

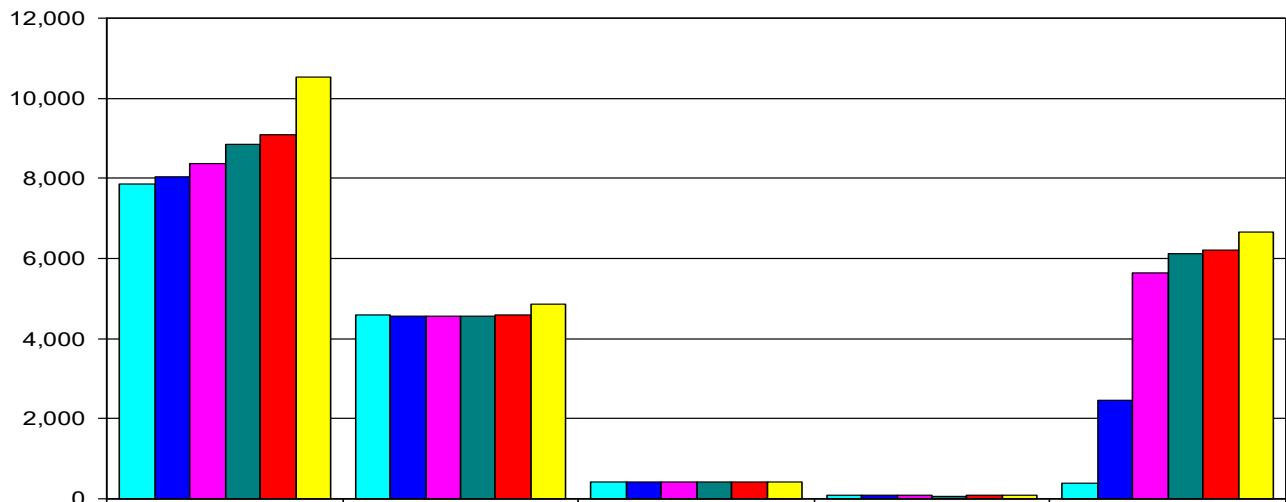
Developmental Disabilities Administration (DDA) Home & Community Based Services (HCBS) Funded Waiver Capacity

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:

2015: 13,338
2016: 15,586
2017: 19,064
2018: 20,027
2019: 20,391

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.



	Basic +	Core	C.P.	CIIBS	IFS
2015	7846	4582	418	95	397
2016	8,037	4,572	415	99	2,463
2017	8,376	4,553	411	94	5,630
2018	8,857	4,570	407	71	6,122
2019	9,092	4,591	407	83	6,218
2020	10,545	4,871	430	89	6,649

Key Waiver Elements

Basic Plus	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.
Core	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).
Community Protection	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.”
CIIBS	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 & other service providers.
IFS	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.

Developmental Disabilities Administration (DDA)

Medicaid Benefits

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).

<https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html>

Developmental Disabilities Administration (DDA) Home & Community Based Services (HCBS) Waiver Clients & Expenditures

Home & Community Based Services (HCBS) Waivers Waiver Clients by Waiver Type

WAIVER TYPE	FY 2015			FY 2016			FY 2017			FY 2018			FY 2019			FY 2020		
	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total
IFS ¹	318	79	397	1,924	539	2,463	3,774	1,856	5,630	4,049	2,073	6,122	4,038	2,180	6,218	4,126	2,181	6,307
Basic Plus	549	7,297	7,846	462	7,575	8,037	402	7,974	8,376	423	8,434	8,857	381	8,711	9,092	343	9,144	9,487
Core	106	4,476	4,582	100	4,472	4,572	82	4,471	4,553	81	4,489	4,570	76	4,515	4,591	69	4,526	4,595
Community Protection	0	418	418	0	415	415	0	411	411	0	407	407	0	407	407	0	408	408
CIIBS ²	72	23	95	73	26	99	65	29	94	52	19	71	65	18	83	68	21	89
Totals:	1,045	12,293	13,338	2,559	13,027	15,586	4,323	14,741	19,064	4,605	15,422	20,027	4,560	15,831	20,391	4,606	16,280	20,886

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.

