Z-0616.1

SENATE BILL 6063

State of Washington 69th Legislature 2026 Regular Session

By Senators Bateman, Dhingra, Frame, Nobles, Trudeau, Wellman, and C. Wilson; by request of Department of Social and Health Services

Prefiled 01/09/26. Read first time 01/12/26. Referred to Committee on Human Services.

AN ACT Relating to correcting terminology to align the revised code of Washington with recent reorganization at the department of social and health services; amending RCW 2.53.055, 2.70.901, 10.77.400, 10.77.675, 13.34.136, 43.06.535, 43.20A.885, 43.41.275, 43.330.425, 43.382.005, 43.382.010, 70.128.040, 70.128.300, 71.09.099, 71A.10.020, 71A.10.100, 71A.16.020, 71A.16.050, 71A.18.060, 71A.26.010, 71A.26.030, 71A.28.030, 74.13.341, 74.04.060, 74.09.520, 74.09.4951, 74.29.090, 74.39A.009, and 74.39A.060; reenacting and amending RCW 43.88C.010; and providing an effective date.

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

Sec. 1. RCW 2.53.055 and 2019 c 465 s 1 are each amended to read as follows:

(1) Subject to amounts specifically appropriated for this purpose, the role of kinship care legal aid coordinator is hereby created at the office of civil legal aid. The office may contract with a separate nonprofit legal aid organization to satisfy the requirements of this section.

(2)(a) The kinship care legal aid coordinator shall consult with the following entities:

(i) The kinship care oversight committee as provided for in RCW 74.13.621;

(ii) The Washington state supreme court access to justice board's pro bono council;

(iii) The Washington state bar association moderate means program;

(iv) The department of social and health services((~~, aging and long-term support administration~~)); and

(v) The office of public defense.

(b) The kinship care legal aid coordinator shall work with entities stated in (a) of this subsection to identify and facilitate the development of local and regional kinship care legal aid initiatives, and further efforts to implement relevant recommendations from the kinship care oversight committee as provided for in RCW 74.13.621.

(3) The kinship care legal aid coordinator shall maintain the following duties:

(a) Develop, expand, and deliver training materials designed to help pro bono and low bono attorneys provide legal advice and assistance to kinship caregivers on matters that relate to their ability to meet physical, mental, social, educational, and other needs of children and youth in their care;

(b) Produce a biennial report outlining activities undertaken by the coordinator; legal aid resources developed at the statewide, regional, and local levels; and other information regarding development and expansion of legal aid services to kinship caregivers in Washington state. Reports are due to the department of children, youth, and families, department of social and health services, and relevant standing committees of the legislature by December 1st of each even-numbered year.

Sec. 2. RCW 2.70.901 and 2023 c 120 s 4 are each amended to read as follows:

(1) All powers, duties, and functions of county government and the department of social and health services pertaining to public defense services for indigent persons who are committed following acquittal by reason of insanity under chapter 10.77 RCW are transferred to the office of public defense. County government and the department of social and health services shall retain powers, duties, and functions to ensure public defense services for indigent

persons prior to acquittal by reason of insanity under chapter 10.77 RCW.

(2)(a) The office of public defense may request copies of records in the possession of a county public defense administrator((~~,~~)) or the department of social and health services((~~, or the behavioral health administration~~)) pertaining to the powers, functions, and duties transferred, which shall be timely delivered to the custody of the office of public defense. In order to implement the office's administration and oversight of postcommitment public defense services authorized by chapter 120, Laws of 2023, the office of public defense shall be entitled to personal identifying information for any person committed following acquittal by reason of insanity, as well as information about underlying criminal or other pending court proceedings, and the identity of any existing legal counsel. The county public defense administrator((~~,~~)) or the department of social and health services((~~, or the behavioral health administration~~)) shall not require the office of public defense to obtain consent by the person committed following acquittal by reason of insanity in order to share this information. The office of public defense shall maintain the confidentiality of all confidential information included in the records. Records may be transferred electronically or in hard copy, as agreed by the agencies. When the office of public defense has satisfied its business needs related to the transferred records, the office shall destroy the records following appropriate procedures.

(b) All funds, credits, or other assets held by the department of social and health services in connection with the powers, functions, and duties transferred shall be assigned to the office of public defense.

(c) Any appropriations made to the department of social and health services for carrying out the powers, functions, and duties transferred shall, on July 1, 2023, be transferred and credited to the office of public defense.

(3) Notwithstanding July 1, 2023, if implementation of office of public defense contracts would result in the substitution of counsel within 180 days of a scheduled hearing, the director of the office of public defense may continue defense services with existing counsel to facilitate continuity of effective representation and avoid further continuance of a trial. When existing counsel is maintained, payment to complete the trial shall be prorated based on standard contract

fees established by the office of public defense under chapter 120, Laws of 2023 and, at the director's discretion, may include extraordinary compensation based on attorney documentation.

Sec. 3. RCW 10.77.400 and 2023 c 453 s 3 are each amended to read as follows:

(1)(a) Whenever a defendant has pleaded not guilty by reason of insanity, the court on its own motion or on the motion of any party shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.

(b)(i) Whenever there is a doubt as to competency, the court on its own motion or on the motion of any party shall first review the allegations of incompetency. The court shall make a determination of whether sufficient facts have been provided to form a genuine doubt as to competency based on information provided by counsel, judicial colloquy, or direct observation of the defendant. If a genuine doubt as to competency exists, the court shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.

(ii) Nothing in this subsection (1)(b) is intended to require a waiver of attorney-client privilege. Defense counsel may meet the requirements under this subsection (1)(b) by filing a declaration stating that they have reason to believe that a competency evaluation is necessary, and stating the basis on which the defendant is believed to be incompetent.

(c) The signed order of the court shall serve as authority for the evaluator to be given access to all records held by any mental health, medical, long-term services ((~~or~~)) and supports, educational, or correctional facility that relate to the present or past mental, emotional, or physical condition of the defendant. If the court is advised by any party that the defendant may have a developmental disability, the evaluation must be performed by a developmental disabilities professional and the evaluator shall have access to records of the ((~~developmental disabilities administration of the department~~)) component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW. If the court is advised by any party that the

defendant may have an intellectual or developmental disability, dementia, or another relevant neurocognitive disorder, the evaluator shall have access to records of the ((~~aging and long-term support administration of the department~~)) component of the department that provides services to eligible persons under chapter 74.39A RCW.

(d) The evaluator shall assess the defendant in a jail, detention facility, in the community, or in court to determine whether a period of inpatient commitment will be necessary to complete an accurate evaluation. If inpatient commitment is needed, the signed order of the court shall serve as authority for the evaluator to request the jail or detention facility to transport the defendant to a hospital or secure mental health facility for a period of commitment not to exceed fifteen days from the time of admission to the facility. Otherwise, the evaluator shall complete the evaluation.

(e) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if: (i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

(f) The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

(g) When a defendant is ordered to be evaluated under this subsection (1), or when a party or the court determines at first appearance that an order for evaluation under this subsection will be requested or ordered if charges are pursued, the court may delay granting bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the

evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

(h) If the defendant ordered to be evaluated under this subsection (1) is charged with a serious traffic offense under RCW 9.94A.030, or a felony version of a serious traffic offense, the prosecutor may make a motion to modify the defendant's conditions of release to include a condition prohibiting the defendant from driving during the pendency of the competency evaluation period.

(2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3) of this section. If the defendant is indigent, the court shall upon the request of the defendant assist him or her in obtaining an expert or professional person.

(3) The report of the evaluation shall include the following:

(a) A description of the nature of the evaluation;

(b) A diagnosis or description of the current mental status of the defendant;

(c) If the defendant has a mental disease or defect, or has a developmental disability, an opinion as to competency;

(d) If the defendant has indicated his or her intention to rely on the defense of insanity pursuant to RCW 10.77.505, and an evaluation and report by an expert or professional person has been provided concluding that the defendant was criminally insane at the time of the alleged offense, an opinion as to the defendant's sanity at the time of the act, and an opinion as to whether the defendant presents a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing public safety or security, unless kept under further control by the court or other persons or institutions, provided that no opinion

shall be rendered under this subsection (3)(d) unless the evaluator or court determines that the defendant is competent to stand trial;

(e) When directed by the court, if an evaluation and report by an expert or professional person has been provided concluding that the defendant lacked the capacity at the time of the offense to form the mental state necessary to commit the charged offense, an opinion as to the capacity of the defendant to have a particular state of mind which is an element of the offense charged;

(f) An opinion as to whether the defendant should be evaluated by a designated crisis responder under chapter 71.05 RCW.

(4) The secretary may execute such agreements as appropriate and necessary to implement this section and may choose to designate more than one evaluator.

(5) In the event that a person remains in jail more than 21 days after service on the department of a court order to transport the person to a facility designated by the department for inpatient competency restoration treatment, upon the request of any party and with notice to all parties, the department shall perform a competency to stand trial status check to determine if the circumstances of the person have changed such that the court should authorize an updated competency evaluation. The status update shall be provided to the parties and the court. Status updates may be provided at reasonable intervals.

(6) If a finding of the competency evaluation under this section or under RCW 10.77.635 is that the individual is not competent due to an intellectual or developmental disability, dementia, or traumatic brain injury, the evaluator shall notify the department, which shall refer the individual to the ((~~developmental disabilities administration or the aging and long-term support~~)) home and community living administration of the department, or its successor organization, for review of eligibility for services. The department shall inform the forensic navigator about availability of services.

(7) If the expert or professional person appointed to perform a competency evaluation in the community is not able to complete the evaluation after two attempts at scheduling with the defendant, the department shall submit a report to the court and parties and include a date and time for another evaluation which must be at least four weeks later. The court shall provide notice to the defendant of the date and time of the evaluation. If the defendant fails to appear at

that appointment, the court shall recall the order for competency evaluation and may issue a warrant for the failure to appear.

Sec. 4. RCW 10.77.675 and 2023 c 453 s 13 are each amended to read as follows:

(1) Following a competency evaluation under RCW 10.77.400, individuals who are found not competent to stand trial and not restorable due to an intellectual or developmental disability, dementia, or traumatic brain injury, shall not be referred for competency restoration services.

(2) The department shall develop a process for connecting individuals who have been found not competent to stand trial due to an intellectual or developmental disability, dementia, or traumatic brain injury to available wraparound services and supports in community-based settings, which may include residential supports. The process shall include provisions for individuals who are current clients of the department's ((~~developmental disabilities administration or aging and long-term support~~)) home and community living administration, or its successor organization, and for individuals who are not current clients of the department.

(a) For current clients of the ((~~developmental disabilities administration and aging and long-term support~~)) home and community living administration, or its successor organization, the department's assigned case manager shall:

(i) Coordinate with the individual's services providers to determine if the individual can return to the same or like services, or determine appropriate new community-based services. This shall include updating the individual's service plan and identifying and coordinating potential funding for any additional supports to stabilize the individual in community-based settings funded by the ((~~developmental disabilities administration or aging and long-term support administration~~)) department so that the individual does not lose existing services, including submitting any exceptions to rule for additional services;

(ii) Conduct a current service eligibility assessment and send referral packets to all community-based service providers for services for which the individual is eligible; and

(iii) Connect with the individual's assigned forensic navigator and determine if the individual is eligible for any diversion,

supportive housing, or case management programs as a *Trueblood* class member, and assist the individual to access these services.

(b) For individuals who have not established eligibility for the department's support services, the department shall:

(i) Conduct an eligibility determination for services and send referral packets to service providers for all relevant community-based services for which the individual is eligible. This process must include identifying and coordinating funding for any additional supports that are needed to stabilize the individual in any community-based setting funded by the ((~~developmental disabilities administration or aging and long-term support~~)) home and community living administration, or its successor organization, including submitting any necessary exceptions to rule for additional services; and

(ii) Connect with the individual's assigned forensic navigator and determine if the individual is eligible for any diversion, supportive housing, or case management programs as a *Trueblood* class member, if additional specialized services are available to supplement diversion program services, and assist the individual to access these services.

