What is the historical use for the RHCs?

- Lakeland Village in Medical Lake has been in existence the longest, opening in 1915 and by 1938 had a population of 1,650 residents.
- Rainier then opened its doors in October of 1939 and by year’s end had 172 residents. At its peak, in the late 1950’s, Rainier had about 1,900 residents.
- Fircrest was created in 1950 and moved in 220 people. By the early 1960’s, Fircrest had about 1,000 residents.
- Yakima Valley School was established in 1958 to serve the needs of children and was later converted into a nursing facility.
- In 1967 Interlake was established at Medical Lake to specifically address the needs of the medically fragile population. It was subsequently closed in 1994 and all residents moved to other RHCs or the community with no deaths from the closure. Jobs were found for all employees.
- In 1972, Francis Haddon Morgan Children’s Center was opened with a capacity of 48 children and specializing in autism. It closed in December 2011 and the fifty-two individuals who lived at the center have moved to community-based residences or other DDA institutions.
- Interlake closed in 1998, all people who were moved from Interlake were able to go to the place they desired, whether it was the community or another RHC.

From 1970 on, the institutional population steadily declined from over 4,000 people to 697. Several factors contributed to this decline. The most important change is the realization that with intervention, people with developmental disabilities grow and develop and are capable of achieving major developmental milestones. Community resources have been developed, schools are required to include children with disabilities and medical information and practices have improved dramatically. All these factors help parents keep family members home and help them gain access to alternative services near their family homes.

Centers for Medicare and Medicaid (CMS) - 2018 EMPHASIS on Community

In Washington, there are four RHCs, offering skilled nursing facility services, Intermediate Care Facilities (ICF), or both. Rainier in Buckley, Fircrest in Shoreline and Lakeland Village in Medical Lake are the three RHCs that provide ICF. A portion of Rainier is STATE-FUNDED ONLY as they lost CMS certification.

Over the years, the RHC program, residents, and stakeholders, such as residents’ family members and guardians have generally considered that the ICF/IID is the client’s home - a facility focused on keeping them healthy and safe.

However, in recent years, CMS has re-emphasized the “intermediate” aspect of institutional care. That is, it is the responsibility of the RHC not to house and protect people, but rather to be actively preparing them for leaving the RHC and integrating into the community. This emphasis by federal regulators is changing the culture and practices in the three ICFs. The staff has been trained and are now being held accountable for engaging the residents in aggressive and continuous active treatment.
Developmental Disabilities Administration (DDA)
Residential Habilitation Centers (RHC)

Service Description:
- RHCs may be certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) and/or licensed as a Nursing Facility (NF).
- RHCs are state-operated institutions that provide eligible individuals with 24-hour supervision, skill development training, health services, therapies and other professional supports.
- There are four state-operated RHCs. They are: Fircrest in Shoreline (ICF/NF), Rainier in Buckley (ICF), Lakeland Village in College Place (ICF/NF) and Yakima Valley in Selah (NF).

Center for Medicare & Medicaid (CMS) Compliance:
- Washington State’s RHCs have problems each year passing inspections (called surveys) from CMS.
- While an RHC is out-of-compliance and trying to make corrections, they are unable to accept new clients.
- Rainier and Fircrest barely passed their surveys and had to add a huge number of FTEs to avoid being decertified.
- Rainier is now partially decertified and can no longer receive a federal match for that portion.
- Over the years, the RHC program, residents, and stakeholders, such as residents’ family members and guardians have generally considered that the ICF/IID is the client’s home even though that was not the original intent.
- However, in recent years, CMS has re-emphasized the “intermediate” aspect of institutional care. This means, it is the responsibility of the RHC not to house and protect people, but rather to be actively preparing them for leaving the RHC and integrating into the community. This emphasis by federal regulators is changing the culture and practices in the three ICFs.

Long-term RHC Clients versus Cost since FY 2000

Note: Resident counts in this chart assume the bed in the RHC was occupied for the entire fiscal year and does not reflect the actual number of clients who received short-term stay services in the RHC for the same period. For example, if 12 clients on short-term stay reside at the RHC for one month each for consecutive months during the fiscal year, the chart displays them as one resident for the fiscal year.

Summary
- The 2021 number of long-term stay residents decreased 12% from 2020.
- The 2021 number of planned or emergent short-term stay residents decreased 11% from 2020.
- The 2021 daily rate increased 8% from 2019.

Data from the Developmental Disabilities Administration CARE & AFRs Systems as of July 2021
Number of clients include both short and long-term. The number of clients residing at a RHC has declined by 52% since 2000. In that same time period, the budget to operate the RHCs has increased 193%. FY 2000 average daily cost cost was $361.

The Department found “It is likely that the impact on the model of local costs that have not been included is less than the net impact of not capturing state pension or capital costs for state institutions.”

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Data from the Developmental Disabilities Administration Budget Office as of October 2020
2021 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org
## Service Description

- Emergent means a short-term stay where a client is in crisis and community resources are not currently available in the community to help support the individual’s immediate health and welfare needs.
Service Description

- Planned means a short-term stay with the client having a pre-determined admission and discharge date. Typically, a client approved for planned respite does not exceed more than 30 days total in a calendar year.
Service Description

- State Operated Living Alternatives (SOLA) offers 24-hour supported living services but are operated by DDA with state employees providing clients with instruction and supports. Examples of supports include: maintaining the home, paying bills, preparing meals, assistance with personal tasks, shopping, going into the community, etc.

- Individuals pay their own rent, food, and other personal expenses.

- Capacity for this service is limited and is based on availability of funding appropriated by the state legislature.

SOLA Average Cost per Client by Fiscal Year

Data from the Developmental Disabilities Administration as of October 2021
2022 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org