**5268-S.E AMH HHSV H1360.2 - NOT FOR FLOOR USE**

**ESSB 5268** - H COMM AMD

By Committee on Housing, Human Services & Veterans

Strike everything after the enacting clause and insert the following:

**"Part 1: Increase the Capabilities of Community Residential Settings and Services**

NEW SECTION. **Sec.**  (1) The legislature finds that the recommendations in the December 2019 report, "Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services" and recommendations in the 2021 preliminary report of the joint executive and legislative task force established in chapter 317, Laws of 2020 are the product of deliberations among a diverse and dedicated group of stakeholders and are critical to advancing the continuum of care for individuals with developmental disabilities.

(2) The legislature intends to continue efforts to expand community residential settings and supports with the goals of reducing the risk of federal divestment from Washington's intermediate care facilities and delivering appropriate care to clients of the developmental disabilities administration. To that end, the legislature finds that a reliable network of community providers is critical to meeting these goals and that community residential rates must be established at appropriate levels to ensure that individuals with intellectual and developmental disabilities have community residential options that appropriately address their needs and ensure stable, permanent outcomes.

(3) The legislature also finds that it is imperative that internal processes within the department of social and health services, including those that guide eligibility determinations, assess hours of service delivery, and measure quality of providers, be examined to ensure that these systems function in the most streamlined and efficient manner with the goal of achieving a system that has greater consistency with regard to expectations and requirements of providers and that is structured to be more person-centered and user-friendly at interface.

**Sec.**  RCW 43.88C.010 and 2020 c 352 s 1 are each amended to read as follows:

(1) The caseload forecast council is hereby created. The council shall consist of two individuals appointed by the governor and four individuals, one of whom is appointed by the chairperson of each of the two largest political caucuses in the senate and house of representatives. The chair of the council shall be selected from among the four caucus appointees. The council may select such other officers as the members deem necessary.

(2) The council shall employ a caseload forecast supervisor to supervise the preparation of all caseload forecasts. As used in this chapter, "supervisor" means the caseload forecast supervisor.

(3) Approval by an affirmative vote of at least five members of the council is required for any decisions regarding employment of the supervisor. Employment of the supervisor shall terminate after each term of three years. At the end of the first year of each three-year term the council shall consider extension of the supervisor's term by one year. The council may fix the compensation of the supervisor. The supervisor shall employ staff sufficient to accomplish the purposes of this section.

(4) The caseload forecast council shall oversee the preparation of and approve, by an affirmative vote of at least four members, the official state caseload forecasts prepared under RCW 43.88C.020. If the council is unable to approve a forecast before a date required in RCW 43.88C.020, the supervisor shall submit the forecast without approval and the forecast shall have the same effect as if approved by the council.

(5) A councilmember who does not cast an affirmative vote for approval of the official caseload forecast may request, and the supervisor shall provide, an alternative forecast based on assumptions specified by the member.

(6) Members of the caseload forecast council shall serve without additional compensation but shall be reimbursed for travel expenses in accordance with RCW 44.04.120 while attending sessions of the council or on official business authorized by the council. Nonlegislative members of the council shall be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

(7) "Caseload," as used in this chapter, means:

(a) The number of persons expected to meet entitlement requirements and require the services of public assistance programs, state correctional institutions, state correctional noninstitutional supervision, state institutions for juvenile offenders, the common school system, long-term care, medical assistance, foster care, and adoption support;

(b) The number of students who are eligible for the Washington college bound scholarship program and are expected to attend an institution of higher education as defined in RCW 28B.92.030;

(c) The number of students who are eligible for the Washington college grant program under RCW 28B.92.200 and 28B.92.205 and are expected to attend an institution of higher education as defined in RCW 28B.92.030; and

(d) The number of children who are eligible, as defined in RCW 43.216.505, to participate in, and the number of children actually served by, the early childhood education and assistance program.

(8) The caseload forecast council shall forecast the temporary assistance for needy families and the working connections child care programs as a courtesy.

(9) ((~~The~~)) By January 1, 2023, the caseload forecast council shall present the number of individuals who are assessed as eligible for and have requested a service through the individual and family services waiver and the basic plus waiver administered by the developmental disabilities administration as a courtesy. The caseload forecast council shall be presented with the service request list as defined in RCW 71A.10.020 to aid in development of this information.

(10) Beginning with the official forecast submitted in November 2022 and subject to the availability of amounts appropriated for this specific purpose, the caseload forecast council shall forecast the number of individuals who are assessed as eligible for and have requested supported living services, a service through the core waiver, an individual and family services waiver, and the basic plus waiver administered by the developmental disabilities administration as a courtesy. The caseload forecast council shall be presented with the service request list as defined in RCW 71A.10.020 to aid in development of this information.

(11) As a courtesy and for planning purposes only, beginning with the official forecast submitted in November 2022, the caseload forecast council shall forecast the number of individuals who are expected to reside in state-operated living alternatives administered by the developmental disabilities administration.