(3) The department shall offer to transition the individual in services either directly from the jail or as soon thereafter as may be practicable, without maintaining the individual at an inpatient facility for longer than is clinically necessary. Nothing in this subsection prohibits the department from returning the individual to their home or to another less restrictive setting if such setting is appropriate, which may include provision of supportive services to help the person maintain stability. The individual is not required to accept ((~~developmental disabilities administration, aging and long-term support administration, or other~~)) any diversionary services as a condition of having the individual's criminal case dismissed without prejudice, provided the individual meets the criteria of subsection (1) of this section.

(4) Subject to the availability of funds appropriated for this specific purpose, the department shall develop a program for individuals who have been involved with the criminal justice system and who have been found under RCW 10.77.635 as incompetent to stand trial due to an intellectual or developmental disability, traumatic brain injury, or dementia and who do not meet criteria under other programs in this section. The program must involve wraparound

services and housing supports appropriate to the needs of the individual. It is sufficient to meet the criteria for participation in this program if the individual has recently been the subject of criminal charges and was found incompetent to stand trial due to an intellectual or developmental disability, traumatic brain injury, or dementia.

Sec. 5. RCW 13.34.136 and 2021 c 208 s 2 are each amended to read as follows:

(1) Whenever a child is ordered to be removed from the home, a permanency plan shall be developed no later than 60 days from the time the department assumes responsibility for providing services, including placing the child, or at the time of a hearing under RCW 13.34.130, whichever occurs first. The permanency planning process continues until a permanency planning goal is achieved or dependency is dismissed. The planning process shall include reasonable efforts to return the child to the parent's home.

(2) The department shall submit a written permanency plan to all parties and the court not less than 14 days prior to the scheduled hearing. Responsive reports of parties not in agreement with the department's proposed permanency plan must be provided to the department, all other parties, and the court at least seven days prior to the hearing.

The permanency plan shall include:

(a) A permanency plan of care that shall identify one of the following outcomes as a primary goal and may identify additional outcomes as alternative goals: Return of the child to the home of the child's parent, guardian, or legal custodian; adoption, including a tribal customary adoption as defined in RCW 13.38.040; guardianship pursuant to chapter 13.36 RCW; guardianship of a minor pursuant to RCW 11.130.215; long-term relative or foster care, if the child is between ages 16 and 18, with a written agreement between the parties and the care provider; successful completion of a responsible living skills program; or independent living, if appropriate and if the child is age 16 or older. Although a permanency plan of care may only identify long-term relative or foster care for children between ages 16 and 18, children under 16 may remain placed with relatives or in foster care. The department shall not discharge a child to an independent living situation before the child is 18 years of age unless the child becomes emancipated pursuant to chapter 13.64 RCW;

(b) Unless the court has ordered, pursuant to RCW 13.34.130(8), that a termination petition be filed, a specific plan as to where the child will be placed, what steps will be taken to return the child home, what steps the department will take to promote existing appropriate sibling relationships and/or facilitate placement together or contact in accordance with the best interests of each child, and what actions the department will take to maintain parent-child ties. All aspects of the plan shall include the goal of achieving permanence for the child.

(i) The department's plan shall specify what services the parents will be offered to enable them to resume custody, what requirements the parents must meet to resume custody, and a time limit for each service plan and parental requirement.

(A) If the parent is incarcerated, the plan must address how the parent will participate in the case conference and permanency planning meetings and, where possible, must include treatment that reflects the resources available at the facility where the parent is confined. The plan must provide for visitation opportunities, unless visitation is not in the best interests of the child.

(B) If a parent has a developmental disability according to the definition provided in RCW 71A.10.020, and that individual is eligible for developmental disability services provided by the department of social and health services ((~~developmental disabilities administration~~)), the department shall make reasonable efforts to consult with the department of social and health services ((~~developmental disabilities administration~~)) to create an appropriate plan for services. For individuals who meet the definition of developmental disability provided in RCW 71A.10.020 and who are eligible for services through the ((~~developmental disabilities administration~~)) department of social and health services, the plan for services must be tailored to correct the parental deficiency taking into consideration the parent's disability and the department shall also determine an appropriate method to offer those services based on the parent's disability.

(ii)(A) Visitation is the right of the family, including the child and the parent, in cases in which visitation is in the best interest of the child. Early, consistent, and frequent visitation is crucial for maintaining parent-child relationships and making it possible for parents and children to safely reunify. The department shall encourage the maximum parent and child and sibling contact

possible, when it is in the best interest of the child, including regular visitation and participation by the parents in the care of the child while the child is in placement.

(B) Visitation shall not be limited as a sanction for a parent's failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation.

(C) Visitation may be limited or denied only if the court determines that such limitation or denial is necessary to protect the child's health, safety, or welfare. Visitation must occur in the least restrictive setting and be unsupervised unless the presence of threats or danger to the child requires the constant presence of an adult to ensure the safety of the child. When a parent or sibling has been identified as a suspect in an active criminal investigation for a violent crime that, if the allegations are true, would impact the safety of the child, the department shall make a concerted effort to consult with the assigned law enforcement officer in the criminal case before recommending any changes in parent/child or child/sibling contact. In the event that the law enforcement officer has information pertaining to the criminal case that may have serious implications for child safety or well-being, the law enforcement officer shall provide this information to the department during the consultation. The department may only use the information provided by law enforcement during the consultation to inform family visitation plans and may not share or otherwise distribute the information to any person or entity. Any information provided to the department by law enforcement during the consultation is considered investigative information and is exempt from public inspection pursuant to RCW 42.56.240. The results of the consultation shall be communicated to the court.

(D) The court and the department should rely upon community resources, relatives, foster parents, and other appropriate persons to provide transportation and supervision for visitation to the extent that such resources are available, and appropriate, and the child's safety would not be compromised.

(E) If the court previously ordered that visitation between a parent and child be supervised or monitored, there shall be a presumption that such supervision or monitoring will no longer be necessary when the permanency plan is entered. To overcome this presumption, a party must provide a report to the court including

evidence establishing that removing visit supervision or monitoring would create a risk to the child's safety, and the court shall make a determination as to whether visit supervision or monitoring must continue.

(F) The court shall advise the petitioner that the failure to provide court-ordered visitation may result in a finding that the petitioner failed to make reasonable efforts to finalize the permanency plan. The lack of sufficient contracted visitation providers will not excuse the failure to provide court-ordered visitation.

(iii)(A) The department, court, or caregiver in the out-of-home placement may not limit visitation or contact between a child and sibling as a sanction for a child's behavior or as an incentive to the child to change his or her behavior.

(B) Any exceptions, limitation, or denial of contacts or visitation must be approved by the supervisor of the department caseworker and documented. The child, parent, department, guardian ad litem, or court-appointed special advocate may challenge the denial of visits in court.

(iv) A child shall be placed as close to the child's home as possible, preferably in the child's own neighborhood, unless the court finds that placement at a greater distance is necessary to promote the child's or parents' well-being.

(v) The plan shall state whether both in-state and, where appropriate, out-of-state placement options have been considered by the department.

(vi) Unless it is not in the best interests of the child, whenever practical, the plan should ensure the child remains enrolled in the school the child was attending at the time the child entered foster care.

(vii) The department shall provide all reasonable services that are available within the department, or within the community, or those services which the department has existing contracts to purchase. It shall report to the court if it is unable to provide such services; and

(c) If the court has ordered, pursuant to RCW 13.34.130(9), that a termination petition be filed, a specific plan as to where the child will be placed, what steps will be taken to achieve permanency for the child, services to be offered or provided to the child, and, if visitation would be in the best interests of the child, a

recommendation to the court regarding visitation between parent and child pending a fact-finding hearing on the termination petition. The department shall not be required to develop a plan of services for the parents or provide services to the parents if the court orders a termination petition be filed. However, reasonable efforts to ensure visitation and contact between siblings shall be made unless there is reasonable cause to believe the best interests of the child or siblings would be jeopardized.

(3) Permanency planning goals should be achieved at the earliest possible date. If the child has been in out-of-home care for 15 of the most recent 22 months, and the court has not made a good cause exception, the court shall require the department to file a petition seeking termination of parental rights in accordance with RCW 13.34.145(4)(b)(vi). In cases where parental rights have been terminated, the child is legally free for adoption, and adoption has been identified as the primary permanency planning goal, it shall be a goal to complete the adoption within six months following entry of the termination order.

(4) If the court determines that the continuation of reasonable efforts to prevent or eliminate the need to remove the child from his or her home or to safely return the child home should not be part of the permanency plan of care for the child, reasonable efforts shall be made to place the child in a timely manner and to complete whatever steps are necessary to finalize the permanent placement of the child.

(5) The identified outcomes and goals of the permanency plan may change over time based upon the circumstances of the particular case.

(6) The court shall consider the child's relationships with the child's siblings in accordance with RCW 13.34.130(7). Whenever the permanency plan for a child is adoption, the court shall encourage the prospective adoptive parents, birth parents, foster parents, kinship caregivers, and the department or other agency to seriously consider the long-term benefits to the child adoptee and his or her siblings of providing for and facilitating continuing postadoption contact between the siblings. To the extent that it is feasible, and when it is in the best interests of the child adoptee and his or her siblings, contact between the siblings should be frequent and of a similar nature as that which existed prior to the adoption. If the child adoptee or his or her siblings are represented by an attorney or guardian ad litem in a proceeding under this chapter or in any

other child custody proceeding, the court shall inquire of each attorney and guardian ad litem regarding the potential benefits of continuing contact between the siblings and the potential detriments of severing contact. This section does not require the department or other agency to agree to any specific provisions in an open adoption agreement and does not create a new obligation for the department to provide supervision or transportation for visits between siblings separated by adoption from foster care.

(7) For purposes related to permanency planning, "guardianship" means a guardianship pursuant to chapter 13.36 RCW or a guardianship of a minor pursuant to RCW 11.130.215, or equivalent laws of another state or a federally recognized Indian tribe.

Sec. 6. RCW 43.06.535 and 2025 c 161 s 1 are each amended to read as follows:

(1) The governor must maintain a children and youth multisystem care project director to serve as a state lead on addressing complex cases of children in crisis. The children and youth multisystem care project director must:

(a) Direct:

(i) The appropriate use of state and other resources to a child in crisis, and that child's family, if appropriate; and

(ii) Appropriate and timely action by state agencies to serve children in crisis;

(b) Have access to flexible funds to support:

(i) The safe discharge of children in crisis from hospitals; and

(ii) Long-term, appropriate placement for children in crisis who are dependent under chapter 13.34 RCW; and

(c) Coordinate with:

(i) The rapid response team established under RCW 43.216.205 to make sure that resources are effectively identified and mobilized for people who meet the definition of child in crisis and a youth or young adult exiting a publicly funded system of care; and

(ii) Youth behavioral health and inpatient navigator teams to efficiently and effectively mobilize services for a child in crisis.

(2) The children and youth multisystem care project director created under this section, in coordination with the department of children, youth, and families, the health care authority, the office of financial management, and the department of social and health services, shall develop and implement a rapid care team for the

purpose of supporting and identifying appropriate services and living arrangements for a child in crisis, and that child's family, if appropriate.

(3) In creating the rapid care team required under this section, the children and youth multisystem care project director created under this section shall develop and implement a system for:

(a) Identifying children in crisis who should be served by the rapid care team;

(b) Initiating the rapid care team in a timely manner that reduces the time a child in crisis spends in a hospital without a medical need;

(c) Locating services and connecting youth and families with the appropriate services to allow the child in crisis to safely discharge from a hospital;

(d) Screening referrals for a child in crisis; and

(e) Determining when it would be appropriate for the department of children, youth, and families to provide services to a child in crisis as ((~~the~~)):

(i) ((~~Youth~~)) A youth who meets the definition of a "child who is a candidate for foster care" under RCW 74.13.020;

(ii) ((~~Youth~~)) A youth who meets the definition of "dependent child" under RCW 13.34.030(6)(a) based on the child being abandoned; or

(iii) ((~~Family~~)) The family should be offered a voluntary placement agreement.

(4) The rapid care team under this section may provide assistance and support to a child in crisis, or the family of a child in crisis.

