

2SHB 1394 - S AMD TO WM COMM AMD (S-3941.1/19) 665
By Senator Braun

WITHDRAWN 04/17/2019

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

5 (5) "

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

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

10 "NEW SECTION. **Sec. 10.** By July 1, 2020, the health care
11 authority and the department of social and health services, in
12 consultation with the department of health, the department of
13 children, youth, and families, representatives from providers serving
14 children's inpatient psychiatric needs in each of the three largest
15 cities in Washington, representatives from behavioral health and
16 developmental disability service providers, and representatives from
17 developmental disability advocacy organizations, including
18 individuals and families of individuals who need or receive
19 behavioral health and developmental disability services, must provide
20 recommendations to the governor's office and the appropriate
21 committees of the legislature relating to short-term and long-term
22 residential intensive behavioral health and developmental disability
23 services for youth and adults with developmental disabilities and
24 behavioral health needs who are experiencing, or are in danger of
25 experiencing, barriers discharging from inpatient behavioral health
26 treatment received in community hospitals or state hospitals. The
27 recommendations must address the needs of youth and adults with
28 developmental or intellectual disabilities separately and: (1)
29 Consider services necessary to support the youth or adult, the youth
30 or adult's family, and the residential service provider in
31 preparation for and after discharge, including in-home behavioral

1 health and developmental disability supports that may be needed after
2 discharge to maintain stability; (2) establish staffing and funding
3 requirements that provide an appropriate level of treatment for
4 residents in facilities, including both licensed mental health
5 professionals and developmental disability professionals; and (3) for
6 youth clients, consider how to successfully transition a youth to
7 adult services without service disruption."

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

9 "NEW SECTION. **Sec. 13.** A new section is added to chapter 71A.12
10 RCW to read as follows:

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

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

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

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

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

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

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

29 (vi) The location where each client is discharged.

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

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

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

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

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

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

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

6 (vii) The location where each client is discharged.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (c) "Hospital" means a facility licensed under chapter 70.41 or
10 71.12 RCW.

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

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15 On page 22, line 4, after "71.24 RCW;" insert "adding a new
16 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.

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