

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

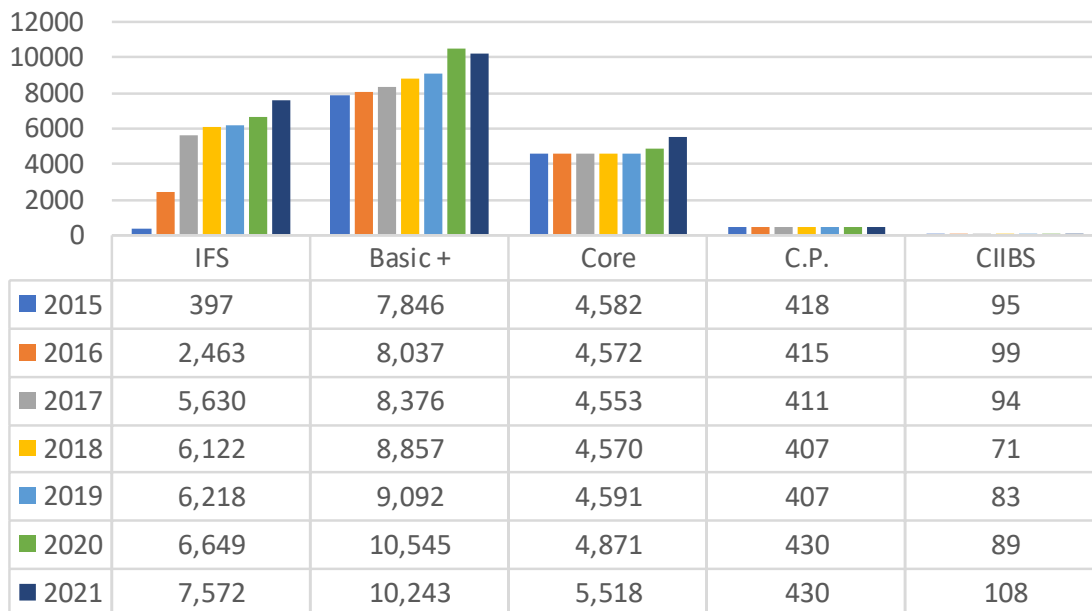
In the 1980s, the Federal government allowed states to apply for Federal Medicaid funds to pay for home and community based services, referred to as Home and Community Based Services Waiver Program. What a person is “waiving” is the right to an Intermediate Care Facility (ICF), receiving their services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

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 “Request Lists” for waivers, but you must know that you need to ask to be added to a Request List, but most people are unaware that they need to do so.

In the 2021 legislative session, the legislature provided additional waiver openings based on the numbers identified on the request lists.

- IFS: 923 openings
- Basic +: 467 openings
- Core: 159 openings
- C.P.: 3 openings
- CIIBS: 100 openings

Waiver Capacity



Total Waiver Capacity:

2015: 13,338
2016: 15,586
2017: 19,064
2018: 20,027
2019: 20,391
2020: 22,584
2021: 23,871

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)