(5) The following individuals may refer a child in crisis to the rapid care team:

(a) A child in crisis themselves;

(b) A family member of the child in crisis;

(c) An advocate for the child in crisis;

(d) An educator;

(e) A law enforcement officer;

(f) An employee of the department of children, youth, and families;

(g) An employee of the department of social and health services;

(h) An employee of the health care authority;

(i) A service provider contracting with the department of children, youth, and families;

(j) A service provider contracting with the department of social and health services;

(k) A behavioral health service provider;

(l) A representative of a managed care organization;

(m) A representative from a youth behavioral health or inpatient navigator team;

(n) A person providing health care services to the child in crisis; or

(o) A hospital employee.

(6) The governor shall provide an annual report to the legislature including data and recommendations related to the rapid care team created in this section. The report required under this subsection must be submitted in compliance with RCW 43.01.036. The report required under this subsection must include the following:

(a) The number of children in crisis referred to the rapid care team and the types of people making referrals to the rapid care team;

(b) The demographic data of the children in crisis served by the rapid care team;

(c) The types of services and living arrangements identified by the rapid care team;

(d) The availability of the services and living arrangements identified as needed for the children in crisis served by the rapid care team;

(e) Any barriers that are preventing children in crisis from safely exiting the hospital setting when there is not a medical need for that hospital stay;

(f) Any barriers that are preventing children in crisis who are dependent under chapter 13.34 RCW from maintaining an appropriate and stable placement;

(g) Recommendations for earlier intervention to prevent children from becoming children in crisis;

(h) Discussion regarding the implementation of youth behavioral health and inpatient navigator programs and their role in serving children in crisis; and

(i) Recommendations for systemic changes that could replace the rapid care team in addressing complex cases involving a child in crisis.

(7) The following definitions apply to this section:

(a) "Child in crisis" means a person under age 18 who is:

(i) At risk of remaining in a hospital without medical necessity, without the ability to return to the care of a parent, and not dependent under chapter 13.34 RCW;

(ii) Staying in a hospital without medical necessity and who is unable to return to the care of a parent but is not dependent under chapter 13.34 RCW; or

(iii) Dependent under chapter 13.34 RCW, experiencing placement instability, and referred to the rapid care team by the department of children, youth, and families.

(b) "Rapid care team" means a team, whose work is managed and directed by the children and youth multisystem care project director created under this section, working to quickly identify the appropriate services and living arrangements for a child in crisis. A rapid care team must include:

(i) One designee from the health care authority;

(ii) ((~~One designee~~)) Two designees from the department of social and health services, including one from the component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW;

(iii) One designee from the office of financial management;

(iv) ((~~One designee from the developmental disabilities administration of the department of social and health services;~~ ~~(v)~~)) One designee from the department of children, youth, and families; and

((~~(vi)~~)) (v) Any other entities, including governmental entities and managed care organizations, or individuals, including clinicians and other service providers, that the children and youth multisystem care project director deems appropriate to support a child in crisis.

(8) This section expires June 30, 2027.

Sec. 7. RCW 43.20A.885 and 2022 c 120 s 2 are each amended to read as follows:

(1) The dementia action collaborative is established with members as provided in this subsection.

(a) The governor shall appoint the following members, and may appoint additional members at the governor's discretion:

(i) A representative of the governor's office;

(ii) A representative and an alternate from the ((~~department in the aging and long-term support administration~~)) component of the

department that provides services to eligible persons under chapter 74.39A RCW;

(iii) A representative and an alternate from the ((~~department in the developmental disabilities administration~~)) component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW;

(iv) A representative and an alternate from the department of health;

(v) A representative and an alternate from the health care authority;

(vi) A representative and an alternate from the office of the state long-term care ombuds;

(vii) At least one person with Alzheimer's disease or another dementia;

(viii) A caregiver of a person with Alzheimer's disease or another dementia;

(ix) A representative of the University of Washington's memory and brain wellness center;

(x) A representative of an organization representing area agencies on aging;

(xi) A representative of an association representing long-term care facilities in Washington;

(xii) A representative of an association representing physicians in Washington;

(xiii) A representative of a Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias;

(xiv) A representative of an Alzheimer's advocacy organization;

(xv) An attorney who specializes in elder law;

(xvi) An Alzheimer's disease researcher;

(xvii) A representative of an organization representing emergency medical service providers in Washington;

(xviii) An expert in workforce development;

(xix) A representative of the Washington state council on aging;

(xx) A representative of the governor's office of Indian affairs;

(xxi) A licensed behavioral health provider with clinical expertise in Alzheimer's disease or other dementias;

(xxii) A representative of a health care organization that primarily serves people of color, including seniors; and

(xxiii) A nurse with expertise in serving individuals with Alzheimer's disease or other dementias.

(b) In appointing members to the dementia action collaborative, the governor shall give priority to persons who had previously served on the Alzheimer's disease working group established pursuant to chapter 89 (Senate Bill No. 6124), Laws of 2014, and its successor work groups.

(2)(a) The secretary or the secretary's designee shall convene the dementia action collaborative and submit all required reports. The secretary or the secretary's designee shall serve as the cochair with either the member representing an Alzheimer's disease advocacy organization or the member representing the Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias.

(b) The department shall provide any necessary administrative support to the dementia action collaborative.

(c) Meetings of the dementia action collaborative must be open to the public. At least one meeting each year must accept comments on the dementia action collaborative's proposed recommendations from members of the public, including comments from persons and families affected by Alzheimer's disease or other dementias. The department must use technological means, such as web casts, to assure public participation.

(3)(a) The dementia action collaborative must assess the current and future impacts of Alzheimer's disease and other dementias on Washington residents, including:

(i) Examining progress in implementing the Washington state Alzheimer's plan adopted in 2016;

(ii) Assessing available services and resources for serving persons with Alzheimer's disease and other dementias, as well as their families and caregivers;

(iii) Examining and developing strategies to rectify disparate effects of Alzheimer's disease and other dementias on people of color; and

(iv) Developing a strategy to mobilize a state response to this public health crisis.

(b) In addition to the activities in (a) of this subsection, the dementia action collaborative must review and revise the Washington state Alzheimer's plan adopted in 2016, and any subsequent revisions to that plan. Revisions to the plan must evaluate and address:

(i) Population trends related to Alzheimer's disease and other dementias, including:

(A) Demographic information related to Washington residents living with Alzheimer's disease or other dementias, including average age, average age at first diagnosis, gender, race, and comorbidities; and

(B) Disparities in the prevalence of Alzheimer's disease and other dementias between different racial and ethnic populations;

(ii) Existing services, resources, and health care system capacity, including:

(A) The types, cost, and availability of dementia services, medicaid reimbursement rates for dementia services, and the effect of medicaid reimbursement rates on the availability of dementia services;

(B) Dementia-specific training requirements for long-term services and supports staff;

(C) The needs of public safety and law enforcement to respond to persons with Alzheimer's disease or other dementias;

(D) The availability of home and community-based resources, including respite care and other services to assist families, for persons with Alzheimer's disease or other dementias;

(E) Availability of long-term dementia care beds, regardless of payer;

(F) State funding and Alzheimer's disease research through Washington universities and other resources; and

(G) Advances in knowledge regarding brain health, dementia, and risk reduction related to Alzheimer's disease and other dementias since the adoption of the Washington state Alzheimer's plan established in 2016.

(4) The department must submit a report of the dementia action collaborative's findings and recommendations to the governor and the legislature in the form of an updated Washington state Alzheimer's plan no later than October 1, 2023. The department must submit annual updates and recommendations of the dementia action collaborative for legislative and executive branch agency action to the governor and the legislature each October 1st, beginning October 1, 2024.

((~~(5) This section expires June 30, 2028.~~))

Sec. 8. RCW 43.41.275 and 2023 c 148 s 4 are each amended to read as follows:

(1) By January 31st of each year, state agencies employing one hundred or more people must submit the report described in subsection (2) of this section to the human resources director, with copies to the director of the department of social and health services' division of vocational rehabilitation and the governor's disability employment task force.

(2) The report must include the following information:

(a) The number of employees from the previous fiscal year;

(b) The number of employees classified as individuals with disabilities;

(c) The number of employees that separated from the state agency the previous year;

(d) The number of employees that were hired by the state agency the previous year;

(e) The number of employees hired from the division of vocational rehabilitation services and from the department of the services for the blind the previous year;

(f) The number of planned hires for the current year; and

(g) Opportunities for internships for the department of social and health services' division of vocational rehabilitation and ((~~developmental disabilities~~)) home and community living administration, or their successor organizations, and the department of the services for the blind client placement, leading to an entry-level position placement upon successful completion for the current year.

Sec. 9. RCW 43.88C.010 and 2023 c 420 s 4, 2023 c 345 s 1, and 2023 c 244 s 1 are each reenacted and 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;

(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; and

(e) Beginning with the first official forecast after July 23, 2023, the number of people eligible for the working families' tax credit under RCW 82.08.0206. The total number of people eligible for the working families' tax credit should include:

(i) The number of eligible people with no qualifying children;

(ii) The number of eligible people with one qualifying child;

(iii) The number of eligible people with two qualifying children; and

(iv) The number of eligible people with three or more qualifying children.

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

(9) 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~~)) department of social and health services 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~~)) department of social and health services 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, 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~~)) department of social and health services.

(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.

(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.

(14) The caseload forecast council shall forecast the number of individuals who are functionally and financially eligible for medicaid waiver services ((~~administered by the developmental disabilities administration~~)) for individuals with developmental disabilities as defined in RCW 71A.10.020 administered by the department of social and health services who also meet the criteria outlined in RCW 71A.12.370 and are expected to utilize a medicaid waiver service.

(15) The caseload forecast council shall forecast eligible children participating in the transition to kindergarten program under RCW 28A.300.072.

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

(17) During the 2021-2023 fiscal biennium, and beginning with the November 2021 forecast, the caseload forecast council shall produce an unofficial forecast of the long-term caseload for juvenile rehabilitation as a courtesy.

Sec. 10. RCW 43.330.425 and 2022 c 266 s 2 are each amended to read as follows:

(1) An advisory committee on permanent supportive housing is established with members as provided in this section.

(a) ((~~One representative of the aging and long-term support administration at the~~)) Two representatives of the department of social and health services at least one of which shall be from the component of the department that administers services to eligible persons with intellectual or developmental disabilities under Title 71A RCW;

(b) One representative of the health care authority;

(c) ((~~One representative of the developmental disabilities administration;~~

~~(d)~~)) One representative from a city that invests resources in permanent supportive housing;

((~~(e)~~)) (d) One representative from a city with the largest number of chronically homeless households;

((~~(f)~~)) (e) One representative from a county that invests resources in permanent supportive housing;

((~~(g)~~)) (f) One representative from a county with the largest number of chronically homeless households;

((~~(h)~~)) (g) One representative of public housing authorities as created under chapter 35.82 RCW;

((~~(i)~~)) (h) One permanent supportive housing service provider;

((~~(j)~~)) (i) One permanent supportive housing developer;

((~~(k)~~)) (j) One permanent supportive housing building operator;

((~~(l)~~)) (k) One permanent supportive housing resident;

((~~(m)~~)) (l) One permanent supportive housing researcher;

((~~(n)~~)) (m) One permanent supportive housing advocate;

((~~(o)~~)) (n) One representative from the behavioral health sector;

((~~(p)~~)) (o) One representative of the health care sector; and

((~~(q)~~)) (p) One representative of each of the following permanent supportive housing populations:

(i) Single adults;

(ii) Older adults over age 55;

(iii) Families with children;

(iv) The American Indian and Alaska Native community;

(v) Communities of color;

(vi) The LGBTQIA+ community;

(vii) The intellectual and developmental disability community;

(viii) The mental health disability community;

(ix) The substance use disorder community; and

(x) The physical disability community.

(2)(a) The members of the advisory committee shall be appointed by the director. Members must reflect the geographic, racial, and ethnic diversity of the state of Washington and be inclusive of historically marginalized communities.

(b) The members of the advisory committee must be reimbursed for travel expenses as provided in RCW 43.03.050 and 43.03.060.

(3) The advisory committee shall:

(a) Select a chair from among its membership;

(b) Meet quarterly;

(c) Provide guidance and recommendations on the administration of permanent supportive housing resources managed by the department, including recommendations to ensure alignment of capital, services,

and operating investments and fidelity with the provision of permanent supportive housing as defined in RCW 36.70A.030; and

(d) Until December 31, 2027, report its recommendations to enhance the coordination and availability of permanent supportive housing to the appropriate committees of the legislature and the governor by December 1st of each year.

