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**SECOND SUBSTITUTE SENATE BILL 5483**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Braun, Keiser, Palumbo, Sheldon, Becker, Short, Wilson, C., Hunt, Kuderer, and Darneille)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to improving services for individuals with  
2 developmental disabilities; adding a new section to chapter 71A.12  
3 RCW; creating a new section; and declaring an emergency.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) The office of the developmental disabilities ombuds is a  
7 private, independent office focused on improving the lives of persons  
8 with developmental disabilities in Washington state. It is the duty  
9 of the developmental disabilities ombuds to monitor procedures and  
10 services provided to people with developmental disabilities; review  
11 facilities and residences where services are provided; resolve  
12 complaints about services; and issue reports on the services  
13 provided.

14 (2) The office of the developmental disabilities ombuds has  
15 identified a systemic issue of adults with developmental disabilities  
16 being stuck in hospitals without any medical need because there is no  
17 alternative setting available to discharge the individual.

18 (3) Many of the individuals that are unable to discharge from the  
19 hospital are clients of the developmental disabilities administration  
20 of the department of social and health services. In some cases, these  
21 clients were receiving residential services and went to the hospital

1 for a medical condition, but when the client was ready for discharge,  
2 their residential services provider had terminated services. Other  
3 clients were dropped off at the hospital by their residential service  
4 provider because the residential service provider could no longer  
5 manage the client's care.

6 (4) It is not in the public or the client's interest for  
7 hospitals to be used for clients that do not have medical needs.  
8 Further, changes must be made to the developmental disabilities  
9 administration's service delivery system to ensure clients have  
10 access to services that keep them in the community and prevent  
11 inappropriate hospital stays.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 71A.12  
13 RCW to read as follows:

14 (1) Subject to the availability of amounts appropriated for this  
15 specific purpose, the department shall track and monitor the  
16 following items and make the deidentified information available to  
17 the office of the developmental disabilities ombuds created in RCW  
18 43.382.005, the legislature, the Washington state hospital  
19 association, and the public upon request:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 (3) A provider must notify the department before terminating  
16 services on the basis that the provider is unable to manage the  
17 client's care. Prior to a provider terminating services to a client  
18 because the provider is unable to manage the client's care, and  
19 subject to the availability of amounts appropriated for this specific  
20 purpose, the department shall provide crisis stabilization services  
21 to support the provider and the client in the client's current  
22 setting. These services may include:

23 (a) Psychological assessments, such as full scale intelligence  
24 quotient and risk assessments;

25 (b) Technical assistance and consultation on behavior supports  
26 for family caregivers, staff, and medical providers; and

27 (c) Therapeutic mental and behavioral health services.

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

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

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

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

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

4 (c) Subject to the availability of amounts appropriated for this  
5 specific purpose, the department shall provide reimbursement at the  
6 daily residential habilitation center rate to any hospital that  
7 provides care for:

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

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

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

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

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

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

20 (c) "Hospital" means a facility licensed under chapter 70.41 or  
21 71.12 RCW.

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

26 NEW SECTION. **Sec. 3.** This act is necessary for the immediate  
27 preservation of the public peace, health, or safety, or support of  
28 the state government and its existing public institutions, and takes  
29 effect immediately.

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