Medicaid Services
for people with Developmental Disabilities

The Social Security Amendments of 1965 created Medicaid by adding Title XIX to the Social Security Act, 42 U.S.C. §§ 1396 et seq. Under the program, the federal government provides matching funds to states to enable them to provide medical assistance to residents who meet certain eligibility requirements. The objective is to help states provide medical assistance to residents whose incomes and resources are insufficient to meet the costs of necessary medical services.

States must comply with federal Medicaid laws under which each participating state administers its own Medicaid program, establishes eligibility standards, determines the scope and types of services it will cover, and sets the rate of payment. Benefits vary from state to state, and because someone qualifies for Medicaid in one state, it does not mean they will qualify in another. The federal Centers for Medicare and Medicaid Services (CMS) monitors the state-run programs and establishes the requirements for service delivery, quality, funding, and eligibility standards. In the state of Washington, Medicaid pays for health care, personal care and a variety of residential, employment and support services for individuals with developmental disabilities.

Washington State has four types of waivers with a fifth one currently awaiting approval from CMS. The new waiver takes the Individual & Family Services program (currently funded with state-only dollars) and creates a new waiver to draw in federal matching funds. Personal care is included in the four current waivers but is being refinanced through the Community First Choice Option (see page 2).

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<th>Home &amp; Community Based Services (HCBS) Waivers—Key Waiver Elements</th>
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**Individual & Family Services (IFS)—**

The IFS program supports families who are caring for a family member with a developmental disability in their home. The program provides families with some of the supports necessary to keep eligible individuals at home with parents or relatives. Families utilize respite care as the primary service but may access any of the following services, within a set annual funding amount that is based on assessed need:

- Respite care
- Therapies
- Architectural/vehicle modifications
- Equipment and supplies
- Specialized nutrition and clothing
- Excess medical costs not covered by another source
- Co-pays for medical and therapeutic services
- Transportation
- Training
- Counseling
- Behavior support
- Parent/Sibling education
- Recreational opportunities

Prepared and paid for by The Arc of Washington State 888.754.8798 www.arcwa.org
Medicaid Personal Care (MPC)

MPC services provide individual provider or agency support in order to meet a person's needs for assistance with activities such as bathing, dressing, eating, meal preparation, housework, and travel to medical services. This service is provided in the person's own home or adult family home. Clients must meet financial eligibility for Medicaid and functional eligibility for the MPC program.

Community First Choice Option (CFCO)

The Affordable Care Act established the new Medicaid entitlement state plan option, Community First Choice Option (CFCO), which gives clients more service options and allows the state to get a higher federal Medicaid match rate (an additional 6% federal funds).

In Engrossed Substitute House Bill 2746 and Substitute Senate Bill 6387, the 2014 Washington State Legislature directed the Department to seek stakeholder input on program and system design for CFCO. The federal regulation requires establishment of a stakeholder council, the majority of which is comprised of individuals with disabilities, elderly individuals, and their representatives. The CFCO entitlement program is intended to refinance personal care services offered through the state plan and waiver programs. It is intended that CFCO be fully implemented no later than August 30, 2015.

New Rules for Home and Community-Based Services (HCBS) Settings

The recent Medicaid rules establish requirements for settings that are eligible for reimbursement for Medicaid home and community-based services (HCBS). The Center for Medicare and Medicaid (CMS) is moving away from defining home and community-based settings by “what they are not” and now defines them by the nature and quality of individuals’ experiences. The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

For provider-owned or controlled home and community-based residential settings:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy including lockable doors, choice of roommates and freedom to furnish/decorate;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

The final rule excludes certain settings including nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals. Other Medicaid funding authorities support services provided in these institutional settings. It also identifies other settings that are presumed to have institutional qualities including those in a facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals from the broader community.

Earliest Exposures
A Research Project by Washington Toxics Coalition

The fetus is uniquely vulnerable to the effects of toxic chemicals. In this study, we investigated the environment experienced by nine fetuses—their mothers. We tested nine pregnant women, from Washington, Oregon, and California, during the second trimester of their pregnancies. Our tests measured levels of five chemical groups, including phthalates, mercury, perfluorinated compounds or “Teflon chemicals,” bisphenol A, and the flame retardant tetrabromobisphenol A, in the blood and urine of pregnant women. Tests also measured levels of thyroid hormones, critical for a healthy pregnancy. Results from this study reveal that children spend their first nine months in an environment that exposes them to known toxic chemicals.

Key Findings:
1. Chemicals from everyday products contaminate mothers’ bodies, and babies enter the world already exposed to known toxics.
2. The developing fetus is exquisitely vulnerable to the effects of toxic chemicals.
3. Policymakers can protect mothers and children by ensuring that only the safest chemicals are used in products sold in the United States.

Recommendations:
1. Pass policies that protect the most vulnerable
2. Hold industry responsible for testing chemicals and providing full information on their hazards.
3. Maintain the ability of states to set the highest standards to protect health.

Read the full report: www.watoxics.org/publications/earliest-exposures

The Arc of Washington State is firmly in support of the Toxic-Free Kids & Families Act. More than 16% of American children have an intellectual/developmental disability such as autism, down syndrome or cerebral palsy. According to the U.S. National Research Council, 3% of all developmental disabilities are the direct result of exposure to toxic chemicals. The National Academy of Sciences agrees and says that another 25% result from a combination of genetic and environmental factors.

Please Pass HB 1174/SB 5684—Toxic Free Kids and Family Act

For more information contact:
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WA Toxics Coalition, Laurie Valeriano, (206) 200-2824 or LValeriano@watoxics.org

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Self-Advocates in Leadership (SAIL) is a coalition of over 200 people with developmental disabilities who are interested in shaping public policy in Washington State.

Maintain current level of services for people with developmental disabilities!

**Medicaid is Critical!**
- Keep 1,000 Individual & Family Services waiver openings per SB 6387 (2014 session)
- Keep 4,000 Basic Plus waiver openings per SB 6387 (2014 session)
- Implement Community First Choice (CFC)

**We need all the Medicaid services intact**

**Medicaid Personal Care Hours** - are vital for us to participate in our everyday lives. Without these hours our ability to do everyday activities will be severely limited.

**Prescriptions** - Without our medication our health could be in jeopardy, maybe even our lives!

**Dental Care** - Our dental care is important for our overall health, and can help avoid many other extremely costly alternatives.