(4) The director and the director of the office of supportive housing shall regularly consult with the advisory committee. The department shall convene the advisory committee for its initial meeting no later than November 1, 2022. The advisory committee shall be staffed by the department.

Sec. 11. RCW 43.382.005 and 2016 c 172 s 5 are each amended to read as follows:

(1) There is created an office of the developmental disabilities ombuds. The department of commerce shall contract with a private, independent nonprofit organization to provide developmental disability ombuds services. The department of commerce shall designate, by a competitive bidding process, the nonprofit organization that will contract to operate the ombuds. The selection process must include consultation of stakeholders in the development of the request for proposals and evaluation of bids. The selected organization must have experience and the capacity to effectively communicate regarding developmental disabilities issues with policymakers, stakeholders, and the general public and must be prepared and able to provide all program and staff support necessary, directly or through subcontracts, to carry out all duties of the office.

(2) The contracting organization and its subcontractors, if any, are not state agencies or departments, but instead are private, independent entities operating under contract with the state.

(3) The governor or state may not revoke the designation of the organization contracted to provide the services of the ombuds except upon a showing of neglect of duty, misconduct, or inability to perform duties.

(4) The department of commerce shall ensure that the ombuds staff has access to sufficient training or experience with issues relating to persons with developmental disabilities and the program and staff support necessary to enable the ombuds to effectively protect the interests of persons with developmental disabilities. The office of

the developmental disabilities ombuds shall have the powers and duties to do the following:

(a) Provide information as appropriate on the rights and responsibilities of persons receiving developmental disability ((~~[disabilities] administration~~)) services or other state services, and on the procedures for providing these services;

(b) Investigate, upon its own initiative or upon receipt of a complaint, an administrative act related to a person with developmental disabilities alleged to be contrary to law, rule, or policy, imposed without an adequate statement of reason, or based on irrelevant, immaterial, or erroneous grounds; however, the ombuds may decline to investigate any complaint;

(c) Monitor the procedures as established, implemented, and practiced by the department to carry out its responsibilities in the delivery of services to a person with developmental disabilities, with a view toward appropriate preservation of families and ensuring health and safety;

(d) Review periodically the facilities and procedures of state institutions which serve persons with developmental disabilities and state-licensed facilities or residences;

(e) Recommend changes in the procedures for addressing the needs of persons with developmental disabilities;

(f) Submit annually, by November 1st, to the governor and appropriate committees of the legislature a report analyzing the work of the office, including recommendations;

(g) Establish procedures to protect the confidentiality of records and sensitive information to ensure that the identity of any complainant or person with developmental disabilities will not be disclosed without the written consent of the complainant or person, or upon court order;

(h) Maintain independence and authority within the bounds of the duties prescribed by this chapter, insofar as this independence and authority is exercised in good faith and within the scope of contract; and

(i) Carry out such other activities as determined by the department of commerce within the scope of this chapter.

(5) The developmental disabilities ombuds must consult with stakeholders to develop a plan for future expansion of the ombuds into a model of individual ombuds services akin to the operations of the long-term care ombuds. The developmental disabilities ombuds

shall report its progress and recommendations related to this subsection to the governor and appropriate committees of the legislature by November 1, 2019.

Sec. 12. RCW 43.382.010 and 2016 c 172 s 6 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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

~~(2)~~)) "Department" means the department of social and health services.

((~~(3)~~)) (2) "Ombuds" means the office of the developmental disabilities ombuds.

Sec. 13. RCW 70.128.040 and 2009 c 530 s 1 are each amended to read as follows:

(1) The department shall adopt rules and standards with respect to adult family homes and the operators thereof to be licensed under this chapter to carry out the purposes and requirements of this chapter. The rules and standards relating to applicants and operators shall address the differences between individual providers and providers that are partnerships, corporations, associations, or companies. The rules and standards shall also recognize and be appropriate to the different needs and capacities of the various populations served by adult family homes such as but not limited to persons who are developmentally disabled or elderly. In developing rules and standards the department shall recognize the residential family-like nature of adult family homes and not develop rules and standards which by their complexity serve as an overly restrictive barrier to the development of the adult family homes in the state. Procedures and forms established by the department shall be developed so they are easy to understand and comply with. Paper work requirements shall be minimal. Easy to understand materials shall be developed for applicants and providers explaining licensure requirements and procedures.

(2)(a) In developing the rules and standards, the department shall consult with all divisions and administrations within the department serving the various populations living in adult family homes((~~, including the division of developmental disabilities and the~~

~~aging and adult services administration~~)). Involvement by the divisions and administration shall be for the purposes of assisting the department to develop rules and standards appropriate to the different needs and capacities of the various populations served by adult family homes. During the initial stages of development of proposed rules, the department shall provide notice of development of the rules to organizations representing adult family homes and their residents, and other groups that the department finds appropriate. The notice shall state the subject of the rules under consideration and solicit written recommendations regarding their form and content.

(b) In addition, the department shall engage in negotiated rule making pursuant to RCW 34.05.310(2)(a) with the exclusive representative of the adult family home licensees selected in accordance with RCW 70.128.043 and with other affected interests before adopting requirements that affect adult family home licensees.

(3) Except where provided otherwise, chapter 34.05 RCW shall govern all department rule-making and adjudicative activities under this chapter.

(4) The department shall establish a specialty license to include geriatric specialty certification for providers who have successfully completed the University of Washington school of nursing certified geriatric certification program and testing.

Sec. 14. RCW 70.128.300 and 2019 c 466 s 1 are each amended to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the ((~~developmental disabilities~~)) home and community living administration, or its successor organization, within the department shall work with stakeholders to design and implement services for individuals living in adult family homes who have a primary need of care related to a developmental or intellectual disability. These services must be enhancements or in addition to services currently available, and designed to meet the specific provisions related to the assessment, environment, regulations, provision of care, and training requirements. These services must be enhancements or in addition to services currently available, and designed to support an intentional environment to improve resident quality of life, promote resident safety, including protecting safety in relationships between residents, increase resident length of stay, clarify regulations, streamline training

requirements, reduce the need for institutional settings, and attract more adult family home providers to develop such highly needed resources. The recommendations for these services must be completed by June 1, 2020, for consideration and implementation in the 2021-2023 biennium.

(2) Subject to the availability of amounts appropriated for this specific purpose, the ((~~aging and long-term support~~)) home and community living administration, or its successor organization, within the department shall work with stakeholders to design and implement proposed services for individuals living in adult family homes that are dedicated solely to the care of individuals with dementia, including Alzheimer's disease. These services must be enhancements or in addition to services currently available, and designed to include specific provisions related to the assessment, environment, regulations, provision of care, and training requirements. These services must be designed to support an intentional environment to improve resident quality of life, promote resident safety, including protecting safety in relationships between residents, increase resident length of stay, clarify regulations, streamline training requirements, reduce the need for institutional settings, and attract more adult family home providers to develop such highly needed resources. The recommendations for these services must be completed by June 1, 2020, for consideration and implementation in the 2021-2023 biennium.

Sec. 15. RCW 71.09.099 and 2021 c 236 s 10 are each amended to read as follows:

To facilitate the primary role of the department in identifying less restrictive alternative placements under RCW 71.09.090 and discharge planning under RCW 71.09.080, subject to the availability of amounts appropriated for this specific purpose, the department shall conduct a study to explore the development of conditional release and transition facilities, which may include community-based state-operated living alternatives similar to the state-operated living alternative program operated by the ((~~developmental disabilities administration~~)) department. Any facilities or placements developed under this section may be identified through a request for proposal process or through direct state acquisition and development. Any contracts with facilities or placements entered into

under this section shall include a provision requiring oversight by the department to ensure the programs are operating appropriately.

Sec. 16. RCW 71A.10.020 and 2022 c 277 s 2 are each amended to read as follows:

As used in this title, the following terms have the meanings indicated unless the context clearly requires otherwise.

(1) "Administration" means the components of the department of social and health services ((~~developmental disabilities administration~~)) that administer services for individuals with intellectual or developmental disabilities under this title.

(2) "Assessment" means an evaluation is provided by the department to determine:

(a) If the individual meets functional and financial criteria for medicaid services; and

(b) The individual's support needs for service determination.

(3) "Client" means a person who has been found by the secretary under RCW 71A.16.040 to be eligible for services under this title.

(4) "Community residential support services," or "community support services," and "in-home services" means one or more of the services listed in RCW 71A.12.040.

((~~(4)~~)) (5) "Crisis stabilization services" means services provided to persons with developmental disabilities who are experiencing behaviors that jeopardize the safety and stability of their current living situation. Crisis stabilization services include:

(a) Temporary intensive services and supports, typically not to exceed sixty days, to prevent psychiatric hospitalization, institutional placement, or other out-of-home placement; and

(b) Services designed to stabilize the person and strengthen their current living situation so the person may continue to safely reside in the community during and beyond the crisis period.

((~~(5)~~)) (6) "Department" means the department of social and health services.

((~~(6)~~)) (7) "Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability

originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. By June 30, 2025, the administration shall promulgate rules to further define developmental disability without the use of intelligence quotient scores.

((~~(7)~~)) (8) "Eligible person" means a person who has been found by the secretary under RCW 71A.16.040 to be eligible for services.

((~~(8)~~)) (9) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and to raise their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.

((~~(9)~~)) (10) "Legal representative" means a parent of a person who is under eighteen years of age, a person's legal guardian, a person's limited guardian when the subject matter is within the scope of the limited guardianship, a person's attorney-at-law, a person's attorney-in-fact, or any other person who is authorized by law to act for another person.

((~~(10)~~)) (11) "Notice" or "notification" of an action of the secretary means notice in compliance with RCW 71A.10.060.

((~~(11)~~)) (12) "Residential habilitation center" means a state-operated facility for persons with developmental disabilities governed by chapter 71A.20 RCW.

((~~(12)~~)) (13) "Respite services" means relief for families and other caregivers of people with disabilities, typically not to exceed ninety days, to include both in-home and out-of-home respite care on an hourly and daily basis, including twenty-four hour care for several consecutive days. Respite care workers provide supervision, companionship, and personal care services temporarily replacing those provided by the primary caregiver of the person with disabilities. Respite care may include other services needed by the client, including medical care which must be provided by a licensed health care practitioner.

((~~(13)~~)) (14) "Secretary" means the secretary of social and health services or the secretary's designee.

((~~(14)~~)) (15) "Service" or "services" means services provided by state or local government to carry out this title.

((~~(15)~~)) (16) "Service request list" means a list of eligible persons who have received an assessment for service determination and

their assessment shows that they meet the eligibility requirements for the requested service but were denied access due to funding limits.

((~~(16)~~)) (17) "State-operated living alternative" means programs for community residential services which may include assistance with activities of daily living, behavioral, habilitative, interpersonal, protective, medical, nursing, and mobility supports to individuals who have been assessed by the department as meeting state and federal requirements for eligibility in home and community-based waiver programs for individuals with developmental disabilities. State-operated living alternatives are operated and staffed with state employees.

((~~(17)~~)) (18) "Supported living" means community residential services and housing which may include assistance with activities of daily living, behavioral, habilitative, interpersonal, protective, medical, nursing, and mobility supports provided to individuals with disabilities who have been assessed by the department as meeting state and federal requirements for eligibility in home and community-based waiver programs for individuals with developmental disabilities. Supported living services are provided under contracts with private agencies or with individuals who are not state employees.

((~~(18)~~)) (19) "Vacancy" means an opening at a residential habilitation center, which when filled, would not require the center to exceed its biennially budgeted capacity.

Sec. 17. RCW 71A.10.100 and 2025 c 337 s 1 are each amended to read as follows:

(1) The department shall ((~~hire two permanent, full-time employees to~~)) regularly review and maintain the no-paid services caseload. This includes, but is not limited to, updating the no-paid services caseload to accurately reflect a current head count of eligible individuals and identifying the number of individuals contacted who are currently interested in receiving ((~~a~~)) paid ((~~service from the developmental disabilities administration~~)) developmental disability services under this title and if ((~~the individual~~)) those individuals would like services now or within the next year. Beginning December 1, 2022, the department shall annually report this information to the governor and the appropriate committees of the legislature.

