

Developmental Disabilities Administration (DDA) TEFRA/Katie Beckett Waivers

Tax Equity and Fiscal Responsibility Act (TEFRA) and Katie Beckett waivers

State	Program Name	Program Type	Ages Served	Level of Care	Income Waiver	Populations
Alaska	TEFRA	TEFRA	0–18	All	Yes	All
Arkansas	Arkansas TEFRA-like	1115	0–18	All	Yes	All
Connecticut	Katie Beckett	1915(c)	0–18	All	Yes	PD
District of Columbia	TEFRA/Katie Beckett	TEFRA	0–18	All	Yes	All
Georgia	TEFRA/Katie Beckett	TEFRA	0–18	All	Yes	All
Idaho	TEFRA/Katie Beckett	TEFRA	0–18	All	Yes	All
Maine	Katie Beckett	TEFRA	0–18	All	Yes	All
Massachusetts	Kaileigh Mulligan TEFRA Waiver	TEFRA	0–18	All	Yes	All
Michigan	TEFRA	TEFRA	0–18	All	Yes	All
Minnesota	MA-TEFRA	TEFRA	0–18	All	Yes	All
Nebraska	Katie Beckett Program	TEFRA	0–18	All	Yes	All
Nevada	Katie Beckett Program	TEFRA	0–18	All	Yes	All
Oklahoma	TEFRA Children	TEFRA	0–18	All	Yes	All
Rhode Island	Katie Beckett Program	TEFRA	0–18	All	Yes	All
South Carolina	Katie Beckett TEFRA Children	TEFRA	0–18	All	Yes	All
Vermont	Disabled Children’s Home Care -Katie Beckett Program	TEFRA	0–18	All	Yes	All
Wisconsin	Katie Beckett Program	TEFRA	0–18	All	Yes	All

- **1915(c)** = Home and Community Based Waiver
- **TEFRA** = TEFRA or Katie Beckett Option Program
- **1115** = 1115 Demonstration Waiver
- **State** = State-Run Program

Our state should create a 1115 Demonstration Waiver to offer a Medicaid buy-in program for parents who don’t qualify by their income, but who have a child who is medically complex and high cost. Parents would keep their work health insurance, but be able to continue working. Families currently get divorced or go bankrupt trying to get coverage for their child. Some states may offer services to this population under a waiver that provides services to multiple groups of individuals with a variety of different needs.

- Level of Care denotes what type of institution the child would require if not in the program, and can be a Hospital, Nursing Facility, or Intermediate Care Facility.
- Income Waiver specifies whether or not the parental income is waived when applying to the program.

[ESSB 6168 Health Care Authority’s Report to the Legislature:](#)

Gaining knowledge through an 1115 demonstration waiver is recommended. Following the example of other states establishing an 1115 demonstration waiver for medically fragile children would permit the state to gain experience and understand the numbers of children needing access to Medicaid. After gaining experience through a demonstration option, a determination could then be made as to whether to implement a TEFRA state plan option or one of the waiver options available.

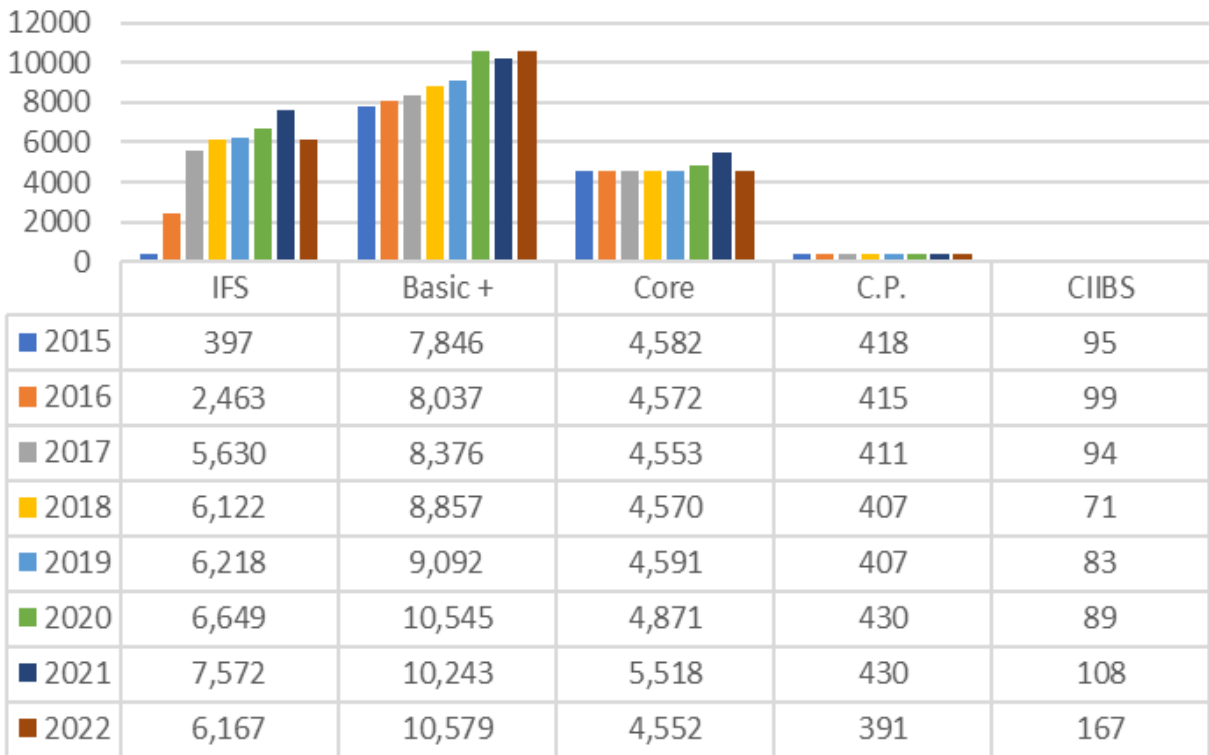
Read the full report:

