care. Prior to a provider terminating services to a client because the provider is unable to manage the client's care, and subject to the availability of amounts appropriated for this specific purpose, the department shall offer crisis stabilization services to support the provider and the client in the client's current setting.

(4) In the event that the provider is unable to manage the client's care after crisis stabilization services are offered, the provider may terminate services and, subject to the availability of amounts appropriated for this specific purpose, the department shall:

(a) Transition the client to another provider that meets the client's needs and preferences; or

(b) Transition the client to a residential habilitation center for crisis stabilization services until an alternative provider is determined.

(5)(a) The department is responsible for frequently and appropriately communicating with a hospital that is caring for a client without a medical need and providing frequent updates on transitioning the client to a more appropriate setting.

(b) The department shall coordinate providing psychological and habilitative services to clients who are being cared for at a hospital without a medical need.

(c) Subject to the availability of amounts appropriated for this specific purpose, the department shall coordinate with the appropriate state agencies to reimburse any hospital that provides care for:

(i) A client without a medical need that is receiving services from a provider; or

(ii) A client without a medical need that is taken to the hospital once their provider terminated services.

(6) This section may not be construed to create a private right of action.

(7) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Administration" means the developmental disabilities administration of the department of social and health services.

(b) "Crisis stabilization services" has the same meaning as defined in RCW 71A.10.020.

(c) "Hospital" means a facility licensed under chapter 70.41 or 71.12 RCW.

(d) "Provider" means a certified residential services and support program that contracts with the administration to provide services to administration clients. "Provider" also includes the state-operated living alternatives program operated by the administration."

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By Senator Braun

**WITHDRAWN 04/17/2019**

On page 22, line 4, after "71.24 RCW;" insert "adding a new section to chapter 71A.12 RCW;"

EFFECT: 1. Requires the Department of Health to establish requirements for intensive behavioral health treatment facilities that include the ability to provide services and an appropriate level of care to persons with intellectual or developmental disabilities.

2. Amends the work group established to recommend residential treatment options for youth with developmental disability and behavioral health treatment needs to: Extend the report date to July 1, 2020; include short-term and long-term residential placements; include recommendations for adults as well as youth; and transfer the responsibility to create the recommendations to the Health Care Authority and Department of Social and Health Services, in consultation with specified stakeholders.

3. Requires the Department of Social and Health Services (DSHS) to track and monitor certain client hospitalizations.

4. Requires the Developmental Disabilities Administration (DDA) to offer crisis stabilizations services to certain clients before a provider terminates a client's services because they can no longer manage the client's care.

5. Establishes requirements for transitioning certain DDA clients from service providers.

6. Requires DSHS to coordinate providing psychological and habilitative services to clients who are being cared for at a hospital without a medical need.

7. Subject to appropriations, requires DSHS to coordinate with appropriate state agencies to reimburse any hospital caring for certain DDA clients without a medical need.