(2) The department may provide limited case resource management services to a client on the no-paid services caseload. The case resource manager's duties include responding to the client to discuss the client's service needs and explaining to the client the service options available through the department or other community resources. Inactive clients on the no-paid services caseload may not receive case resource management services.

Sec. 18. RCW 71A.16.020 and 2022 c 277 s 3 are each amended to read as follows:

(1) A person is eligible for services under this title if the secretary finds that the person has a developmental disability as defined in RCW 71A.10.020.

(2) The secretary may adopt rules further defining and implementing the criteria in the definition of "developmental disability" under RCW 71A.10.020. Beginning July 1, 2025, the ((~~administration~~)) department may not use intelligence quotient scores as a determinant of developmental disability. The ((~~administration~~)) department shall maintain eligibility for ((~~the administration's~~)) services for any persons determined eligible after the age of 18 who were determined eligible using an intelligence quotient score under criteria in place prior to July 1, 2025. The ((~~administration~~)) department shall not disenroll any client upon review at 18 years old who is determined to be eligible based on standards in place prior to or after July 1, 2025.

Sec. 19. RCW 71A.16.050 and 2014 c 139 s 3 are each amended to read as follows:

The determination made under this chapter is only as to whether a person is eligible for services. After the secretary has determined under this chapter that a person is eligible for services, the individual may request an assessment for eligibility for medicaid programs and specific developmental disability services ((~~administered by the developmental disabilities administration~~)) authorized under this title. The secretary shall make a determination as to what services are appropriate for the person. The secretary shall prioritize services to medicaid eligible clients. Services may be made available to nonmedicaid eligible clients based on available funding. Services available through the state medicaid plan must be provided to those individuals who meet the eligibility criteria. The

department shall establish and maintain a service request list database for individuals who are found to be eligible and have an assessed and unmet need for programs and services offered under a home and community-based services waiver, but the provision of a specific service would exceed the biennially budgeted capacity.

Sec. 20. RCW 71A.18.060 and 2022 c 219 s 3 are each amended to read as follows:

(1) Expenditures for the individual and family services waiver and the basic plus waiver administered under Title 71A RCW 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~~)) department under Title 71A RCW.

Sec. 21. RCW 71A.26.010 and 2020 c 271 s 1 are each amended to read as follows:

The rights set forth in this chapter are the minimal rights guaranteed to all ((~~clients of the administration~~)) eligible persons, as defined in RCW 71A.10.020, who are receiving services under this title, and are not intended to diminish rights set forth in other state or federal laws that may contain additional rights.

Sec. 22. RCW 71A.26.030 and 2020 c 271 s 3 are each amended to read as follows:

(1) The ((~~administration~~)) department must notify the individual and the individual's legal representative or necessary supplemental accommodation representative of the rights set forth in this chapter upon determining the individual is an eligible person. The notification the ((~~administration~~)) department provides must be in

written form. The ((~~administration~~)) department must document the date that the notification required in this subsection was provided.

(2) The ((~~administration~~)) department must notify a client and a client's legal representative or necessary supplemental accommodation representative of the rights set forth in this chapter upon conducting ((~~a client's~~)) an eligible person's assessment. The notification the ((~~administration~~)) department provides must be in written form. The ((~~administration~~)) department must document the date that the notification required in this subsection was provided.

(3) The client has the right to exercise autonomy and choice free from provider interference. This includes the client's rights to:

(a) Be free from sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion;

(b) Be free from discrimination based on race, color, creed, national origin, religion, sex, age, disability, marital and family status, gender identity, or sexual orientation;

(c) Make choices regarding the type of food available within the client's resources and service plan;

(d) Have visitors at the client's home and associate with persons of the client's choosing and subject to limitations as negotiated with the client's housemates;

(e) Control the client's schedule and choose activities, schedules, and health care that meet the client's needs;

(f) Information about the treatment ordered by the client's health care provider and help plan how the treatment will be implemented;

(g) Be free from unnecessary medication, restraints, and restrictions;

(h) Vote, participate in the democratic process, and help people with getting elected to office;

(i) Manage the client's money or choose a person to assist;

(j) Be part of the community;

(k) Make choices about the client's life;

(l) Choose the clothes and hairstyle the client wears;

(m) Furnish and decorate the client's bedroom to the client's preferences or furnish and decorate the client's home to the client's preferences subject to agreement with the client's housemates;

(n) Seek paid employment;

(o) Receive the services that the client agrees to receive;

(p) Decide whether or not to participate in research after the research has been explained to the client, and after the client or the client's legal representative gives written consent for the client to participate in the research; and

(q) Be free from financial exploitation.

(4) The client has the right to participate in the administration's service planning. This includes the client's right to:

(a) Be present and provide input on the client's service plans written by the administration and providers;

(b) Have meaningful opportunities to lead planning processes;

(c) Have the client's visions for a meaningful life and the client's goals for education, employment, housing, relationships, and recreation included in the planning process;

(d) Choose an advocate to attend the planning processes with the client; and

(e) Have access to current and accurate information about recreation, education, and employment opportunities available in the client's community.

(5) The client has the right to access information about services and health care. This includes the client's right to:

(a) View a copy of all of the client's service plans;

(b) Possess full copies of the client's current service plans;

(c) Review copies of the policies and procedures for any service the client receives, at any time. This includes policies and procedures about how the client may file a complaint to providers and the department;

(d) Examine the results of the department's most recent survey or inspection conducted by state surveyors or inspectors, statements of deficiency, and plans of correction in effect with respect to the client's provider and the client's residence. The client's service provider must assist the client with locating and accessing this information upon the client's request; and

(e) Receive written notification of enforcement actions taken by the department against the client's provider. The administration's case manager or designee must provide notification to the client and the client's legal representative or necessary supplemental accommodation representative within twenty days, excluding weekends and holidays, of the date of enforcement. For purposes of this subsection, a "provider" means an entity that provides residential

services received by ((~~a client~~)) an eligible person that is operated by ((~~or contracted through the administration~~)) the department or contractor of the department to provide developmental disability services under this title. An enforcement action that requires this notification includes:

(i) Conditions placed on the provider certification or license;

(ii) Suspension or limited suspension of referrals or admissions;

(iii) Imposition of provisional certification or decertification; or

(iv) Denial, suspension, or revocation of a license or certification.

(6) The client has the right to file complaints and grievances, and to request appeals. This includes the client's right to:

(a) Appeal any decision by the department that denies, reduces, or terminates the client's eligibility, services, or choice of provider as defined in federal medicaid law and state public assistance laws;

(b) Submit grievances to the client's provider about the client's services or other concerns. This includes, but is not limited to, concerns about the behavior of other people where the client lives. The provider must maintain a written policy on the grievance process that includes timelines and possible remedies. If a grievance is unresolved, the provider must provide the client with information on how to submit the grievance to the department;

(c) File complaints and grievances, and request appeals without penalty or retaliation by the department or providers; and

(d) Receive information about how to obtain accommodation for disability in the appeal process.

(7) The client has the right to privacy and confidentiality. This includes the client's right to:

(a) Personal privacy and confidentiality of the client's personal records;

(b) Communicate privately, including the right to send and receive mail and email, and the right to use a telephone in an area where calls can be made without being overheard; and

(c) Meet with and talk privately with the client's friends and family.

(8) The client has rights during discharge, transfer, and termination of services as set forth in this subsection.

(a) Clients that are residents of a long-term care facility that is licensed under chapter 18.20, 72.36, or 70.128 RCW have the rights set forth in RCW 70.129.110.

(b) Clients that receive certified community residential services have the right to:

(i) Remain with the client's provider. Services must not be terminated unless the provider determines and documents that:

(A) The provider cannot meet the needs of the client;

(B) The client's safety or the safety of other individuals in the facility or residence is endangered;

(C) The client's health or the health of other individuals in the facility or residence would otherwise be endangered; or

(D) The provider ceases to operate.

(ii) Receive written notice from the provider of any potential termination of services at least thirty days before such termination, except when there is a health and safety emergency that requires termination of service, in which case notice shall be provided at least seventy-two hours before the date of termination. The notice must be provided to the client and the client's legal representative or necessary supplemental accommodation representative. The notice must include:

(A) The reason for termination of services; and

(B) The effective date of termination of services.

(iii) Receive a transition plan at least two days before the effective date of the termination of services, or if the termination was based on a health and safety emergency receive a transition plan within two days of the administration's receipt of notice for emergency termination. The administration must provide the client and the client's legal representative or necessary supplemental accommodation representative with the plan. The plan must include:

(A) The location where the client will be transferred;

(B) The mode of transportation to the new location; and

(C) The name, address, and telephone number of the developmental disabilities ombuds.

(c) A provider that provides services to clients in a residence owned by the provider must exhaust the procedures for termination of services prior to the commencement of any unlawful detainer action under RCW 59.12.030.

(9) The client has the right to access advocates. The client has the right to receive information from agencies acting as client

advocates, and be afforded the opportunity to contact these agencies. The provider must not interfere with the client's access to any of the following:

(a) Any representative of the state;

(b) The resident's individual physician;

(c) The developmental disabilities ombuds; or

(d) Any representative of the organization designated to implement the protection and advocacy program pursuant to RCW 71A.10.080.

(10) If a client is subject to a guardianship order pursuant to chapter 11.88 RCW, the rights of the client under this chapter are exercised by the client's guardian if the subject matter is within the scope of the guardianship order.

Sec. 23. RCW 71A.28.030 and 2020 c 41 s 3 are each amended to read as follows:

(1) It is the intent of the legislature that the department offer voluntary out-of-home services in cases where the sole reason for the child's out-of-home services is due to the child's developmental disability and the parent, guardian, or legal custodian has determined that the child would benefit from services outside of the home. If the department does not offer out-of-home services, a petition may be filed and an action pursued under chapter 13.34 RCW.

(2) Nothing in this section prevents the department of children, youth, and families from filing a dependency petition if there is reason to believe that the child is a dependent child as defined in RCW 13.34.030.

(3) The department must adopt rules for out-of-home services.

(4) As used in this section, "out-of-home services" means the services provided to a child by a provider that is licensed to serve children under chapter 74.15 RCW and is contracted by the department or provided by a state-operated community program ((~~of the developmental disabilities administration~~)) for eligible persons with a developmental disability.

Sec. 24. RCW 74.13.341 and 2021 c 56 s 3 are each amended to read as follows:

(1) With respect to children who are subject to an open dependency proceeding under chapter 13.34 RCW and may exit dependency proceedings under chapter 13.34 RCW after reaching the maximum age

for dependent children, the department shall invite representatives from the entity providing managed health and behavioral health care for foster youth required under RCW 74.09.860, and representatives of the department of social and health services programs administering behavioral health ((~~administration~~)), ((~~the~~)) developmental disabilities ((~~administration~~)), ((~~the division of~~)) vocational rehabilitation, and ((~~the~~)) economic services ((~~administration~~)) to the youth's shared planning meeting that occurs between the age of 17 and 17.5 that is used to develop a transition plan. It is the responsibility of the department to include these agencies in the shared planning meeting.

(2) For youth who are subject to an open dependency proceeding under chapter 13.34 RCW and the department caseworker believes may be eligible for services administered by the ((~~developmental disabilities administration~~)) department of social and health services under Title 71A RCW, the department shall convene a shared planning meeting that includes representatives from the ((~~developmental disabilities administration and the division of vocational rehabilitation~~)) department of social and health services who administer developmental disability and vocational rehabilitation services when the youth is between the ages of 16 and 16.5. This meeting must be used to begin planning services for the youth in advance of the youth's transition to adulthood. The shared planning meeting required under this subsection may include:

(a) Assessing functional eligibility for developmental disability waiver services;

(b) Understanding the services that the youth wants or needs upon the youth's exit from a dependency under chapter 13.34 RCW;

(c) Advanced planning for residential services provided by the ((~~developmental disabilities administration of the~~)) department of social and health services;

(d) Advanced planning for housing options available from ((~~entities other than the developmental disabilities administration of~~)) the department of social and health services the youth wants or needs upon the youth's exit from a dependency under chapter 13.34 RCW; and

(e) Development of an action plan so that the services the youth wants or needs will be provided following the youth's exit from dependency proceedings under chapter 13.34 RCW.