Waiver Numbers by County

Waiver Counts

County	Basic Plus	CIIBS	C.P.	Core	IFS	N/A	Totals
Adams	15			1	12	66	94
Asotin	22			27	9	95	153
Benton	243	4	4	137	266	916	1,570
Chelan	91	2		57	73	240	463
Clallum	159			60	85	220	524
Clark	608	6	35	218	510	1,984	3,361
Columbia	9			2	4	21	36
Cowlitz	136			139	92	715	1,082
Douglas	23			28	37	120	208
Ferry	10				3	19	32
Franklin	98	2	5	27	139	505	776
Garfield	1				1	6	8
Grant	100			38	74	308	520
Grays Harbor	117			62	59	188	426
Island	94			32	54	307	487
Jefferson	45			17	31	58	151
King	2,431	24	74	1,111	1,454	7,910	13,004
Kitsap	385	3	13	143	228	765	1,537
Kittitas	46	2	4	59	21	87	219
Klickitat	4			1	12	109	126
Lewis	139	1		20	64	398	622
Lincoln	14			1	7	29	51
Mason	89	1		47	47	116	300
NULL	14	3	1	5	16	113	152
Okanogan	40			17	22	114	193
Pacific	35				18	39	92
Pend Orielle	13			1	8	41	63
Pierce	1,355	15	80	516	761	3,668	6,395
San Juan	8				4	33	45
Skagit	188		7	76	84	312	667
Skamania	12			6	9	33	60
Snohomish	1,072	13	48	350	672	3,219	5,374
Spokane	901	5	66	578	556	2,157	4,263
Stevens	93	1		12	47	137	290
Thurston	478	5	45	243	251	535	1,557
Unknown	1				2	6	9
Wahkiakum	4				4	15	23
Walla Walla	57	1	2	91	47	237	435
Whatcom	314	6	1	190	204	871	1,586
Whitman	34			30	14	86	164
Yakima	252	1	16	215	245	1,665	2,394
Grand Total	9,750	95	401	4,557	6,246	28,463	49,512

Data from Developmental Disabilities Administration—October 2021

2022 Advocate's Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org

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 2016			FY 2017			FY 2018			FY 2019			FY 2020			FY 2021		
	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total
IFS ¹	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	3,814	2,432	6,246
Basic Plus	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	304	9,446	9,750
Core	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	47	4,510	4,557
Community Protection	0	415	415	0	411	411	0	407	407	0	407	407	0	408	408	0	401	401
CIIBS ²	73	26	99	65	29	94	52	19	71	65	18	83	68	21	89	63	32	95
Totals:	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	4,228	16,821	21,049

¹ IFS = Individual & Family Services

² CIIBS = Children's Intensive In-home Behavior Supports

- Legislative appropriations have supported an annual growth rate of 9.7% 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 Monthly Expenditures/Client Caseload *

Waiver Type	2021 Expenditures	2021 Average Monthly Caseload
Basic Plus	\$695	7,732
Core (Residential)	\$14,109	3,982
Core (Non-Residential)	\$4,989	402
Community Protection	\$17,522	399
CIIBS	\$3,772	72
IFS	\$115	4,550

➤ For those who are functionally eligible, some waiver clients may also receive personal care through Community First Choice. The average annual amount is \$34,248.

In the 2021 legislative session, the budget included increased capacity for each waiver:

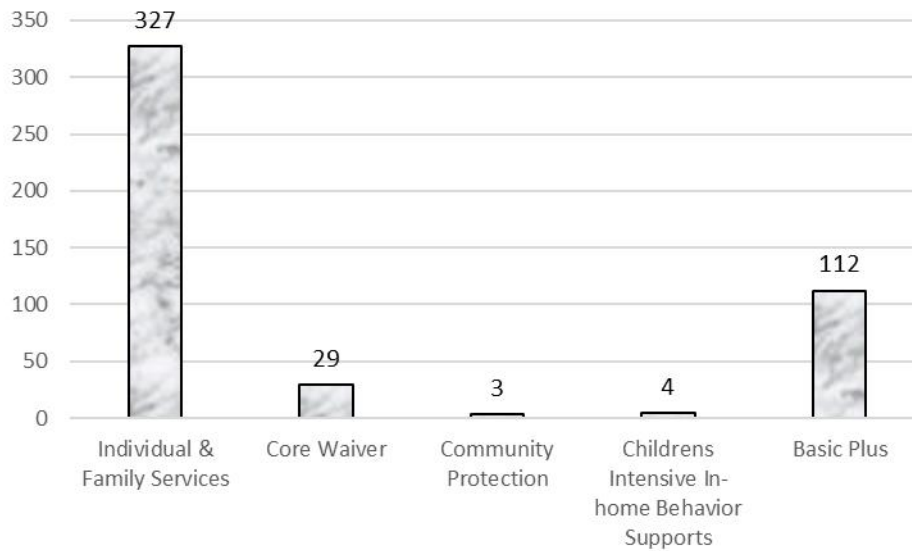
- Basic Plus
- Core
- Community Protection
- CIIBS
- IFS

