In the 1980s, the Federal government allowed states to apply for Federal Medicaid funds to pay for home and community based services, referred to as Home and Community Based Services Waiver Program. What a person is “waiving” is the right to an Intermediate Care Facility (ICF/DD), receiving their services in a community setting instead of the more expensive institutional setting.

**Total Waiver Capacity:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Basic +</th>
<th>Core</th>
<th>C.P.</th>
<th>CIIBS</th>
<th>IFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>7,846</td>
<td>4,582</td>
<td>418</td>
<td>95</td>
<td>397</td>
</tr>
<tr>
<td>2016</td>
<td>8,037</td>
<td>4,572</td>
<td>415</td>
<td>99</td>
<td>2,463</td>
</tr>
<tr>
<td>2017</td>
<td>8,376</td>
<td>4,553</td>
<td>411</td>
<td>94</td>
<td>5,630</td>
</tr>
<tr>
<td>2018</td>
<td>8,857</td>
<td>4,570</td>
<td>407</td>
<td>71</td>
<td>6,122</td>
</tr>
<tr>
<td>2019</td>
<td>9,092</td>
<td>4,591</td>
<td>407</td>
<td>83</td>
<td>6,218</td>
</tr>
<tr>
<td>2020</td>
<td>10,545</td>
<td>4,871</td>
<td>430</td>
<td>89</td>
<td>6,649</td>
</tr>
</tbody>
</table>

If you qualify for ICF care, placement in one of our state’s Residential Habilitation Centers is an entitlement, but there is no entitlement to services in the community, as those depend on funding from the Legislature. There are “wait lists” for waivers.

### Key Waiver Elements

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Plus</strong></td>
<td>Meets ICF/MR level of care guidelines, but is at high risk of out-of-home placement or loss of current living situation. Includes: Basic Waiver service coverage, skilled nursing, additional employment/day funding.</td>
</tr>
<tr>
<td><strong>Core</strong></td>
<td>Meets ICF/MR level of care guidelines. Requires residential habilitation services or lives at home, but is at immediate risk of out-of-home placement. Includes all Basic Plus waiver services, in addition to supportive living services (up to 24 hour supervision and support).</td>
</tr>
<tr>
<td><strong>Community Protection</strong></td>
<td>Meets ICF/MR level of care and requires 24 hour, on-site, staff supervision to ensure safety of others; requires therapies and/or other habilitation services; meets the criteria for “community protection.”</td>
</tr>
<tr>
<td><strong>CIIBS</strong></td>
<td>The Children’s Intensive In-home Behavior Supports waiver meets ICF/MR level of care and provides in-home positive behavior supports from qualified from PhD or MA level therapists with intense case management and collaboration with family, school &amp; other service providers.</td>
</tr>
<tr>
<td><strong>IFS</strong></td>
<td>The Individual and Family Services waiver meets ICF/DD level of care and provides respite, behavioral health stabilization services, environmental adaptations, therapies, nurse delegation, sexual deviancy evaluations, specialized medical equipment and supplies, and staff/family consultation and training.</td>
</tr>
</tbody>
</table>

Data Source: Developmental Disabilities Administration (DDA) as of July 2020
2021 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org
Mandatory & Optional Medicaid Benefits

This page outlines mandatory Medicaid benefits, which states are required to provide under federal law, and optional benefits that states may cover if they choose.

**Mandatory Benefits**
- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

**Optional Benefits**
- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental Services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal Care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual Disability
- State Plan Home and Community Based Services- 1915(i)
- Self-Directed Personal Assistance Services- 1915(j)
- Community First Choice Option- 1915(k)
- TB Related Services
- Inpatient psychiatric services for individuals under age 21
- Other services approved by the Secretary
- Health Homes for Enrollees with Chronic Conditions - Section 1945

*This includes services furnished in a religious nonmedical health care institution, emergency hospital services by a non-Medicare certified hospital, and critical access hospital (CAH).

### Average Annual Waiver Expenditure Per Client *

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Plus</td>
<td>$6,900</td>
<td>$7,224</td>
<td>$8,388</td>
</tr>
<tr>
<td>Core</td>
<td>$101,676</td>
<td>$105,132</td>
<td>$124,512</td>
</tr>
<tr>
<td>Community Protection</td>
<td>$141,864</td>
<td>$153,036</td>
<td>$152,828</td>
</tr>
<tr>
<td>CIIBS</td>
<td>$35,928</td>
<td>$28,488</td>
<td>$31,428</td>
</tr>
<tr>
<td>IFS</td>
<td>$672</td>
<td>$852</td>
<td>$1,308</td>
</tr>
</tbody>
</table>

* For those who are functionally eligible, some waiver clients may also receive personal care through Community First Choice. The average annual amount is $27,252.

### Average Annual RHC Expenditure Per Client

<table>
<thead>
<tr>
<th>RHC</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fircrest</td>
<td>$228,855</td>
<td>$259,150</td>
<td>$302,585</td>
</tr>
<tr>
<td>Rainier</td>
<td>$225,935</td>
<td>$264,990</td>
<td>$346,385</td>
</tr>
<tr>
<td>Lakeland</td>
<td>$255,135</td>
<td>$332,150</td>
<td>$357,700</td>
</tr>
<tr>
<td>Yakima</td>
<td>$243,090</td>
<td>$328,865</td>
<td>$363,540</td>
</tr>
</tbody>
</table>

---

1 IFS = Individual & Family Services
2 CIIBS = Children’s Intensive In-home Behavior Supports

- In 2014, the legislature provided funding to expand capacity on the Basic Plus waiver by 1,000 clients and on the new IFS waiver by 4,000 clients.
- Legislative appropriations have supported an annual growth rate of 11.5% to DDA’s HCBS waivers since FY 2015.
- The IFS waiver was a state-only funded program in FY 2014. DDA transitioned clients to the IFS waiver during the 2015-17 biennium.
Summary

