

February 3, 2013

Dear DD Task Force Members,

Thank you all for your hours and work in gathering information for our legislature regarding issues concerning care of our community members with intellectual and developmental disabilities. I greatly appreciate your efforts. With that appreciation, I also have several concerns, not only regarding the recommendations but concerning what will transpire in the future with this task force.

The fact that opportunities for the public to engage members in discussions and have questions answered or responded to, hindered real progress. I believe that the task force was unable to tackle some critical issues. My hope is that these issues will be addressed and not ignored as they have been in the past couple of years. I have outlined my major concerns below:

- When given information which could address the issues of a more accurate cost assessment the data is ignored:
  - Certified Cost Reports submitted each year from residential providers
  - Cost of care of waiver clients by acuity – this information is available
  - Clarify that costs reported for community residential are generally only the personal care costs
  - Look at cost shifting – not only to communities (Emergency Medical Reponses, police, fire) but cost to other state agencies, families, loss of employment for families, loss of quality of life, loss of community participation, etc.
- Crisis care and hospitalizations:
  - Those who do not have a case manager and are in crisis are not identified
  - Those with a case manager may not have the crisis recorded in the incident report due to families not aware they are to inform the case manager of hospitalizations
  - Sharing information with hospitals regarding emergency room admissions
- False information being used as fact:
  - RDA 5.36 regarding resident acuity was inaccurate and invalid
  - “Key Findings” were not supported by the data but used as facts for legislation
- Cost of Community Care for those with high support needs:
  - Lance Morehouse mentioned that he had his son at home for 17 years with the help of (state financed) 19 hours of nursing care a day. How does a statement such as this pass by and no one questions how the state would pay for an increased number of people with high support needs if they needed this level of care?

- Respite options:
  - Look at using county and city community centers for help with short term (several hours, after school) respite.

I have had correspondence with Lance Morehouse regarding Parent Coalitions and he responded that he was aware of the information that I had submitted but saw no benefit in reviewing it. This attitude, which is also echoed by Senator Adam Kline when he states when one is uncomfortable with facts, one ignores them. Is this why these issues are being ignored? Because people are uncomfortable with them? This is shameful and negligent on the part of those who we entrust the safety of our loved ones to.

I have written to the Research and Data Analysis Division of DSHS requesting a review of the report 5.36 regarding the assessment findings of persons with developmental disabilities. This report was clearly manipulated to pass SB 5459. I have also had contact with Washington State Institute for Public Policy regarding research. The authors of previous research at WSIPP agree that the issues I have raised are important and will be considered if they are requested to research this issue. Given the lack of integrity of RDA with regards to valid conclusions, I find any report from that division suspect of misinformation.

My hope is that there can be a dialogue which does address these “uncomfortable” facts. Without addressing them they will not be tackled. I would be more than glad to provide any documentation or further information regarding issues our families face in safely caring for our vulnerable citizens.