Average RHC Expenditure Per Client

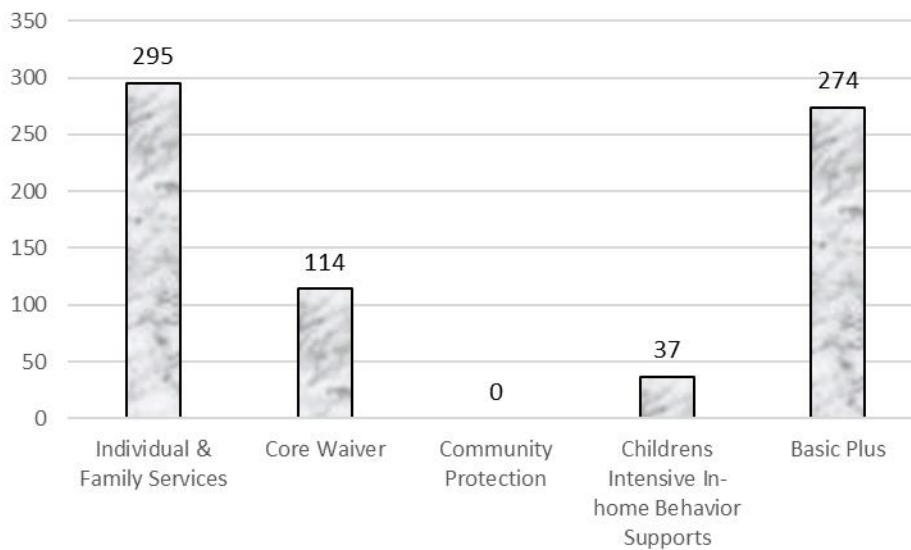
RHC	2021 Average Monthly Cost	2021 Average Annual Cost
Fircrest	\$27,923	\$335,070
Rainier	\$44,560	\$534,725
Lakeland	\$31,238	\$374,855
Yakima	\$26,006	\$312,075

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 1,195 clients have a documented service request that has been denied due to lack of capacity.
- There are 12,003 clients on the No-Paid Services Caseload. 475 clients (or 4% 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 11,528 clients on the No-Paid Services Caseload is unknown.
- There are 36,259 clients on the Paid Services Caseload. 720 clients (or 2% 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.

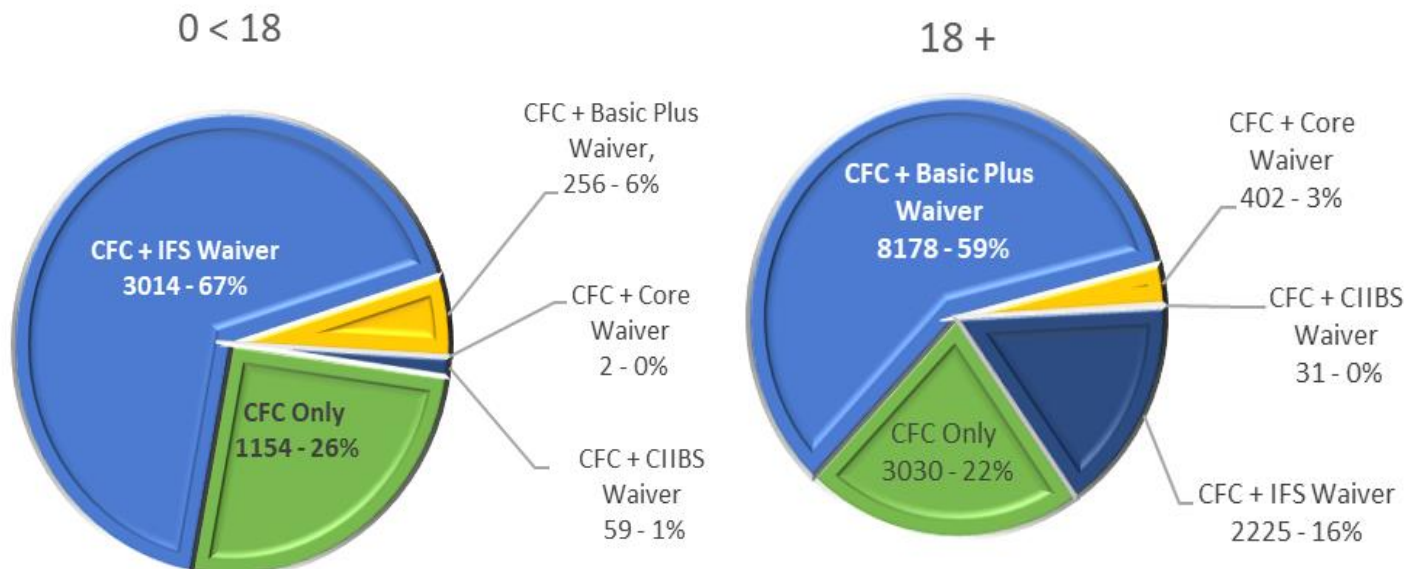
The services you may receive under the community first choice program include:

- (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.

- 18,354 clients receive CFC services.
- 4,485 children receive CFC services. This is an decrease of 10% since last year.
- 13,866 adults receive CFC services. This is an increase of 4% since last year.



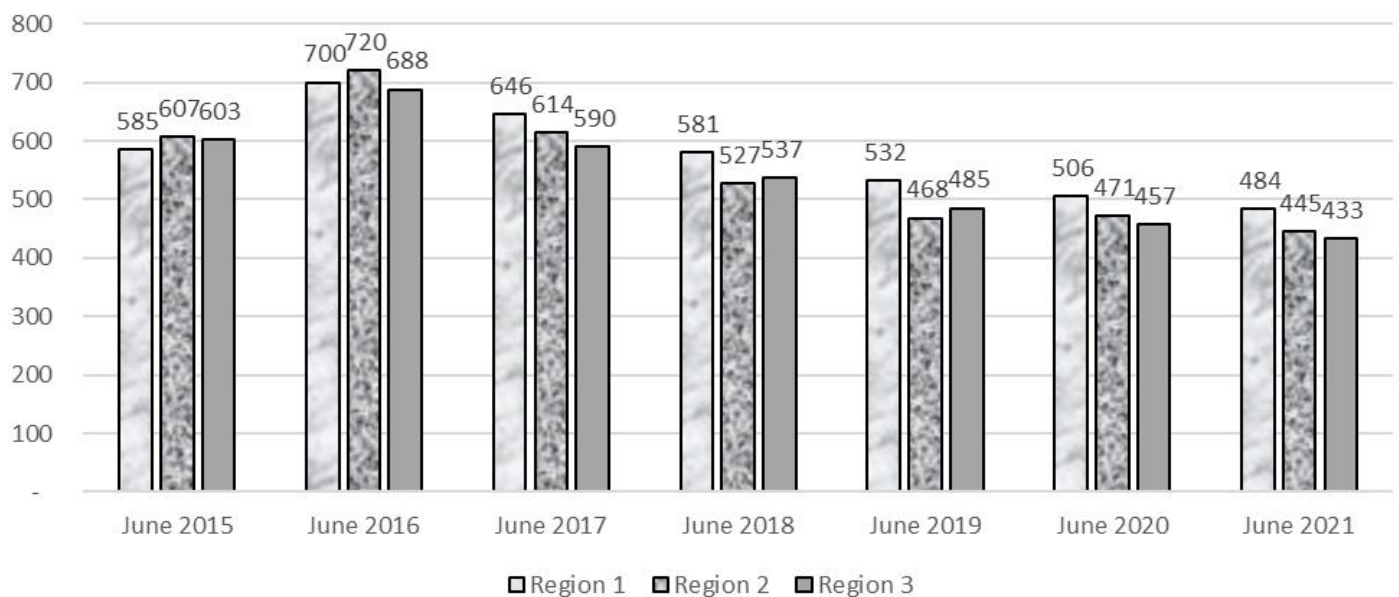
CFC—Community First Choice
IFS—Individual and Family Services Waiver
CIIBS—Children’s Intensive In-home Support Waiver

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.