- A total of 1,640 clients have a documented service request that has been denied due to lack of capacity.
- There are 13,990 clients on the No-Paid Services Caseload. 462 clients (or 3% percent) on the No-Paid Services Caseload have a documented service request that has been denied due to lack of capacity. The status/needs of the other 13,528 clients on the No-Paid Services Caseload is unknown.
- There are 34,936 clients on the Paid Services Caseload. 1,178 clients (or 3% percent) on the Paid Services Caseload have a documented service request that has been denied due to lack of capacity.
Community First Choice (CFC) is a Medicaid entitlement state plan option established by the Affordable Care Act (ACA) that allows states to receive an additional six percentage points on their current federal match for approved services (56% instead of 50% match, for our state).

Services are provided to children and adults in their own home, an adult family home or an assisted living facility.

The services you may receive under the community first choice program include:

1. Personal care services;
2. Relief care, personal care services by a second individual or agency provider as a back-up to your primary paid personal care provider;
3. Skills acquisition training, training that allows you to acquire, maintain, and enhance the skills necessary to accomplish tasks more independently;
4. Personal emergency response systems (PERS), an electronic device that enables you to get help in an emergency;
5. Assistive technology, items that increase your independence or substitute for human assistance;
6. Nurse delegation services;
7. Nursing services, when you are not already receiving this type of service from another source;
8. Community transition services when you are discharged from an intermediate care facility for individuals with intellectual disabilities, when these items or services are necessary for you to set up your own home;
9. Caregiver management training on how to select, manage and dismiss personal care providers.

Summary

CFC 1915(k) is a state plan program offering a variety of services to support individuals living in home and community based settings. Services are delivered to children and adults in their own home, an adult family home, or an assisted living facility. Waivers 1915(c) are capped programs which offer targeted services to children and adults in a variety of home and community based settings.

- 18,348 clients receive CFC services.
- 4,956 children receive CFC services. This is an increase of 5.2% since last year.
- 13,392 adults receive CFC services. This is an increase of 3.3% since last year.

Data from Developmental Disabilities Administration (DDA) as of October 2020
2021 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org
Supplemental Security Income (SSI) State Supplemental Payment is a monthly cash disbursement offered by the states to low income individuals or their care providers to supplement one’s federal unearned income. In 1974, the U.S. Congress established the Supplemental Security Income (SSI) program to provide basic supports for individuals who have attained age 65, or are blind or disabled. Some states supplement the federal SSI payment with state-only dollars. In Washington State, the state-funded supplement to the SSI is the State Supplementary Payment (SSP). The state must guarantee that these SSI recipients never receive less than they received from the state in December 1973.

In 2019, 1,485 individuals received State Supplementary Payments in lieu of the Individual and Family Services (IFS) waiver. Payments were based on assessed need and ranged from $100 to $300 a month. At that time, clients could choose to transfer to the IFS waiver or receive SSP in lieu of IFS. In January 2016, the choice of SSP in lieu of IFS program was no longer an option as the budget for SSP payments would not allow for additional enrollment to the SSP in lieu of IFS program.

Currently SSP is closed to new enrollees with the exception of SSP Pre-Vocational Legacy (PVL). To be eligible for SSP PVL, a person must:

- Be a client of DDA;
- Have exited a DDA Prevocational employment service after September 1, 2015;
- Not be enrolled in a DDA Prevocational Program;
- Not be enrolled in a DDA Residential Habilitation Service such as Companion Home, Alternative Living, Supported Living, State-Operated Living Alternative (SOLA), Group Home, Foster Home, or Staff Residential;
- Be Eligible for or receive supplemental security income (SSI) cash assistance in the month in which the DDA/SSP Pre-Vocational Legacy is issued; or receives Social Security Title II benefits as a disabled adult child and would be eligible for SSI if they did not receive these benefits.

If you have questions about SSP, please send an email to ThompKE@dshs.wa.gov

**Clients Receiving State Supplementary Payments (SSP) in Lieu of the Individual and Family Services (IFS) Waiver**

Data from Developmental Disabilities Administration (DDA) as of October 2020

2021 Advocate’s Notebook—The Arc of Washington State 888.754.8798  www.arcwa.org
2020 Average Monthly Caseload and Cost Per Client


Supported Living Centers (RHC) State Operated Living Alternatives (SOLA)
Adult Community Residential Children's Community Residential

2020 Average Daily Cost Per Client by Residential Setting

Foster Home/Group Care*** Licensed Staffed Residential***
Assisted Living Adult Family Home Companion Home DDA Group Home Supported Living

2020 Average Monthly Caseload and Cost Per Client by Residential Setting

* Average daily cost for adult settings is based on clients whose range of support needs is similar based on their last CARE assessment. Federal matching rate is approximately 50% for 2019 for all settings. Only costs expended by Developmental Disabilities Administration (DDA) are calculated here and do not include capital costs associated with maintenance and upkeep of facilities.

** State Operated Living Alternatives (SOLA) are in the midst of major expansion as clients are being rapidly moved from Residential Habilitation Centers (RHC) and State Hospital settings to this program. New regions were formed to capture the rapid expansion. FY19 produced two new SOLA sub-regions, 2 North and 3 South. The 1 North SOLA is the current children’s SOLA.

*** These residential options are for children and deliver Voluntary Placement Services (VPS). The provider type can be Licensed Staffed Residential, Child Foster Home or Group Care Facility.

Note: For those who live at Home, cost varies widely based on which waiver services the individual receives.

Data from Developmental Disabilities Administration—October 2020
2021 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org