



Olympia Reporter



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An ENORMOUS achievement for a Supplemental Session

The Operating Budget has been delivered to the Governor where he can sign it into law, veto parts of it, or veto the entire budget.

The Operating Budget is where the state designates funding for services and supports they provide to the citizens of Washington State. As this is the supplemental budget, it is supposed to fix any shortfalls from the two-year Biennial Budget passed last year. Typically, a Supplemental Budget does not include new money for additional programs or projects. This was not a typical session!

Prior to the 2022 legislative session, the Washington State Developmental Disabilities Council (DDC) brought together a huge group of self-advocates, families and others interested groups to brainstorm what it is that is needed for children and adults with intellectual/developmental disabilities (IDD) from our state. From that group, known as the North Star coalition, [a spreadsheet was created](#) by the advocates that itemized ideas for policy changes and budget needs. The ideas were put in eight groups: Caregiving, Civil Rights, Day Services (included employment), Health Care, Housing, Schools, System Accessibility, and Transportation. From that list came 732 ideas of what the IDD community needs. The group's members chose 19 of those ideas to propose to various legislators for this session. Some of the ideas are issues advocates have worked on for years, others were new ideas introduced this session. Success was accomplished with a half dozen of these issues passing this session!

One of the most important outcomes from North Star advocacy was to finally see the legislature create a DD Caucus. With Senator Randall and Representative Taylor leading the way, there is now a caucus of bipartisan legislators who can help center our issues on the inside. We look forward to seeing this group be a strong presence next session.

The Governor's budget proposal included transforming services for Developmental Disabilities Administration (DDA); forecasting the need for community and residential services, respite beds and crisis stabilization services, to study Medicaid rates and develop metrics for community residential, AND, most importantly, **adding DDA to caseload forecasting in 2023-25 biennium.**

What is Caseload Forecasting?

The Washington State Legislature needs to know how many people will be expected to need services from each state agency in order to put together the state operating budget each year. The Caseload Forecast Council (CFC) reviews a lot of information and provides estimates of those numbers to the legislature. By doing this, those services become an entitlement for all those who qualify for the services. Since DDA is not caseload forecast, those services are only provided IF the legislature provides the needed funding.

A different type of forecast is called "courtesy" caseload forecasting. This provides the legislature with numbers, but the services are not an entitlement.

We have been advocating for years to have caseload forecasting for DDA services, the only major state agency that is not included. It is the reason DDA has a consistent waiting list for services of 12,000-15,000 every year. No other state agency has a wait list.

In addition, Aging and Long Term Supports Administration (AL TSA) is an agency where adults with IDD can apply for and receive services rather than going through DDA, where they will just be put on a wait list. AL TSA manages the same Medicaid Home and Community Based Services (HCBS) that DDA provides, yet while DDA is 4th in the nation for its provision of community services, AL TSA is #2 in the nation! Why the difference? **AL TSA is caseload forecast and DDA is not!**

What did get funded in the Operating Budget?

Although the Governor hoped to get full caseload forecasting for DDA services, the legislature did not support it. Instead, ESSB 5268 directed the CFC to provide a ***courtesy forecast*** for those who request supported living services through Core, Basic Plus or Individual & Family Services waivers and the number expected to reside in State Operated Living Alternatives (SOLA).

Though we were disappointed not to get full caseload forecasting, we did get a caseload forecaster on the Caseload Forecast Council and equivalent staffing at DDA to really get accurate numbers on services requested and what they will cost. This is just what we need to get better numbers to the state legislature so they can fully commit to our needs.

Community residential rates have been dismally low since the 2008 recession, with starting wages right around minimum wage. The Direct Support Professionals who provide care to people with IDD work hard and because the wages are so low, there is about a 50% turnover rate, which causes more instability in the lives of people with IDD in these community residential settings. This session, their voices were finally heard, with a large increase in the wages so they can continue to support the people they care about and provide for their own families.

The ***No Paid Services (NPS) caseload*** (the name for DDA's wait list) of about 12,000 people have had no case managers to turn to for resources, information, and other help since 2011, when the legislature eliminated all case management positions for the NPS caseload. This session we advocated for and were awarded two new case managers that will work to find out what services the people need by reviewing and maintaining this caseload.

Another loss from the 2008 recession concerned **supported employment and Community Inclusion** for people with IDD. Prior to that point, people with IDD had access to both supports for a job and support to access their community outside of work, something most of us take for granted. To save money, the legislature took that away and said people must choose either employment (an average of 10 hours a week) OR Community Inclusion. This session we were able to reverse this, so that both services can again be accessed concurrently.