https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=TEFRA%20and%20Katie%20Beckett%20waivers_f0d03b24-4c84-4e41-89eb-cb21cd328092.pdf

Developmental Disabilities Administration (DDA) 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 (HCBS) 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 special 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. Unfortunately, most people are unaware that they need to do so.



Key Waiver Elements

Basic Plus	Meets ICF/DD 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/DD 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/DD 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/DD 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.

Data Source: Developmental Disabilities Administration (DDA) as of July 2022

2023 Advocate’s Notebook—The Arc of Washington State 888.754.8798 www.arcwa.org

Developmental Disabilities Administration (DDA) Home & Community Based Services (HCBS) Waivers by County

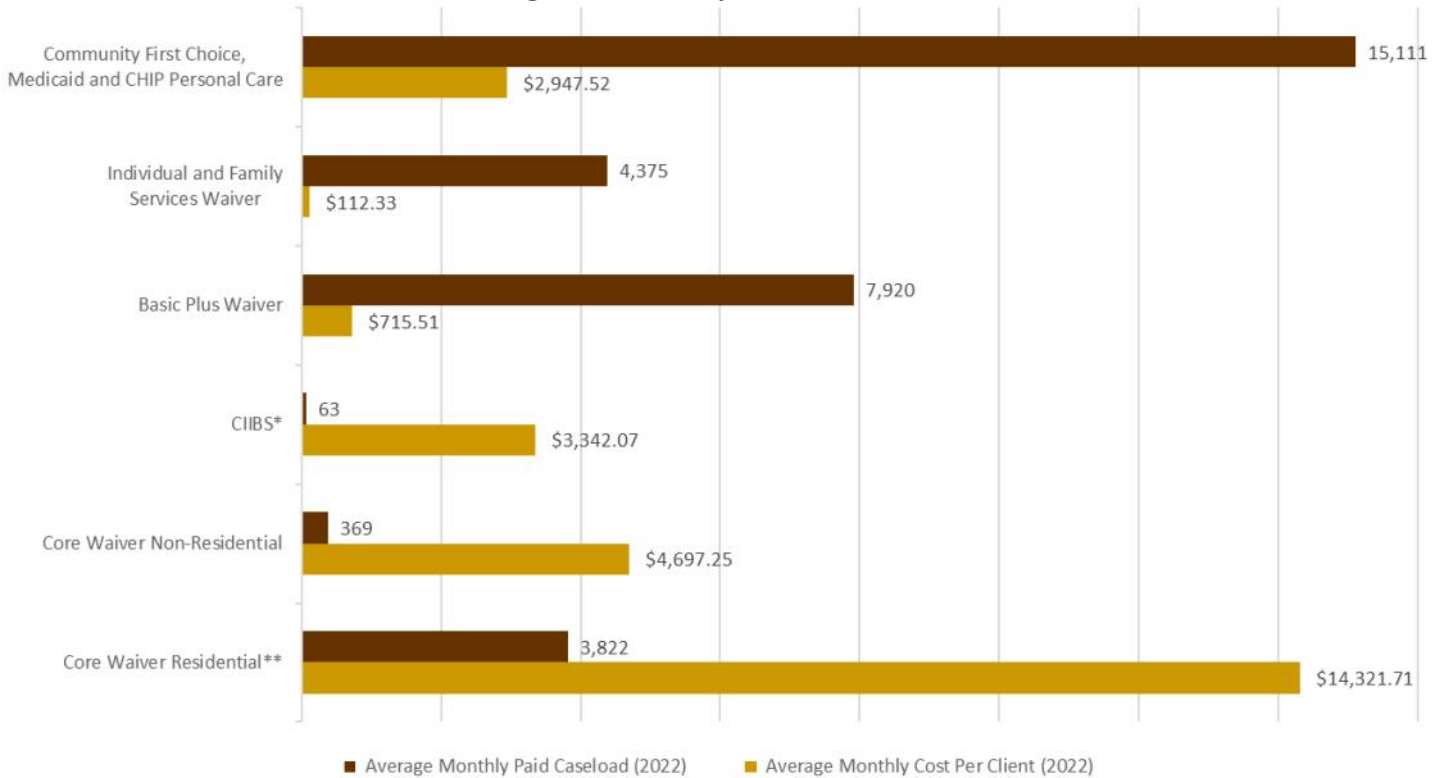
	Basic Plus	CIIBS	CPP	Core	IFS	N/A	Grand Total
Adams	16				9	68	93
Asotin	21			27	12	84	144
Benton	269	8	4	138	276	884	1,579
Chelan	97	2		57	74	246	476
Clallam	185	3		60	74	191	513
Clark	724	14	30	211	485	1763	3,227
Columbia	9			2	2	15	28
Cowlitz	148	1		137	87	736	1,109
Douglas	32			35	41	119	227
Ferry	11				3	17	31
Franklin	103	2	5	27	144	501	782
Garfield	3			1	1	3	8
Grant	104			36	85	307	532
Grays Harbor	138	3		63	54	178	436
Island	102	1		32	57	326	518
Jefferson	51	2		16	25	41	135
King	2,623	37	75	1,122	1,401	7,961	13,219
Kitsap	415	4	13	136	228	807	1,603
Kittitas	49	1	3	50	20	98	221
Klickitat	6			1	11	101	119
Lewis	153	3		21	70	387	634
Lincoln	11			1	8	27	47
Mason	89	1	1	46	46	135	318
NULL	27	7	1	9	29	130	203
Okanogan	42			18	20	111	191
Pacific	38				17	40	95
Pend Oreille	15			1	8	43	67
Pierce	1,457	21	76	541	742	3,476	6,313
San Juan	8				4	41	53
Skagit	186		7	71	85	343	692
Skamania	16	1		5	7	31	60
Snohomish	1,163	21	41	359	631	3,354	5,569
Spokane	949	14	73	574	602	2,163	4,375
Stevens	94	2		14	44	133	287
Thurston	503	7	45	231	257	524	1,567
Unknown	1				2	6	9
Wahkiakum	4			1	4	15	24
Walla Walla	66	2	1	88	40	211	408
Whatcom	343	6		182	208	881	1,620
Whitman	38			32	16	104	190
Yakima	270	4	16	207	238	1440	2,175
Grand Total	10,579	167	391	4,552	6,167	28,041	49,897

