

  
Chairman Phil Mendelson

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9 A PROPOSED RESOLUTION  
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14 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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19 To declare the existence of an emergency with respect to the need to amend the Homeless  
20 Services Reform Act of 2005 to exempt medical respite services from the transfer,  
21 suspension, termination, and hearing requirements of the Act.  
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23 RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act  
24 may be cited as the “Medical Respite Services Exemption Emergency Declaration Resolution of  
25 2016”.

26 Sec. 2. (a) There exists an immediate need to amend the Homeless Services Reform  
27 Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01 *et*  
28 *seq.*)(“Act”) to clarify that medical respite services shall be exempt from the transfer,  
29 suspension, termination, and hearing requirements of the Act.

30 (b) Medical respite services consists of limited-time acute and post-acute 24-  
31 hour care that is provided seven days a week to individuals who are homeless, and who are  
32 too sick to be on the street or in a shelter, but are not sick enough to be admitted to a hospital.

33 (c) The Act requires a provider under the Continuum of Care to provide notice  
34 to an individual at least 15 days prior to the date the individual will be transferred to another  
35 provider or will have services suspended or terminated.

36 (d) If a transfer is requested by the provider, either a client must consent to the  
37 transfer or the provider is required to find an alternative provider that accepts the client and  
38 appropriately meets the client's needs. In addition, if a suspension or termination is requested  
39 a provider must provide medical respite services until the outcome of any fair hearing  
40 requested.

41 (e) The notice, transfer, suspension, and terminations requirements are  
42 burdensome on providers of medical respite services and have had a significant adverse effect  
43 on their operations.

44 (f) Due to these requirements, cases have arisen which have prohibited medical  
45 respite service providers from discharging an individual in a reasonable amount of time.  
46 These cases have unnecessarily delayed the limited number of medical respite beds from  
47 becoming available.

48 (g) This emergency addresses this issue by granting medical respite service  
49 providers the opportunity to discharge individuals based on the judgment of medical  
50 professionals. Therefore, providers can ensure that medical respite services are being utilized  
51 properly and to maximize the benefits for all individuals in need of these services.

52 (h) Furthermore, the emergency will eliminate the ambiguity that exists under  
53 the current law to clarify that medical respite services providers operate independently from  
54 traditional shelter providers and shall not be mandated to operate under the same rules,  
55 regulations, and laws.

56 Sec. 3. The Council of the District of Columbia determines that the circumstances  
57 enumerated in section 2 constitute emergency circumstances making it necessary that the

58 Medical Respite Services Exemption Emergency Amendment Act of 2016 be adopted after a  
59 single reading.

60 Sec. 4. This resolution shall take effect immediately..