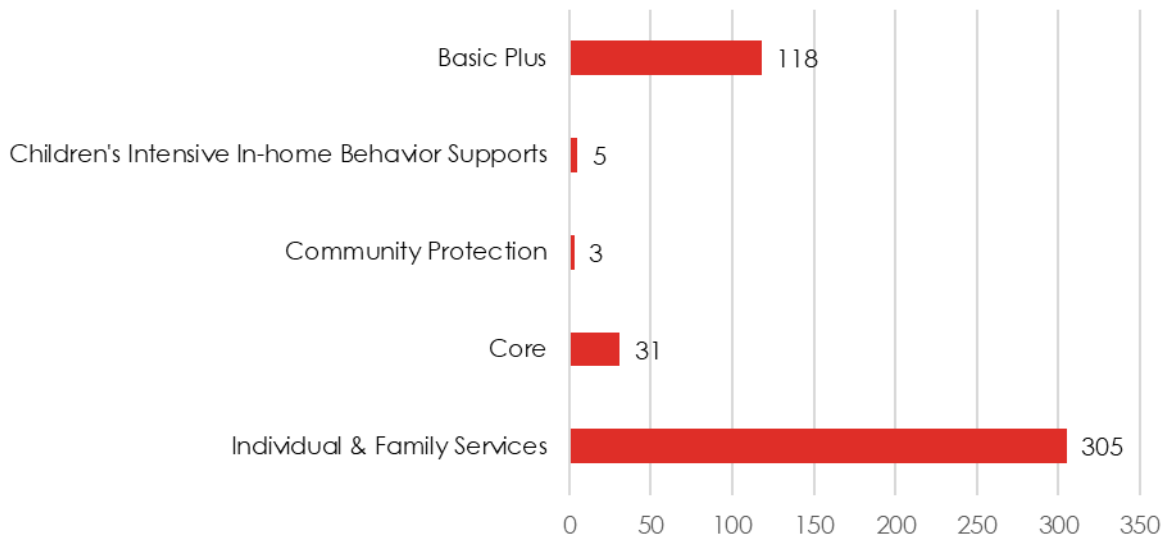
Average Annual Waiver Expenditure Per Client *			
Waiver Type	2017	2018	2019
Basic Plus	\$6,900	\$7,224	\$8,388
Core	\$101,676	\$105,132	\$124,512
Community Protection	\$141,864	\$153,036	\$152,828
CIIBS	\$35,928	\$28,488	\$31,428
IFS	\$672	\$852	\$1,308

* 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.

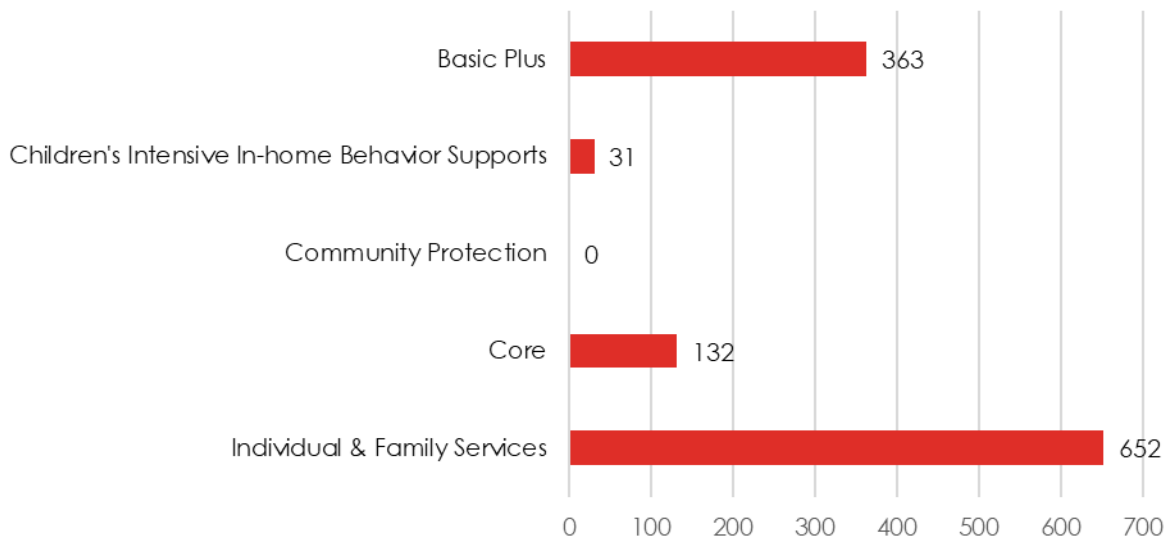
Average Annual RHC Expenditure Per Client			
RHC	2017	2018	2019
Fircrest	\$228,855	\$259,150	\$302,585
Rainier	\$225,935	\$264,990	\$346,385
Lakeland	\$255,135	\$332,150	\$357,700
Yakima	\$243,090	\$328,865	\$363,540