(12) The caseload forecast council shall forecast youth participating in the extended foster care program pursuant to RCW 74.13.031 separately from other children who are residing in foster care and who are under eighteen years of age.

((~~(11)~~)) (13) The caseload forecast council shall forecast the number of youth expected to receive behavioral rehabilitation services while involved in the foster care system and the number of screened in reports of child abuse or neglect.

((~~(12)~~)) (14) Unless the context clearly requires otherwise, the definitions provided in RCW 43.88.020 apply to this chapter.

NEW SECTION. **Sec.**  A new section is added to chapter 71A.18 RCW to read as follows:

(1) Expenditures for the individual and family services waiver and the basic plus waiver as referenced in RCW 43.88C.010 must be considered by the governor and the legislature for inclusion in maintenance level budgets beginning with the governor's budget proposal submitted in December 2022 and funding for these expenditures are subject to amounts appropriated for this specific purpose. The department of social and health services must annually submit a budget request for these expenditures.

(2) Beginning with the governor's budget proposal submitted in December 2022 and within the department's existing appropriations, the department of social and health services must annually submit a budget request for expenditures for the number of individuals who are expected to reside in state-operated living alternatives administered by the developmental disabilities administration as referenced in RCW 43.88C.010.

NEW SECTION. **Sec.**  (1) With consideration to legislative intent to expand community residential settings, and within the department's existing appropriations, the department of social and health services shall examine the need for community respite beds to serve eligible individuals and stabilization, assessment, and intervention beds to provide crisis stabilization services for individuals with complex behavioral needs. No later than October 1, 2022, the department of social and health services must submit a preliminary report to the governor and the legislature that estimates the number of beds needed in fiscal years 2023 through 2025, recommends geographic locations of these beds, provides options for contracting with community providers for these beds, provides options for utilizing existing intermediate care facilities to meet these needs, includes the average length of stay for clients residing in state-operated intermediate care facilities, and recommends whether or not an increase to respite hours is needed. A progress report is due October 1, 2023, and a final report of this information shall be submitted no later than October 1, 2024.

(2) This section expires January 1, 2025.

NEW SECTION. **Sec.**  (1) The department of social and health services must contract with a private vendor for a study of medicaid rates for contracted community residential service providers. The study must be submitted to the governor and the appropriate committees of the legislature no later than December 1, 2023, and must include:

(a) A recommendation of rates needed for facilities to cover their costs and adequately recruit, train, and retain direct care professionals;

(b) Recommendations for an enhanced rate structure, including when and for whom this rate structure would be appropriate; and

(c) An assessment of options for an alternative, opt-in rate structure for contracted supported living providers who voluntarily serve individuals with complex behaviors, complete additional training, and submit to additional monitoring.

(2) This section expires January 31, 2024.

NEW SECTION. **Sec.**  (1) With consideration to legislative intent to expand community residential settings and within the department's existing appropriations, the department of social and health services shall submit by October 1, 2022, a five-year plan to phase-in the appropriate level of funding and staffing to achieve case management ratios of one case manager to no more than 35 clients. The five-year plan must include:

(a) An analysis of current procedures to hire and train new staff within the developmental disabilities administration of the department of social and health services;

(b) Identification of any necessary changes to these procedures to ensure a more efficient and timely process for hiring and training staff; and

(c) Identification of the number of new hires needed on an annual basis to achieve the phased implementation included in the five-year plan.

(2) This section expires January 31, 2024.

NEW SECTION. **Sec.**  (1) Within the department's existing appropriations, and no later than June 30, 2023, the department of social and health services in collaboration with appropriate stakeholders shall develop uniform quality assurance metrics that are applied across community residential settings, intermediate care facilities, and state-operated nursing facilities. The department of social and health services must submit a report of these activities to the governor and the legislature no later than June 30, 2023.

(2) This section expires July 31, 2023.

NEW SECTION. **Sec.**  (1) The joint legislative audit and review committee shall:

(a) Review the developmental disabilities administration's existing processes and staffing methodology used for determining eligibility, assessing for eligibility, delivering services, and managing individuals who are waiting for services;

(b) Review best practices from other states regarding eligibility determination, eligibility assessment, service delivery, management of individuals who are waiting for services, and staffing models; and

(c) Identity options for streamlining the eligibility, assessment, service delivery, and management of individuals who are waiting for services processes and the potential staffing impacts.

(2) The joint legislative audit and review committee shall report its findings and recommendations to the governor and the appropriate committees of the legislature by December 1, 2022.

(3) This section expires January 31, 2023.

**Part 2: Improve Cross-System Coordination**

NEW SECTION. **Sec.**  An individual's disability will often overshadow other medical or functional needs which can result in missed connections and poor outcomes. It is the intent of the legislature that cross-system coordination involving individuals with intellectual and developmental disabilities be improved to ensure that these individuals receive the appropriate types of services and supports when they are needed to adequately address mental health conditions, medical conditions, individual preferences, and the natural aging process.