(3) If children who are subject to an open dependency proceeding under chapter 13.34 RCW and who are the subject of either shared planning meeting described under this section may qualify for services provided by the ((~~developmental disabilities administration~~)) department of social and health services pursuant to Title 71A RCW, the department shall direct these youth to apply for these services and provide assistance in the application process.

Sec. 25. RCW 74.04.060 and 2022 c 214 s 8 are each amended to read as follows:

(1)(a) For the protection of applicants and recipients, the department, the authority, and the county offices and their respective officers and employees are prohibited, except as hereinafter provided, from disclosing the contents of any records, files, papers and communications, except for purposes directly connected with the administration of the programs of this title. In any judicial proceeding, except such proceeding as is directly concerned with the administration of these programs, such records, files, papers and communications, and their contents, shall be deemed privileged communications and except for the right of any individual to inquire of the office whether a named individual is a recipient of welfare assistance and such person shall be entitled to an affirmative or negative answer.

(b) Unless prohibited by federal law, for the purpose of investigating and preventing child abuse and neglect and providing for the health care coordination and well-being of children in foster care, the department and the authority shall disclose to the department of children, youth, and families the following information: ((~~Developmental disabilities administration client records; home and community services client records;~~)) Home and community living administration client records; behavioral health and habilitation administration client records; long-term care facility or certified community residential supports records; health care information; child support information; food assistance information; and public assistance information. Disclosure under this subsection (1)(b) is mandatory for the purposes of the federal health insurance portability and accountability act.

(c) Upon written request of a parent who has been awarded visitation rights in an action for divorce or separation or any parent with legal custody of the child, the department shall disclose

to him or her the last known address and location of his or her natural or adopted children. The secretary shall adopt rules which establish procedures for disclosing the address of the children and providing, when appropriate, for prior notice to the custodian of the children. The notice shall state that a request for disclosure has been received and will be complied with by the department unless the department receives a copy of a court order which enjoins the disclosure of the information or restricts or limits the requesting party's right to contact or visit the other party or the child. Information supplied to a parent by the department shall be used only for purposes directly related to the enforcement of the visitation and custody provisions of the court order of separation or decree of divorce. No parent shall disclose such information to any other person except for the purpose of enforcing visitation provisions of the said order or decree.

(d) Unless prohibited by federal law, the department is permitted to release individual-level data of state-funded public assistance programs listed under RCW 28B.92.200 to the student achievement council under chapter 28B.77 RCW for the purposes of RCW 28B.92.225.

(e) The department shall review methods to improve the protection and confidentiality of information for recipients of welfare assistance who have disclosed to the department that they are past or current victims of domestic violence or stalking.

(2) The county offices shall maintain monthly at their offices a report showing the names and addresses of all recipients in the county receiving public assistance under this title, together with the amount paid to each during the preceding month.

(3) The provisions of this section shall not apply to duly designated representatives of approved private welfare agencies, public officials, members of legislative interim committees and advisory committees when performing duties directly connected with the administration of this title, such as regulation and investigation directly connected therewith: PROVIDED, HOWEVER, That any information so obtained by such persons or groups shall be treated with such degree of confidentiality as is required by the federal social security law.

(4) It shall be unlawful, except as provided in this section, for any person, body, association, firm, corporation or other agency to solicit, publish, disclose, receive, make use of, or to authorize, knowingly permit, participate in or acquiesce in the use of any lists

or names for commercial or political purposes of any nature. The violation of this section shall be a gross misdemeanor.

Sec. 26. RCW 74.09.520 and 2025 c 367 s 1 are each amended to read as follows:

(1) The term "medical assistance" may include the following care and services subject to rules adopted by the authority or department: (a) Inpatient hospital services; (b) outpatient hospital services; (c) other laboratory and X-ray services; (d) nursing facility services; (e) physicians' services, which shall include prescribed medication and instruction on birth control devices; (f) medical care, or any other type of remedial care as may be established by the secretary or director; (g) home health care services; (h) private duty nursing services; (i) dental services; (j) physical and occupational therapy and related services; (k) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select; (l) personal care services, as provided in this section; (m) hospice services; (n) other diagnostic, screening, preventive, and rehabilitative services; and (o) like services when furnished to a child by a school district in a manner consistent with the requirements of this chapter. For the purposes of this section, neither the authority nor the department may cut off any prescription medications, oxygen supplies, respiratory services, or other life-sustaining medical services or supplies.

"Medical assistance," notwithstanding any other provision of law, shall not include routine foot care, or dental services delivered by any health care provider, that are not mandated by Title XIX of the social security act unless there is a specific appropriation for these services.

(2) The department shall adopt, amend, or rescind such administrative rules as are necessary to ensure that Title XIX personal care services are provided to eligible persons in conformance with federal regulations.

(a) These administrative rules shall include financial eligibility indexed according to the requirements of the social security act providing for medicaid eligibility.

(b) The rules shall require clients be assessed as having a medical condition requiring assistance with personal care tasks.

Plans of care for clients requiring health-related consultation for assessment and service planning may be reviewed by a nurse.

(c) The department shall determine by rule which clients have a health-related assessment or service planning need requiring registered nurse consultation or review. This definition may include clients that meet indicators or protocols for review, consultation, or visit.

(3) The department shall design and implement a means to assess the level of functional disability of persons eligible for personal care services under this section. The personal care services benefit shall be provided to the extent funding is available according to the assessed level of functional disability. Any reductions in services made necessary for funding reasons should be accomplished in a manner that assures that priority for maintaining services is given to persons with the greatest need as determined by the assessment of functional disability.

(4) Effective July 1, 1989, the authority shall offer hospice services in accordance with available funds.

(5) For Title XIX personal care services administered by the department, the department shall contract with area agencies on aging or may contract with a federally recognized Indian tribe under RCW 74.39A.090(3):

(a) To provide case management services to individuals receiving Title XIX personal care services in their own home; and

(b) To reassess and reauthorize Title XIX personal care services or other home and community services as defined in RCW 74.39A.009 in home or in other settings for individuals consistent with the intent of this section:

(i) Who have been initially authorized by the department to receive Title XIX personal care services or other home and community services as defined in RCW 74.39A.009; and

(ii) Who, at the time of reassessment and reauthorization, are receiving such services in their own home.

(6) In the event that an area agency on aging or federally recognized Indian tribe is unwilling to enter into or satisfactorily fulfill a contract or an individual consumer's need for case management services will be met through an alternative delivery system, the department is authorized to:

(a) Obtain the services through competitive bid; and

(b) Provide the services directly until a qualified contractor can be found.

(7) Subject to the availability of amounts appropriated for this specific purpose, the authority may offer medicare part D prescription drug copayment coverage to full benefit dual eligible beneficiaries.

(8) Effective January 1, 2016, the authority shall require universal screening and provider payment for autism and developmental delays as recommended by the bright futures guidelines of the American academy of pediatrics, as they existed on August 27, 2015. This requirement is subject to the availability of funds.

(9) Subject to the availability of amounts appropriated for this specific purpose, effective January 1, 2018, the authority shall require provider payment for annual depression screening for youth ages twelve through eighteen as recommended by the bright futures guidelines of the American academy of pediatrics, as they existed on January 1, 2017. Providers may include, but are not limited to, primary care providers, public health nurses, and other providers in a clinical setting. This requirement is subject to the availability of funds appropriated for this specific purpose.

(10) Subject to the availability of amounts appropriated for this specific purpose, effective January 1, 2018, the authority shall require provider payment for maternal depression screening for mothers of children ages birth to six months. This requirement is subject to the availability of funds appropriated for this specific purpose.

(11) Subject to the availability of amounts appropriated for this specific purpose, the authority shall:

(a) Allow otherwise eligible reimbursement for the following related to mental health assessment and diagnosis of children from birth through five years of age:

(i) Up to five sessions for purposes of intake and assessment, if necessary;

(ii) Assessments in home or community settings, including reimbursement for provider travel; and

(b) Require providers to use the current version of the DC:0-5 diagnostic classification system for mental health assessment and diagnosis of children from birth through five years of age.

(12) Effective January 1, 2024, the authority shall require coverage for noninvasive preventive colorectal cancer screening tests

assigned either a grade of A or grade of B by the United States preventive services task force and shall require coverage for colonoscopies performed as a result of a positive result from such a test.

(13)(a) The authority shall require or provide payment to the hospital for any day of a hospital stay in which an adult or child patient enrolled in medical assistance, including home and community services or with a medicaid managed care organization, under this chapter:

(i) Does not meet the criteria for acute inpatient level of care as defined by the authority;

(ii) Meets the criteria for discharge, as defined by the authority or department, to any appropriate placement including, but not limited to:

(A) A nursing home licensed under chapter 18.51 RCW;

(B) An assisted living facility licensed under chapter 18.20 RCW;

(C) An adult family home licensed under chapter 70.128 RCW; or

(D) A setting in which residential services are provided or funded by ((~~the developmental disabilities administration of~~)) the department for individuals with developmental disabilities as defined in RCW 71A.10.020, including supported living ((~~as defined in RCW 71A.10.020~~)); and

(iii) Is not discharged from the hospital because placement in the appropriate location described in (a)(ii) of this subsection is not available.

(b) Pharmacy services and pharmaceuticals shall be billed by and paid to the hospital separately.

(c) The requirements of this subsection do not alter requirements for billing or payment for inpatient care.

(d) The authority shall adopt, amend, or rescind such administrative rules as necessary to facilitate calculation and payment of the amounts described in this subsection, including for clients of medicaid managed care organizations.

(e) The authority shall adopt rules requiring medicaid managed care organizations to establish specific and uniform administrative and review processes for payment under this subsection.

(f) For patients meeting the criteria in (a)(ii)(A) of this subsection, hospitals must utilize swing beds or skilled nursing beds to the extent the services are available within their facility and the associated reimbursement methodology prior to the billing under

the methodology in (a) of this subsection, if the hospital determines that such swing bed or skilled nursing bed placement is appropriate for the patient's care needs, the patient is appropriate for the existing patient mix, and appropriate staffing is available.

Sec. 27. RCW 74.09.4951 and 2024 c 372 s 1 are each amended to read as follows:

(1) The children and youth behavioral health work group is established to:

(a) Identify barriers to and opportunities for accessing behavioral health services for children, youth, and young adults and their families;

(b) Strengthen and build a coordinated systemic approach to providing behavioral health care and supports that ensure that all children, youth, young adults, and their families have timely access to high quality, equitable, well-resourced behavioral health education, care, and supports across the continuum when and where they need it, including prenatal care; and

(c) Advise the legislature on statewide behavioral health services for this population.

(2) The work group shall consist of members and alternates as provided in this subsection. Members must represent the regional, racial, and cultural diversity of all children and families in the state.

(a) The president of the senate shall appoint one member and one alternate from each of the two largest caucuses in the senate.

(b) The speaker of the house of representatives shall appoint one member and one alternate from each of the two largest caucuses in the house of representatives.

(c) The governor shall appoint six members representing the following state agencies and offices: The department of children, youth, and families; the department of social and health services; the health care authority; the department of health; the office of homeless youth prevention and protection programs; and the office of the governor.

(d) Subject to the requirements under (k) of this subsection, the governor shall appoint the following members:

(i) One representative of behavioral health administrative services organizations;

(ii) One representative of community mental health agencies;

(iii) Two representatives of medicaid managed care organizations, one of which must provide managed care to children and youth receiving child welfare services;

(iv) One regional provider of co-occurring disorder services;

(v) One pediatrician or primary care provider;

(vi) One provider specializing in infant or early childhood mental health;

(vii) One representative who advocates for behavioral health issues on behalf of children and youth;

(viii) One representative of early learning and child care providers;

(ix) One representative of the evidence-based practice institute;

(x) Two parents or caregivers of children who have received behavioral health services, one of which must have a child under the age of six;

(xi) One representative of an education or teaching institution that provides training for mental health professionals;

(xii) One foster parent;

(xiii) One representative of providers of culturally and linguistically appropriate health services to traditionally underserved communities;

(xiv) One pediatrician located east of the crest of the Cascade mountains;

(xv) One child psychiatrist;

(xvi) One representative of an organization representing the interests of individuals with developmental disabilities;

(xvii) Three youth or young adult representatives who have experience with behavioral health services;

(xviii) One representative of a private insurance organization;

(xix) One representative from the statewide family youth system partner roundtable established in the *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and Porter*, settlement agreement;

(xx) One representative from educational service districts established under chapter 28A.310 RCW; and

(xxi) One substance use disorder professional.