Some individuals receive State Supplementary Payments in lieu of the Individual and Family Services (IFS) waiver. Payments were based on assessed need in the IFS allotment categories (see below) and SSP payments ranged from \$100 to \$300 a month. Prior to 2016, clients could choose 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.

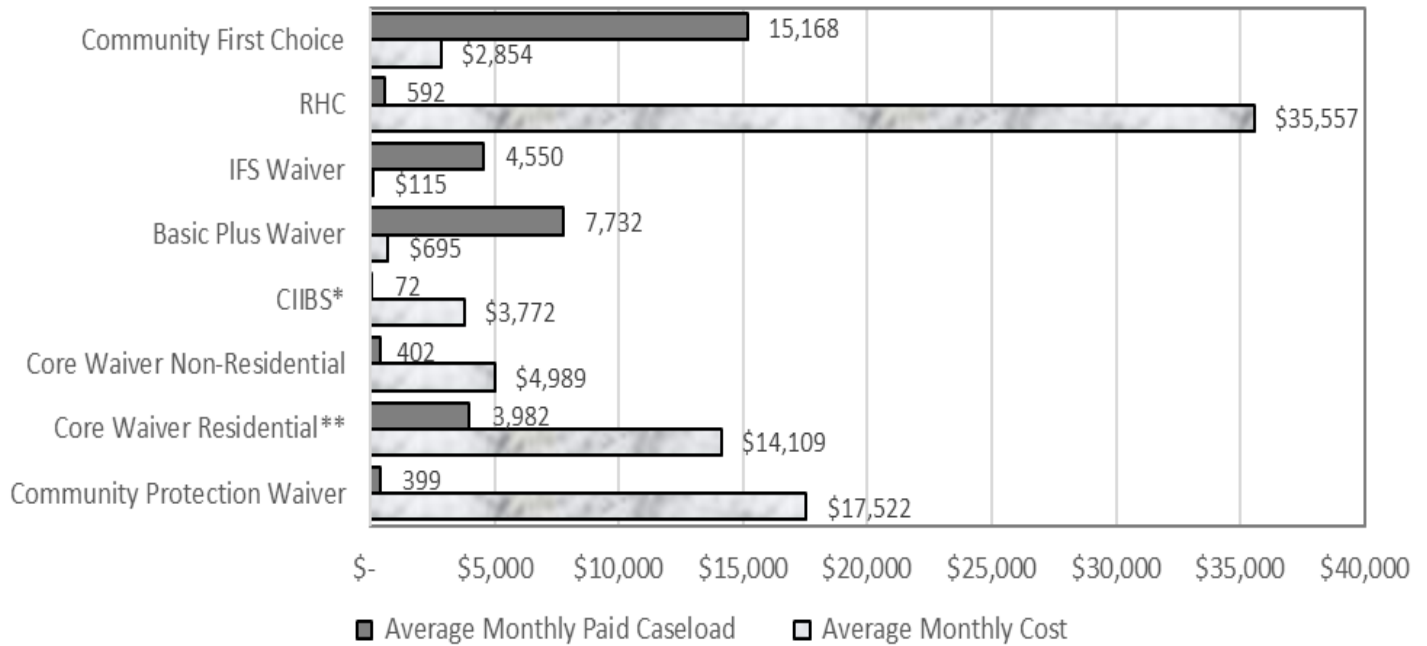
Clients Receiving State Supplementary Payments (SSP) in Lieu of the Individual and Family Services (IFS) Waiver



