We parents and guardians are the voices of our loved ones whose homes are WA State Residential Habilitation Centers (RHC's).

2SSB5459 mandated the task force to consider the advantages and disadvantages of maintaining two RHC's in WA State. We know that closing any of the remaining RHC's leaves an inadequate safety net for our vulnerable loved ones, is short sighted and economically inadvisable.

Closure of an RHC anywhere in Washington will be detrimental to the safety of our loved ones. We strongly support that the four remaining RHC's be kept open.

Economy-of-scale is a recognized, cost-saving phenomenon in economics. We propose that within the limits of "choice" afforded by Olmstead and supported by Medicaid law, as described below, RHC long-term census be permitted to increase. Savings should be applied to other needed DD/ID services.

DSHS members on the task force have said that there are already many unserved DD citizens in the state. With the influx of the most vulnerable residents of an RHC the inadequacy of the community to handle this number of individuals with high acuity will cause an overload to all services. From the DSHS Residents' Assessment tool , we note their high acuity levels for daily living range from 60% to 99%. For protective services their range is from 94%98%. RHC staff is skilled and knowledgeable in caring for these residents. Their expertise create, not only a safe environment for the residents, but also develop training and maintain all the services our loved ones need

Closing any RHC is shortsighted. These sites have the physical capacity for the increase of the DD population. There are empty cottages at the campuses that can include those eligible individuals not yet receiving services. The choice of qualifying families for RHC care for their loved ones should be honored. (Olmstead)

Each RHC already provides respite/crisis stabilization for families regionally. This service is labor intensive and requires highly skilled teamwork. By utilizing the existing, regional structure in the RHC's, the state will not have to spend as much money to create new homes and train new staffs.

The right conferred by ADA/Olmstead to the choice of either RHC or "community"-based residential care must be honored. Lifting the ban on those under 18 would honor "choice" as well as relieve already overloaded emergency rooms and psychiatric centers.

Closing RHC's is economically inadvisable. There are no appreciable savings to the state in closure of RHC's. The closure of Interlake School and that of the Francis Haddon Morgan Center has shown this to be the case. The loss of jobs will have a great impact to the communities around a closed RHC. In the research study: "Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research, 2003, 2009." "…findings do not support the unqualified position that community settings are less expensive than are institutions and suggest that staffing

issues play a major role in any cost differences, that are identified." "…cost savings at the macro level are relatively minor when institutional settings are closed."

Over time, antiquated arguments about the value of residential habilitation centers have given way to agreement on the need for a seamless continuum of DD/ID services in WA. Federal requirements assure medical and therapeutic services in RHC's. The large number of DD/ID citizens living outside the RHC's including those who currently receive little or no services could take advantage of skilled personnel working with the RHC's. The services those personnel give include Physical Therapy, Occupational Therapy, Dentistry, Speech Therapy, dietetics, pharmacy, doctors, nurses, nurse's aides, and attendant counselors. For many years some of the campuses already have served as practicum sites for some of these disciplines. We propose expanded use of RHC campuses for training centers for these professional DD/ID subspecialties. The training centers could also provide direct, supervised, outpatient and outreach DD/ID services to the public.

In addition to more immediate benefits to "community" residents using training center clinics for professional services, the pool of available professionals competent to work effectively with people with DD/ID would increase, and with it, the availability of services statewide.

RHC-based Training Centers for sub-specialty training and associated clinics and services would be cost effective in that they would take advantage of the state's ownership of the properties. 'RHC-based Training Centers for sub-specialty training and associated clinics and services would be cost effective in that they would take advantage of the state's ownership of the properties. A model for this type of service is already present in the University of Washington's relationship with Harborview Medical Center as a Clinical Training Center that is owned by the state.

Finally, members of the task force have made statements about Olmstead that are erroneous. ICF/MR is federally defined in the Medicaid Act by level of care, not duration of treatment. The term "transitional" is not used in the definition of ICF/MF. The Medicaid Act defines an ICF/MR as an intermediate care facility for mentally retarded person where its primary purpose *"…is to provide health or rehabilitative services" and the individual "is receiving active treatment under such a program."

If a state elects in its Medicaid plan (as WA does) to offer qualified individuals services in an ICF/MR, it must provide that* "all individuals wishing to make application under the plan shall have the opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals."

The right to choose to remain indefinitely in ICF/MR services is protected by the Supreme Court decision in Olmstead v. L.C.* "…nothing in the ADA…condones termination of institutional setting for persons unable to handle or benefit from community settings. Nor is there any federal requirement that community-based

treatment be imposed on patients who do not desire it." (* quotations are from a letter written by 30 advocate organizations to Governor Quinn, Illinois.)

We parents and guardians are annually given the choice of the community or an RHC setting for our loved ones. Those who can continue to call an RHC "home" remain because, in our best judgment, it is the best choice for them.