

Goals of the DD Task Force (as set forth in ESSB 5459)	Recommendations to the Task Force
Development of System of Services	<p>Task Force Procedure</p> <ul style="list-style-type: none"> ◆ Discuss the possible/common ideas for recommendations from the task force. ◆ Ensure that all issues that the task force is directed to address are included on the agendas so that members are reminded of the scope of their work. <p>Information for Task Force</p> <ul style="list-style-type: none"> ◆ Department of Justice (DOJ) Presentation to Task Force regarding: <ul style="list-style-type: none"> ○ The direction of federal enforcement efforts about RHCs and settlement agreements with states in 2012 regarding their institutions; ○ National expectations regarding either re-opening admission to institutions or establishing them as "centers of excellence." (Or a presentation from CMS regarding this issue.) ◆ Center for Medicaid and Medicare Services (CMS) presentation regarding: <ul style="list-style-type: none"> ○ What can/cannot be done within the RHCs under current rules; ○ How to allow current RHC professional staff to work both in the community and the RHC without increasing staff positions and retaining RHC certification; ○ Restrictions to having a system: <ul style="list-style-type: none"> ▪ That allows a co-pay for services; and ▪ That allows families to purchase services on their own. ◆ Obtain information regarding Arizona's implementation of a DD-administered managed-care system. ◆ Staff presentation regarding "managed care" proposals that Washington is working on and implementing and how those might affect services to people with developmental disabilities and their families. <p>Delivery of Services</p> <ul style="list-style-type: none"> ◆ Discuss what a "system of services" should include, in addition to where those services will be delivered. ◆ Have DSHS identify better ways to support and provide information to individuals on the no-paid services caseload. ◆ Enact legislation to allow the Developmental Disabilities Council to obtain contact information for individuals on the no-paid services caseload in order to send out relevant information. ◆ Require parents/guardians to actively participate in planning for the development of the

	<p>Individual Habilitation Plan (IHP) and the Individual Support Plan (ISP)</p> <ul style="list-style-type: none"> ◆ Direct representatives for RHCs, both ICF/ID and Nursing Homes, case managers, community residential facilities, employment providers and counties to identify cost savings ideas that do not reduce client hours or staff wages. ◆ Use RHCs for local crisis admissions with behavioral evaluation/stabilization, using existing, on-site expert. ◆ Continue RHC-based respite care and develop more respite homes in the community, especially in geographic areas that are not close to an RHC. ◆ Keep RHC safety nets and develop practical satellites with mobile response teams in less well-served geographic areas. ◆ Develop RHC-based professional DD and ID sub-specialties training centers with classrooms, labs, and clinics offering specialty services; RHCs can function as clinics and outreach centers and excess property and Fircrest and unused building space could be devoted to classrooms, labs, clinics, library and possibly dorm rooms. <p>Budget/Funding/Savings for Services</p> <ul style="list-style-type: none"> ◆ Include DDD services in the caseload forecast. ◆ Recommend that DDD budget be protected from further cuts. ◆ Allow the DSHS to combine the three DDD budget categories into one. ◆ Identify a dedicated funding source for DDD services that includes funding for individuals needing services on the no-paid services caseload. ◆ Amend "Dan Thompson" trust statute to: <ul style="list-style-type: none"> ○ Specifically include property at Francis Haddon Morgan; and ○ Add the "sale of property" to list of activities from which the trust may receive funds.
State's Long-Term Needs for RHC Capacity	<ul style="list-style-type: none"> ◆ Have the DSHS identify the estimated costs for critical maintenance (replacement or repair of buildings for the safety of residents) over the next 4 - 5 years. ◆ Staff presentations to clarify Capital costs and how they affect the operating budget and to clarify required capital maintenance vs. items on a "wish list." ◆ Require the DSHS to provide a cost analysis and comparison for the establishment of both private and public Intermediate Care Facilities. ◆ Increase RHC populations to optimal size and capture savings for services to the unserved population. ◆ An RHC-based Training Facility management or ownership could be under a 501(c)(3), and existing educational institution, or by the state.
Reframing Mission of Yakima Valley School	

Use of Surplus Property Resulting from Closure of One of More Centers	<ul style="list-style-type: none"> ◆ Have the DSHS division for lands/building identify what it would take to make excess RHC property, including the former Frances Haddon Morgan Center, more attractive to sale or lease.
Plan for Consolidation:	<ul style="list-style-type: none"> ◆ Identify criteria for when an RHC will be closed, similar to the way that the military determines when a military base should be closed.
Savings from Downsizing, Consolidation, or Closure	