NEW SECTION. **Sec.**  (1) Within the department's existing appropriations, the department of social and health services shall work with the developmental disabilities council to:

(a) Coordinate collaboration efforts among relevant stakeholders to develop and disseminate best practices related to serving individuals with co-occurring intellectual and developmental disabilities and mental health conditions;

(b) Work with Washington state's apprenticeship and training council, colleges, and universities to establish medical, dental, nursing, and direct care apprenticeship programs that would address gaps in provider training and overall competence;

(c) Devise options for consideration by the governor and the legislature to prioritize funding for housing for individuals with intellectual and developmental disabilities when a lack of affordable housing is the barrier preventing an individual from moving to a least restrictive community setting; and

(d) Coordinate collaboration efforts among relevant stakeholders to examine existing law with regard to guardianship and protective proceedings and make any necessary recommendations for changes to existing law to ensure that guardianship or other protective proceedings are designed to provide individuals with intellectual and developmental disabilities with the decision-making support they require to live as independently as possible in the least restrictive environment, including consideration of mechanisms that enable regular payment for services rendered by these legal representatives when appropriate.

(2) Within the department's existing appropriations, the department of social and health services shall work with the health care authority and Washington state's managed care organizations to establish the necessary agreements for intellectual and developmental disabilities clients who live in the community to access intermediate care facility-based professionals to receive care covered under the state plan. The department of social and health services must consider methods to deliver these services at mobile or brick-and-mortar clinical settings in the community.

(3) No later than October 1, 2022, the department of social and health services shall submit a report describing the efforts outlined in subsections (1) and (2) of this section and any recommendations for policy or fiscal changes to the governor and the legislature for consideration in the 2023 legislative session.

(4) This section expires January 31, 2023.

**Part 3: Redesign State-Operated Intermediate Care Facilities to Function as Short-Term Crisis Stabilization and Intervention**

NEW SECTION. **Sec.**  It is the intent of the legislature that intermediate care facilities be redesigned from long-term care settings to settings that support short-term crisis stabilization and intervention and that, in order to achieve stable, permanent placements in the least restrictive settings possible, an infrastructure of procedures be developed to ensure that individuals placed in intermediate care settings remain in that setting no longer than is absolutely necessary.

NEW SECTION. **Sec.**  (1) Within the department of social and health services' existing appropriations, the developmental disabilities administration must develop procedures that ensure that:

(a) Clear, written, and verbal information is provided to the individual and their family member that explains:

(i) That placement in the intermediate care facility is temporary; and

(ii) What constitutes continuous aggressive active treatment and its eligibility implications;

(b) Discharge planning begins immediately upon placement of an individual within the intermediate care facility and that the individual and their family member is provided clear descriptions of all placement options and their requirements;

(c) When stabilization services are available in the community, the individual is presented with the option to receive those services in the community prior to being offered services in a state-operated intermediate care facility; and

(d) When the individual has not achieved crisis stabilization after 60 consecutive days in the state-operated intermediate care facility, the department of social and health services must convene the individual's team of care providers including, but not limited to, the individual's case manager, the individual's community-based providers, and, if applicable, the individual's managed care organization to review and make any necessary changes to the individual's care plan.

(2) Subject to funding appropriated specifically for this purpose, the department of social and health services must expand the number of family mentors and establish peer mentors to connect each client in an intermediate care facility with a mentor to assist in their transition planning.

(3) Subject to funding appropriated specifically for this purpose, the department of social and health services must make every effort to ensure the individual does not lose their community residential services while the individual is receiving stabilization services in a state-operated intermediate care facility. The department of social and health services must:

(a) Work with community residential service providers to provide a 90-day vacancy payment for individuals who are transferred from the community residential service provider to a state-operated intermediate care facility for stabilization services; and

(b) Utilize client resources or other resources to pay the rent for individuals who are facing eviction due to failure to pay the rent caused by the transfer to a state-operated intermediate care facility for stabilization services.

(4) No later than November 1, 2021, the department of social and health services must submit a report describing the efforts outlined in subsections (1) through (3) of this section and make any necessary recommendations for policy or fiscal changes to the governor and the legislature for consideration in the 2022 legislative session.

(5) This section expires January 31, 2022."

Correct the title.

EFFECT: (1) Removes the term "crisis" from the description of stabilization services.

(2) Adds "state-operated" to intermediate care facility (ICF) references.

(3) Clarifies that the time frame in which an individual's care team must be convened is after 60 consecutive days in a state-operated ICF rather than after 60 days of initial placement in an ICF.

(4) Changes reference to "community placement" to "community residential services."

(5) Changes the term "90-day bedhold" to "90-day vacancy payment" with respect to community residential services.

(6) Changes the term "client participation" to "client resources" in reference to rent payments.

(7) Removes the term "subsidized housing."

(8) Requires the Department of Social and Health Services to report in years 2022 through 2024 to the Governor and the Legislature on the average length of stay for clients residing in state-operated intermediate care facilities. Expires the section on January 1, 2025.