Developmental Disabilities Administration (DDA) Waiver Requests and Denials

DDA Clients on the No Paid Services Caseload With Waiver Requests Denied Due to Lack of Capacity



DDA Clients on the Paid Services Caseload With Waiver Requests Denied Due to Lack of Capacity



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.

Developmental Disabilities Administration (DDA) HCBS Waiver Clients with Community First Choice (CFC) Services

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:

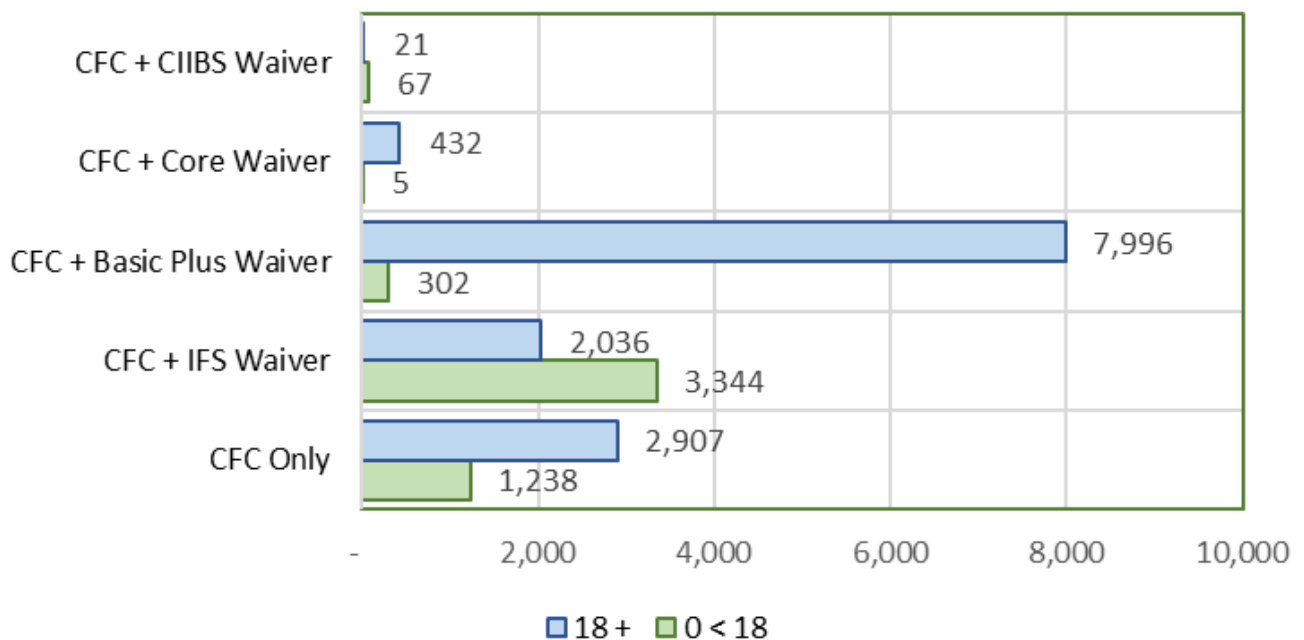
- (1) Personal care services;
- (2) Relief care, personal care services by a second individual or agency provider as a back-up to your primary paid personal care provider;
- (3) Skills acquisition training, training that allows you to acquire, maintain, and enhance the skills necessary to accomplish 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.