With so many children and adults with IDD in the news lately because they end up in **hospitals with no medical need**, the legislature begins addressing that in several ways. They will continue to fund incentives to long-term settings who take patients from acute care hospitals through June 2022. They will add two 3-bed homes in intensive habilitation services & six 3-bed homes in enhanced out-of-home services for youth 8 to 21. They will also fund planning for short-term Residential Crisis Stabilization Program (RCSP) for youth with severe behavioral health diagnosis.

In the budget for the Developmental Disabilities Administration (DDA) there were many items that will help people with IDD:

- *Community residential providers will receive a 23% rate increase:*
 - *\$77.3 million State Funds; \$77.3 million Federal Funds*
- *Fund two case managers to review/maintain the No Paid Services caseload (SB 5819):*
 - *\$2.6 million State Funds; \$2.1 million Federal Funds*
- *Allow both employment and community inclusion services concurrently.*
 - *\$8.4 million State Funds; \$5.2 million Federal Funds*
- *Fund incentives to long-term settings who take patients from acute care hospitals through June 2022:*
 - *\$33,000 State Funds; \$66,000 Federal Funds*
- *Community Supports for Children-Add two 3-bed homes in intensive habilitation services & six 3-bed homes in enhanced out-of-home services for youth 8 to 21*
 - *\$1.3 million State Funds; \$962,000 Federal Funds*
- *HCBS Provider Development: Increase rates for Enhanced Respite Services for children & Overnight Planned Respite for adults. Fund assistive tech manager to help clients maintain independence, report on use and outcomes:*
 - *\$1.8 million State Funds; \$1.1 million Federal Funds*
- *Grant through the Health Care Authority (HCA) to plan for short-term Residential Crisis Stabilization Program (RCSP) for youth with severe behavioral health diagnosis:*
 - *\$81,000 State Funds; \$59,000 Federal Funds*
- *Youth inpatient navigators through Seattle Children's Hospital and HCA to identify temporary alternative services for kids needing continued intensive care:*
 - *\$82,000 State Funds; \$82,000 Federal Funds*

- Increase the personal Needs Allowance for people with IDD living in their own home in parity with other residential settings:
 - *\$31,000 State Funds; \$19,000 Federal Funds*
- Expand Enhanced Case Management from 700 to 1,500 clients & automatic nursing referrals as necessary.
 - *\$2.0 million State Funds; \$2.0 million Federal Funds*
- Transitional Care Management–Hire 35 FTEs to coordinate transitions for clients moving from one care setting to a new one, report on outcomes and lessons learned:
 - *\$2.2 million State Funds; \$1.7 million Federal Funds*
- Benefits planning - contract with an organization that trains attorneys & professionals to assist people with IDD to access/retain benefits (one time)
 - *\$100,000 State Funds; no Federal Funds*

In other agency budgets, additional funding that will benefit people with IDD and their families:

- HCA will see increased rates for children’s dental services:
 - *\$10.4 million State Funds; \$10.7 Federal Funds*
- Washington State Developmental Disabilities Council funded through the Department of Commerce to partner with racially diverse communities to build capacity of a coalition of IDD self-advocates and advocates:
 - *\$631,000 State Funds; no Federal Funds*
- Office of Superintendent of Public Instruction (OSPI) will support meaningful, equitable access for public school students, including special education, and their family members who have language access barriers by starting language access programs in school districts:
 - *\$367,000 State Funds; no Federal Funds*
- The Military Department will fund two staff for emergency management & human services support for people with access and functional needs in disaster response:
 - *No State Funds; \$438,000 Federal Funds*
- Division of Vocational Rehabilitation (DVR) will expand the School to Work program to connect students with supported employment services with jobs when they graduate and establish a statewide council for referral/information:
 - *\$5.1 million State Funds; \$235,000 Federal Funds*

What happened with Bills of Interest?

In the Supplemental Session, policy bills that started in the Biennial Session, but die, get a second chance. New bills get introduced as well.

Below are the policy bills that impact people with IDD which passed this session. You can learn more about any of them by clicking on the bill numbers below. You can also go to our web site at <https://arcwa.org/billtracker>