(e) The governor shall request participation by a representative of tribal governments.

(f) The superintendent of public instruction shall appoint one representative from the office of the superintendent of public instruction.

(g) The insurance commissioner shall appoint one representative from the office of the insurance commissioner.

(h) The work group shall choose one of the work group's cochairs from among its legislative members and the other cochair must be the representative from the health care authority. The representative from the health care authority shall convene at least two meetings of the work group each year.

(i) The cochairs may invite additional members of the house of representatives and the senate to participate in work group activities, including as leaders of advisory groups to the work group. These legislators are not required to be formally appointed members of the work group in order to participate in or lead advisory groups.

(j) The cochairs may request that the governor appoint additional members of the work group representing specific professions, organizations, or communities. The governor's office may consult with the cochairs as needed on these discretionary appointments.

(k) The terms for work group members appointed under (d) of this subsection after June 6, 2024, may not exceed three years. Work group members appointed under (d) of this subsection before June 6, 2024, may remain in their positions until January 1, 2027, but their terms may not go beyond that date.

(3) The work group shall:

(a) Monitor the implementation of enacted legislation, programs, and policies related to children and youth behavioral health, including provider payment for mood, anxiety, and substance use disorder prevention, screening, diagnosis, and treatment for children and young mothers; consultation services for child care providers caring for children with symptoms of trauma; home visiting services; and streamlining agency rules for providers of behavioral health services;

(b) Consider system strategies to improve coordination and remove barriers between the early learning, K-12 education, and health care systems;

(c) Identify opportunities to remove barriers to treatment and strengthen behavioral health service delivery for children and youth;

(d) Determine the strategies and resources needed to:

(i) Improve inpatient and outpatient access to behavioral health services;

(ii) Support the unique needs of young children prenatally through age five, including promoting health and social and emotional development in the context of children's family, community, and culture;

(iii) Develop and sustain system improvements to support the behavioral health needs of children, youth, and young adults; and

(iv) Achieve parity of private health insurance coverage for behavioral health conditions with the coverage provided for other health conditions; and

(e) Consider issues and recommendations put forward by the statewide family youth system partner roundtable established in the *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and Porter*, settlement agreement.

(4) At the direction of the cochairs, the work group may convene advisory groups to evaluate specific issues and report related findings and recommendations to the full work group.

(5) The work group shall convene an advisory group focused on school-based behavioral health and suicide prevention. The advisory group shall advise the full work group on creating and maintaining an integrated system of care through a tiered support framework for preschool through twelfth grade school systems defined by the office of the superintendent of public instruction and behavioral health care systems that can rapidly identify students in need of care and effectively link these students to appropriate services, provide age-appropriate education on behavioral health and other universal supports for social-emotional wellness for all students, and improve both education and behavioral health outcomes for students. The school-based behavioral health and suicide prevention advisory group shall consider the broader behavioral health issues impacting children, youth, and families, while focusing on the issues that are unique to children and families that interface with schools. The work group cochairs may invite nonwork group members to participate as advisory group members.

(6)(a) Subject to the availability of amounts appropriated for this specific purpose, the work group shall convene an advisory group for the purpose of developing a draft strategic plan that describes:

(i) The current landscape of behavioral health services available to families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth in Washington state, including a description of:

(A) The gaps and barriers in receiving or accessing behavioral health services, including services for co-occurring behavioral health disorders or other conditions;

(B) Access to high quality, equitable care and supports in behavioral health education and promotion, prevention, intervention, treatment, recovery, and ongoing well-being supports;

(C) The current supports and services that address emerging behavioral health issues before a diagnosis and more intensive services or clinical treatment is needed; and

(D) The current behavioral health care oversight and management of services and systems;

(ii) The vision for the behavioral health service delivery system for families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth, including:

(A) A complete continuum of services from education, promotion, prevention, early intervention through crisis response, intensive treatment, postintervention, and recovery, as well as supports that sustain wellness in the behavioral health spectrum;

(B) How access can be provided to high quality, equitable care and supports in behavioral health education, promotion, prevention, intervention, recovery, and ongoing well-being when and where needed;

(C) How the children and youth behavioral health system must successfully pair with the 988 behavioral health crisis response described under chapter 82.86 RCW;

(D) The incremental steps needed to achieve the vision for the behavioral health service delivery system based on the current gaps and barriers for accessing behavioral health services, with estimated dates for these steps; and

(E) The oversight and management needed to ensure effective behavioral health care; and

(iii) A comparison of the current behavioral health system for families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth that is primarily based on crisis response and inadequate capacity with the behavioral health system vision created by the strategic planning process through a cost-benefit analysis.

(b) The work group cochairs shall appoint a chair for the strategic plan advisory group and may invite nonwork group members to

participate as advisory group members, but the strategic plan advisory group shall include, at a minimum:

(i) Community members with lived experience including those with cultural, linguistic, and ethnic diversity, as well as those having diverse experience with behavioral health care invited by the work group cochairs;

(ii) A representative from the department of children, youth, and families;

(iii) A representative from the department;

(iv) A representative from the authority;

(v) A representative from the department of health;

(vi) A representative from the office of homeless youth prevention and protection programs;

(vii) A representative from the office of the governor;

(viii) A representative from the ((~~developmental disability administration of the~~)) department of social and health services who works administering developmental disability services;

(ix) A representative from the office of the superintendent of public instruction;

(x) A representative from the office of the insurance commissioner;

(xi) A tribal representative;

(xii) Two legislative members or alternates from the work group; and

(xiii) Individuals invited by the work group cochairs with relevant subject matter expertise.

(c) The health care authority shall conduct competitive procurements as necessary in accordance with chapter 39.26 RCW to select a third-party facilitator to facilitate the strategic plan advisory group.

(d) To assist the strategic plan advisory group in its work, the authority, in consultation with the cochairs of the work group, shall select an entity to conduct the activities set forth in this subsection. The health care authority may contract directly with a public agency as defined under RCW 39.34.020 through an interagency agreement. If the health care authority determines, in consultation with the cochairs of the work group, that a public agency is not appropriate for conducting these analyses, the health care authority may select another entity through competitive procurements as

necessary in accordance with chapter 39.26 RCW. The activities that entities selected under this subsection must complete include:

(i) Following a statewide stakeholder engagement process, a behavioral health landscape analysis for families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth outlining:

(A) The current service continuum including the cost of care, delivery service models, and state oversight for behavioral health services covered by medicaid and private insurance;

(B) Current gaps in the service continuum, areas without access to services, workforce demand, and capacity shortages;

(C) Barriers to accessing preventative services and necessary care including inequities in service access, affordability, cultural responsiveness, linguistic responsiveness, gender responsiveness, and developmentally appropriate service availability; and

(D) Incorporated information provided by the 988 crisis hotline crisis response improvement strategy committee;

(ii) A gap analysis estimating the prevalence of needs for Washington state behavioral health services for families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth served by medicaid or private insurance, including:

(A) The estimated number of families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth who need clinical behavioral health services or could benefit from preventive or early intervention services on an annual basis;

(B) The estimated number of expectant parents and caregivers in need of behavioral health services;

(C) A collection and analysis of disaggregated data to better understand regional, economic, linguistic, gender, and racial gaps in access to behavioral health services;

(D) The estimated costs of providing services that include a range of behavioral health supports that will meet the projected needs of the population; and

(E) Recommendations on the distribution of resources to deliver needed services to families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth across multiple settings; and

(iii) An analysis of peer-reviewed publications, evidence-based practices, and other existing practices and guidelines with preferred outcomes regarding the delivery of behavioral health services to families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth across multiple settings including:

(A) Approaches to increasing access and quality of care for underserved populations;

(B) Approaches to providing developmentally appropriate care;

(C) The integration of culturally responsive care with effective clinical care practices and guidelines;

(D) Strategies to maximize federal reinvestment and resources from any alternative funding sources; and

(E) Workforce development strategies that ensure a sustained, representative, and diverse workforce.

(e) The strategic plan advisory group shall prioritize its work as follows:

(i) Hold its first meeting by September 1, 2022;

(ii) Provide a progress report on the development of the strategic plan, including a timeline of future strategic plan development steps, to be included in the work group's 2022 annual report required under subsection (10) of this section;

(iii) Provide a progress report on the development of the strategic plan, including discussion of the work group recommendations that align with the strategic plan development thus far, to be included in the work group's 2024 annual report required under subsection (10) of this section;

(iv) Provide a draft strategic plan, along with any materials produced by entities selected under (d) of this subsection, to the work group by August 1, 2025. The draft strategic plan must be developed in coordination with the joint legislative and executive committee on behavioral health established in section 135(15), chapter 475, Laws of 2023, the department of health, and the health care authority related to the implementation of the 988 crisis hotline.

(f) The work group shall discuss the draft strategic plan and adopt a final strategic plan that must be submitted to the governor and the appropriate committees of the legislature at the same time as the work group's 2025 annual report required under subsection (10) of this section.

(7)(a) Staff support for the work group, including administration of work group meetings and preparation of full work group recommendations and reports required under this section, must be provided by the health care authority.

(b) Additional staff support for legislative members of the work group may be provided by senate committee services and the house of representatives office of program research.

(c) Subject to the availability of amounts appropriated for this specific purpose, the office of the superintendent of public instruction must provide staff support to the school-based behavioral health and suicide prevention advisory group, including administration of advisory group meetings and the preparation and delivery of advisory group recommendations to the full work group.

(8)(a) Legislative members of the work group are reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Except as provided under (b) of this subsection, any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(b) Members of the children and youth behavioral health work group or an advisory group established under this section with lived experience may receive a stipend of up to $200 per day if:

(i) The member participates in the meeting virtually or in person, even if only participating for one meeting and not on an ongoing basis; and

(ii) The member does not receive compensation, including paid leave, from the member's employer or contractor for participation in the meeting.

(9) The following definitions apply to this section:

(a) "A member with lived experience" means an individual who has received behavioral health services or whose family member has received behavioral health services; and

(b) "Families in the perinatal phase" means families during the time from pregnancy through one year after birth.

(10) Beginning November 1, 2020, and annually thereafter, the work group shall provide recommendations in alignment with subsection (3) of this section to the governor and the legislature. Beginning November 1, 2026, the work group shall include in its annual report a

discussion of how the work group's recommendations align with the final strategic plan described under subsection (6) of this section.

(11) This section expires December 30, 2029.

Sec. 28. RCW 74.29.090 and 2022 c 167 s 6 are each amended to read as follows:

The department of social and health services shall:

(1) Establish a school to work program in all counties in the state to work with all students with intellectual and developmental disabilities who are potentially eligible to receive adult support services from ((~~the developmental disabilities administration of~~)) the department under Title 71A RCW and are receiving high school transition services in order to connect these students with supported employment services; and

(2) In collaboration with the office of the superintendent of public instruction, the counties administering supported employment services in collaboration with the ((~~developmental disabilities administration of the department~~)) component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW, the department of services for the blind, and any other relevant state agency working with students who are potentially eligible for adult support services from the ((~~developmental disabilities administration of the department~~)) component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW shall:

(a) Create a statewide council to:

(i) Establish common guidelines and outcome goals across regional interagency transition networks to ensure equitable access through system navigation for individuals receiving high school transition services and connection to services after leaving the school system; and

(ii) Establish a referral and information system that helps students who are potentially eligible for adult support services from the ((~~developmental disabilities administration of the~~)) department under Title 71A RCW who are transitioning from high school, and their families or guardians, connect to the necessary services and agencies that support the needs of adults with intellectual and developmental disabilities; and

(b) Establish regional interagency transition networks as proposed in the 2020 transition collaborative summative report. Each regional network shall include representation from schools, counties, the ((~~developmental disabilities administration of the department~~)) component of the department that provides services to eligible persons with intellectual and developmental disabilities under Title 71A RCW, the regional division of vocational rehabilitation, service providers, community members, and students and families. The regional networks shall identify improvement goals and report no less than annually on progress or barriers to achieving these goals to the statewide council.