Clients Receiving CFC and a Waiver



CFC—Community First Choice
IFS—Individual and Family Services Waiver
CIIBS—Children’s Intensive In-home Support Waiver

Developmental Disabilities Administration (DDA) SSP in lieu of the IFS Waiver

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.

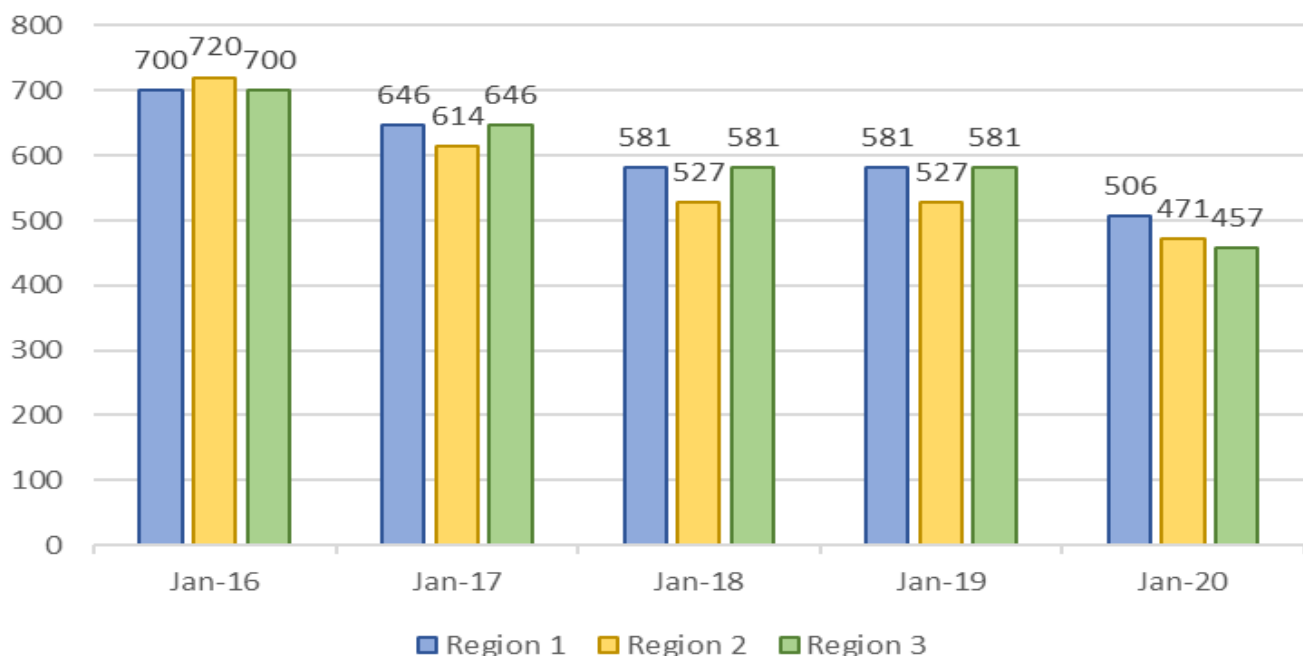
In 2019, 1,485 individuals received State Supplementary Payments in lieu of the Individual and Family Services (IFS) waiver. Payments were based on assessed need and ranged from \$100 to \$300 a month. At that time, clients could choose to transfer to the IFS waiver or receive SSP in lieu of IFS. In 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.