SHB 1286	Psychology compact	Increase access to psychologists by recognizing other state licenses, can use telecommunication	Rep Chambers
SHB 1646	Dementia action collaborative	Reconvene the collaborative, includes DDA, look at the 2016 plan implementation and more	Rep Bateman
2SHB 2008	Eliminate IQ scores (North Star Priority)	Eliminate use of IQ scores for eligibility in DDA for individuals with IDD, look for alternatives	Rep Taylor
SB 5518	Occupational therapy compact	Increase access to occupational therapy by recognizing other state licenses	Sen Muzzall
SB 5529	Self-directed care (DSHS request)	Removes requirement for personal aides (IP) doing self-directed care to be contracted by DSHS	Sen Cleveland
SSB 5745	Personal Needs Allowance	Allow PNA of people on Waivers living at home be no less than 300% of the fed benefit rate	Sen Liias
SSB 5819	No Paid Services caseload (DSHS request)	Hire 2 full-time case managers for NPS, identify services wanted within the next year, report	Sen Braun
E2SHB 1153	Increasing language access in public schools	Establish and implement a language access technical assistance program	Rep Orwall
2SHB 1664	Prototypical school formula	Prototypical school formula for physical, social, and emotional support in schools	Rep Rule
HB 1834	Student excused absence	Mental health reasons be added as an excused absence for students	Rep Callan
SSB 5376	Education Ombuds	Promoting awareness of the governor's office of the education ombuds.	Sen C. Wilson
SHB 1980	Dual services (North Star Priority)	Allow employment services and community access concurrently	Rep Taylor
SB 5750	WA State Leadership Board (WSLB)	Makes WSLB a state trustee, will administer the Boundless WA program for people with disabilities	Sen C. Wilson
SB 5763	Repeal sub-minimum wage certificates	Repeal statue for L&I to issue certificates for sub-minimum wages to people with disabilities	Sen Randall
SSB 5790	Community supports (North Star Priority)	Increase employment and Community Inclusion rates, establish school to work in all counties	Sen Braun
ESHB 1048	Criminal mistreatment	Remove specific religious references for criminal mistreatment of vulnerable adults	Rep Wicks
E2SHB 1723	Digital equity	Increase access and affordability to internet, help with skills for people with disabilities	Rep Gregerson

SHB 1773	Assisted outpatient treatment	Court can allow assisted outpatient treatment for people with mental health needs (includes DD)	Rep Taylor
EHB 1784	Vehicle license plates	Exemption: license plate may be blocked by wheelchair carrier or wheelchair lift	Rep Thai
SHB 1800	Access to behavioral health for minors	Hire 1 FTE; create Parent Portal with parents, caregivers, youth, young adult stakeholders	Rep Eslick
2SHB 1890	Behavioral health workgroup	Modify children/youth behavioral health workgroup, allow \$200/day for lived experience members	Rep Callan
2SSB 5793	Stipends for state workgroups, etc.	Allow \$200/day for under-represented/low-income people on any state group	Sen C. Wilson
SHB 1724	Housing opportunities	Advisory committee to maximize creation of housing for people with disabilities statewide	Rep Macri
ESHB 1866	Supportive housing	Supportive housing for people in community support services & medical assistance programs	Rep Chopp
ESSB 5268	Transform services for people with DD	Transform services for people with DD in community residential, redesign ICFs	Sen Keiser

Residential Habilitation Centers (RHC)

Although many great bills were introduced and passed this year, the bill that was most important to community advocates was SB 5268, which was sponsored by Senator Karen Keiser, Senator John Braun and Senator Joe Nguyen. We were hopeful that this bill would make it through this year and be amended to provide full caseload forecasting for DDA services. Instead, it only provides courtesy forecasting and retains language about repurposing Residential Habilitation Centers (RHC) to use them for crisis care.

SB 5938 was introduced this year that proposed to close all of the RHCs by 12/21/2028, but the bill died in the Senate Health and Long Term Care Committee. Advocates will meet in the interim to enhance the bill and work on it again next year.

In the budget, we did get language for DDA to reduce the footprint at Rainier. This RHC has been the subject of numerous reports of abuse and even death of a resident who was allowed to wander off. It has been the goal for years to get it closed first. The budget language moves us one step closer to the closure of Rainier.

What Do We Do Now?

Now is a great time to send thank you notes/emails to legislators for sponsoring bills that passed or for budget items that were funded and are important to you. One way to stay informed is by connecting to your local chapter of The Arc, your Parent Coalition and other DD community groups. This is also a good time to meet with your legislators while they have time for longer meetings. It is

also important to meet with your members of Congress and tell them how important Home and Community Based Services (HCBS) are for people in our state. Stay connected! Let us know what you need!

- Read the *Olympia Reporter* for in-depth news happening in Olympia.
- Sign up for alerts from The Arc of Washington's [Action Center](#).
- Be sure to follow [TheArcofWA](#) on Twitter.
- Become a fan of [The Arc - Washington State](#) on Facebook
- Connect with your [Congressional Representatives](#)
- Sign up for The Arc's [News to Know](#) to keep current on issues.

Questions? Need more information? Email Diana@arcwa.org.

Remember, change is being made by those who show up!

Whether you show up in person, by phone, email, Zoom or social media, in just a few moments your voice can be powerful and make a difference!



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