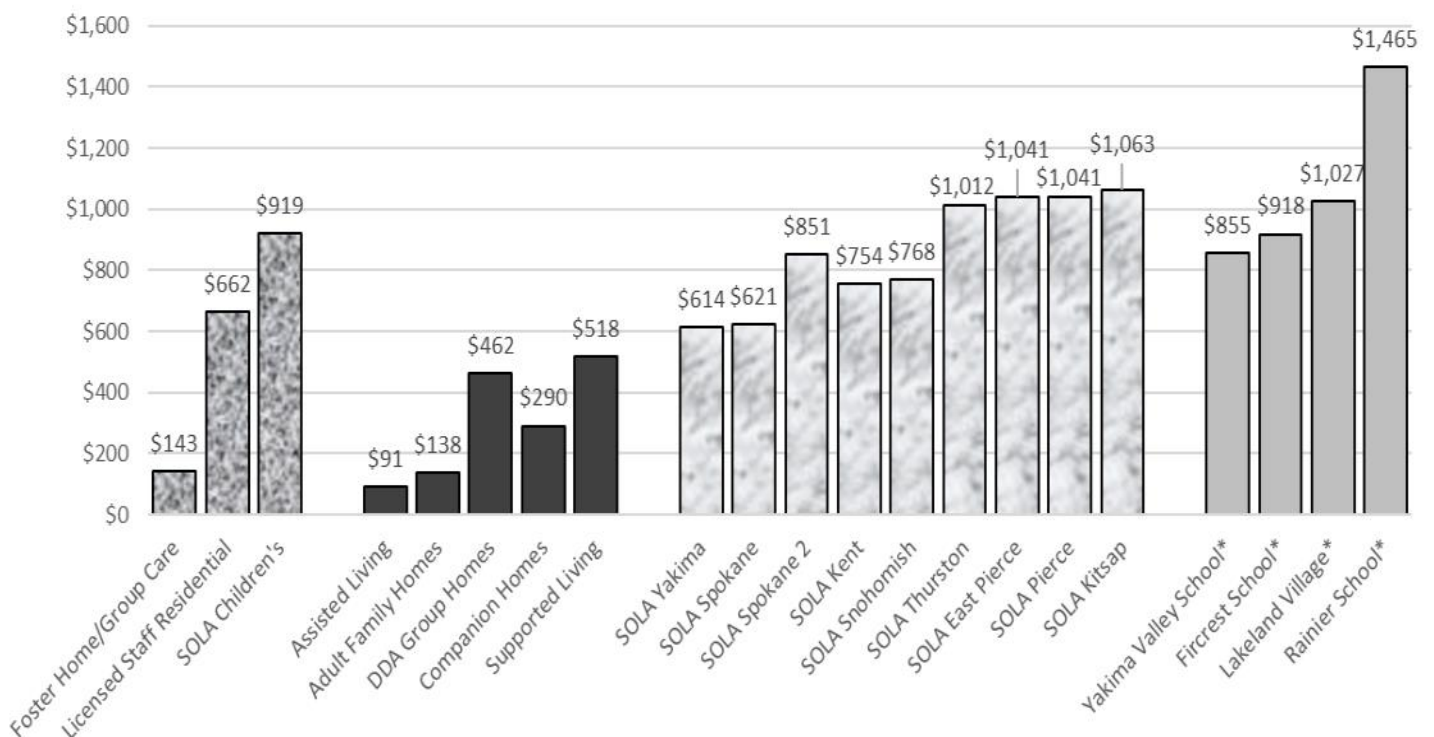
SSP Clients Per IFS Monthly Allotment Level					
	\$1,200	\$1,800	\$2,400	\$3,600	Grand Total
Region 1	10	62	158	254	484
Region 2	1	38	149	257	445
Region 3	8	61	155	209	433
Total	19	161	462	720	1,362

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

2021 Average Monthly Caseload and Cost Per Client



2021 Average Daily Cost Per Client by Residential Setting



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