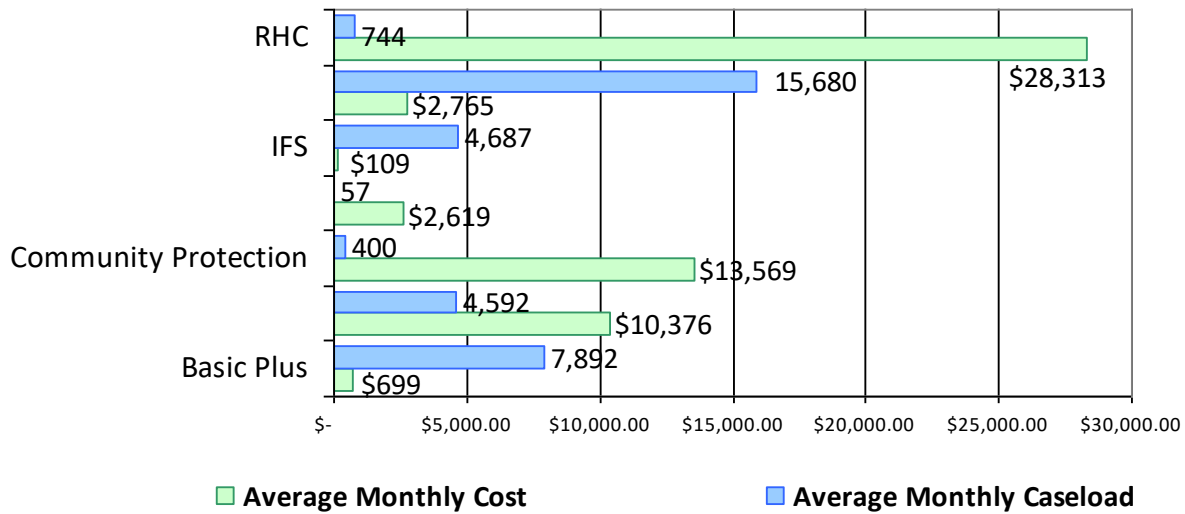
If you have questions about SSP, please send an email to ThompKE@dshs.wa.gov

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

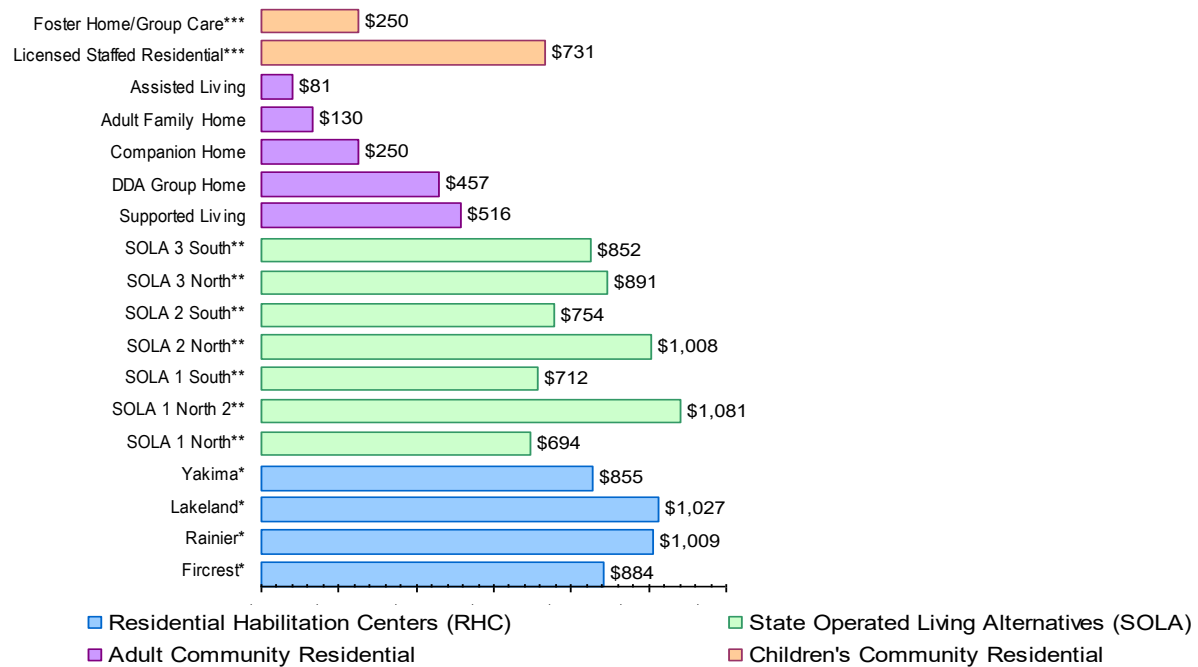


Developmental Disabilities Administration (DDA) Waivers, Community First Choice & Residential Costs

2020 Average Monthly Caseload and Cost Per Client



2020 Average Daily 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.