Sec. 29. RCW 74.39A.009 and 2025 c 108 s 2 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Adult family home" means a home licensed under chapter 70.128 RCW.

(2) "Adult residential care" means services provided by an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.020 to provide personal care services.

(3) "Assisted living facility" means a facility licensed under chapter 18.20 RCW.

(4) "Assisted living services" means services provided by an assisted living facility that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services; and the facility provides these services to residents who are living in private apartment-like units.

(5) "Community residential service business" means a business that:

(a) Is certified by the department of social and health services to provide to individuals who have a developmental disability as defined in RCW 71A.10.020((~~(6)~~)) (7):

(i) Group home services;

(ii) Group training home services;

(iii) Supported living services; or

(iv) Voluntary placement services provided in a licensed staff residential facility for children;

(b) Has a contract with the ((~~developmental disabilities administration~~)) department to provide the services identified in (a) of this subsection; and

(c) All of the business's long-term care workers are subject to statutory or regulatory training requirements that are required to provide the services identified in (a) of this subsection.

(6) "Consumer" or "client" means a person who is receiving or has applied for services under this chapter, including a person who is receiving services from an individual provider.

(7) "Consumer directed employer" is a private entity that contracts with the department to be the legal employer of individual providers. The consumer directed employer is patterned after the agency with choice model, recognized by the federal centers for medicare and medicaid services for financial management in consumer directed programs. The entity's responsibilities are described in RCW 74.39A.515 and throughout this chapter and include: (a) Coordination with the consumer, who is the individual provider's managing employer; (b) withholding, filing, and paying income and employment taxes, including workers' compensation premiums and unemployment taxes, for individual providers; (c) verifying an individual provider's qualifications; and (d) providing other administrative and employment-related supports. The consumer directed employer is a social service agency and its employees are mandated reporters as defined in RCW 74.34.020.

(8) "Core competencies" means basic training topics, including but not limited to, communication skills, worker self-care, problem solving, maintaining dignity, consumer directed care, cultural sensitivity, body mechanics, fall prevention, skin and body care, long-term care worker roles and boundaries, supporting activities of daily living, and food preparation and handling.

(9) "Cost-effective care" means care provided in a setting of an individual's choice that is necessary to promote the most appropriate level of physical, mental, and psychosocial well-being consistent with client choice, in an environment that is appropriate to the care and safety needs of the individual, and such care cannot be provided at a lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his or her desired quality of life.

(10) "Department" means the department of social and health services.

(11) "Developmental disability" has the same meaning as defined in RCW 71A.10.020.

(12) "Direct care worker" means a paid caregiver who provides direct, hands-on personal care services to persons with disabilities or the elderly requiring long-term care.

(13) "Enhanced adult residential care" means services provided by an assisted living facility that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.

(14) "Facility" means an adult family home, an assisted living facility, a nursing home, an enhanced services facility licensed under chapter 70.97 RCW, or a facility certified to provide medicare or medicaid services in nursing facilities or intermediate care facilities for individuals with intellectual disabilities under 42 C.F.R. Part 483.

(15) "Home and community-based services" means services provided in adult family homes, in-home services, and other services administered or provided by contract by the department directly or through contract with area agencies on aging or federally recognized Indian tribes, or similar services provided by facilities and agencies licensed or certified by the department.

(16) "Home care aide" means a long-term care worker who is certified as a home care aide by the department of health under chapter 18.88B RCW.

(17) "Individual provider" is defined according to RCW 74.39A.240.

(18) "Legal employer" means the consumer directed employer, which along with the consumer, coemploys individual providers. The legal employer is responsible for setting wages and benefits for individual providers and must comply with applicable laws including, but not limited to, state minimum wage laws, workers compensation, and unemployment insurance laws.

(19) "Long-term care" means care and supports delivered indefinitely, intermittently, or over a sustained time to persons of any age who are functionally disabled due to chronic mental or physical illness, disease, chemical dependency, or a medical condition that is permanent, not curable, or is long-lasting and severely limits their mental or physical capacity for self-care. The use of this definition is not intended to expand the scope of

services, care, or assistance provided by any individuals, groups, residential care settings, or professions unless otherwise required by law.

(20)(a) "Long-term care workers" include all persons who provide paid, hands-on personal care services for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care workers employed by home care agencies or a consumer directed employer, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, enhanced services facilities, and adult family homes, respite care providers, direct care workers employed by community residential service businesses, medical foster home caregivers as under 38 C.F.R. 17.73, and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

(b) "Long-term care workers" do not include: (i) Persons employed by the following facilities or agencies: Nursing homes licensed under chapter 18.51 RCW, hospitals or other acute care settings, residential habilitation centers under chapter 71A.20 RCW, facilities certified under 42 C.F.R., Part 483, hospice agencies subject to chapter 70.127 RCW, adult day care centers, and adult day health care centers; or (ii) persons who are not paid by the state or by a private agency or facility licensed or certified by the state to provide personal care services.

(21) "Managing employer" means a consumer who coemploys one or more individual providers and whose responsibilities include (a) choosing potential individual providers and referring them to the consumer directed employer; (b) overseeing the day-to-day management and scheduling of the individual provider's tasks consistent with the plan of care; and (c) dismissing the individual provider when desired.

(22) "Nursing home" or "nursing facility" means a facility licensed under chapter 18.51 RCW or certified as a medicaid nursing facility under 42 C.F.R. Part 483, or both.

(23) "Person who is functionally disabled" means a person who because of a recognized chronic physical or mental condition or disease, including chemical dependency or developmental disability, is dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of

daily living," in this context, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances may also be considered when assessing a person's functional ability to perform activities in the home and the community.

(24) "Personal care services" means physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability.

(25) "Population specific competencies" means basic training topics unique to the care needs of the population the long-term care worker is serving, including but not limited to, mental health, dementia, developmental disabilities, young adults with physical disabilities, and older adults.

(26) "Qualified instructor" means a registered nurse or other person with specific knowledge, training, and work experience in the provision of direct, hands-on personal care and other assistance services to the elderly or persons with disabilities requiring long-term care.

(27) "Secretary" means the secretary of social and health services.

(28) "Training partnership" means a joint partnership or trust that includes the office of the governor and the exclusive bargaining representative of individual providers under RCW 74.39A.270 with the capacity to provide training, peer mentoring, and workforce development, or other services to individual providers.

(29) "Tribally licensed assisted living facility" means an assisted living facility licensed by a federally recognized Indian tribe in which a facility provides services similar to services provided by assisted living facilities licensed under chapter 18.20 RCW.

Sec. 30. RCW 74.39A.060 and 2018 c 278 s 9 are each amended to read as follows:

(1) The ((~~aging and long-term support administration of the~~)) department shall establish and maintain a toll-free telephone number for receiving complaints regarding facilities and community residential services businesses as defined in this chapter.

(2) Each facility shall post in a place and manner clearly visible to residents and visitors the department's toll-free complaint telephone number and the toll-free number and program description of the long-term care ombuds as required by RCW 43.190.050.

(3) The ((~~aging and long-term support administration~~)) department shall investigate complaints it receives about facilities and community residential services businesses unless the department determines that: (a) The complaint is intended to willfully harass the provider or the provider's employee; or (b) there is no reasonable basis for investigation; or (c) corrective action has been taken as determined by the ombuds or the department.

(4) The ((~~aging and long-term support administration~~)) department shall refer complaints to appropriate state agencies, law enforcement agencies, the attorney general, the long-term care ombuds, or other entities if the department lacks authority to investigate or if its investigation reveals that a follow-up referral to one or more of these entities is appropriate.

(5) The department shall adopt rules that include the following complaint investigation protocols:

(a) Upon receipt of a complaint, the department shall make a preliminary review of the complaint, assess the severity of the complaint, and assign an appropriate response time. Complaints involving imminent danger to the health, safety, or well-being of a resident must be responded to within two days. When appropriate, the department shall make an on-site investigation within a reasonable time after receipt of the complaint or otherwise ensure that complaints are responded to.

(b) The complainant must be: Promptly contacted by the department, unless anonymous or unavailable despite several attempts by the department, and informed of the right to discuss the alleged violations with the inspector and to provide other information the complainant believes will assist the inspector; informed of the department's course of action; and informed of the right to receive a written copy of the investigation report.

(c) In conducting the investigation, the department shall interview the complainant, unless anonymous, and shall use its best efforts to interview the vulnerable adult or adults allegedly harmed, and, consistent with the protection of the vulnerable adult shall interview facility staff, any available independent sources of

relevant information, including if appropriate the family members of the vulnerable adult.

(d) Substantiated complaints involving harm to a resident, if an applicable law or rule has been violated, shall be subject to one or more of the actions provided in RCW 74.39A.080 or 70.128.160. Whenever appropriate, the department shall also give consultation and technical assistance to the provider.

(e) After a department finding of a violation for which a stop placement has been imposed, the department shall make an on-site revisit of the provider within fifteen working days from the request for revisit, to ensure correction of the violation. For violations that are serious or recurring or uncorrected following a previous citation, and create actual or threatened harm to one or more residents' well-being, including violations of residents' rights, the department shall make an on-site revisit as soon as appropriate to ensure correction of the violation. Verification of correction of all other violations may be made by either a department on-site revisit or by written or photographic documentation found by the department to be credible. This subsection does not prevent the department from enforcing license or contract suspensions or revocations. Nothing in this subsection shall interfere with or diminish the department's authority and duty to ensure that the provider adequately cares for residents, including to make departmental on-site revisits as needed to ensure that the provider protects residents and to enforce compliance with this chapter.

(f) Substantiated complaints of neglect, abuse, exploitation, or abandonment of residents, or suspected criminal violations, shall also be referred by the department to the appropriate law enforcement agencies, the attorney general, and appropriate professional disciplining authority.

(6) The department may provide the substance of the complaint to the licensee or contractor before the completion of the investigation by the department unless such disclosure would reveal the identity of a complainant, witness, or resident who chooses to remain anonymous. Neither the substance of the complaint provided to the licensee or contractor nor any copy of the complaint or related report published, released, or made otherwise available shall disclose, or reasonably lead to the disclosure of, the name, title, or identity of any complainant, or other person mentioned in the complaint, except that the name of the provider and the name or names of any officer,

employee, or agent of the department conducting the investigation shall be disclosed after the investigation has been closed and the complaint has been substantiated. The department may disclose the identity of the complainant if such disclosure is requested in writing by the complainant. Nothing in this subsection shall be construed to interfere with the obligation of the long-term care ombuds program or department staff to monitor the department's licensing, contract, and complaint investigation files for long-term care facilities.

(7) The resident has the right to be free of interference, coercion, discrimination, and reprisal from a facility in exercising his or her rights, including the right to voice grievances about treatment furnished or not furnished. A facility that provides long-term care services shall not discriminate or retaliate in any manner against a resident, employee, or any other person on the basis or for the reason that such resident or any other person made a complaint to the department, the attorney general, law enforcement agencies, or the long-term care ombuds, provided information, or otherwise cooperated with the investigation of such a complaint. Any attempt to discharge a resident against the resident's wishes, or any type of retaliatory treatment of a resident by whom or upon whose behalf a complaint substantiated by the department has been made to the department, the attorney general, law enforcement agencies, or the long-term care ombuds, within one year of the filing of the complaint, raises a rebuttable presumption that such action was in retaliation for the filing of the complaint. "Retaliatory treatment" means, but is not limited to, monitoring a resident's phone, mail, or visits; involuntary seclusion or isolation; transferring a resident to a different room unless requested or based upon legitimate management reasons; withholding or threatening to withhold food or treatment unless authorized by a terminally ill resident or his or her representative pursuant to law; or persistently delaying responses to a resident's request for service or assistance. A facility that provides long-term care services shall not willfully interfere with the performance of official duties by a long-term care ombuds. The department shall sanction and may impose a civil penalty of not more than three thousand dollars for a violation of this subsection.

NEW SECTION. **Sec. 31.** This act takes effect July 1, 2026.

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