Data Source: Developmental Disabilities Administration (DDA) as of July 2022

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Developmental Disabilities Administration (DDA) HCBS Funded Waiver Caseloads & Costs

Average Monthly Caseloads and Costs



Average Monthly Caseloads and Costs—Fiscal Years 2021/2022

HCBS Waiver Average Monthly Cost

	Average Monthly Cost Per Client (2021)	Average Monthly Paid Caseload (2021)	Average Monthly Cost Per Client (2022)	Average Monthly Paid Caseload (2022)
Community Protection Waiver	\$ 17,522.00	399	\$ 17,904.16	375
Core Waiver Residential w/CARE	\$ 14,108.88	3,982	\$ 14,321.71	3,822
Core Waiver Non-Residential	\$ 4,988.56	402	\$ 4,697.25	369
CIIBS ²	\$ 3,772.24	72	\$ 3,342.07	63
Basic Plus Waiver	\$ 695.19	7,732	\$ 715.51	7,920
Individual and Family Services Waiver	\$ 115.38	4,550	\$ 112.33	4,375
Community First Choice, Medicaid and CHIP Personal Care	\$ 2,854.11	15,168	\$ 2,947.52	15,111

Developmental Disabilities Administration (DDA) HCBS Waiver Clients & Capacity

Home & Community Based Services (HCBS) Waivers Waiver Clients, Cost & Capacity

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

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

Waiver Capacity

	Basic Plus	CIIBS Waiver	CP Waiver	Core Waiver	IFS Waiver	Grand Total
Current Capacity	10,579	167	391	4,552	6,167	21,856
Max Capacity	11,443	196	433	5,599	7,572	25,243
% filled	92%	85%	90%	81%	81%	87%

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

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

FY 2022 Waiver Clients and Cost

Service	Total Unique Clients for FY 2022	Average Monthly Cost per Client
CIIBS ²	107	\$ 3,342
Basic Plus Waiver	9,752	\$ 716
Individual and Family Services Waiver	5,961	\$ 112
Core Waiver Residential**	4,088	\$ 14,322
Core Waiver Non-Residential	484	\$ 4,697
Community Protection Waiver	402	\$ 17,904
Community First Choice, Medicaid and CHIP Personal Care	17,113	\$ 2,948

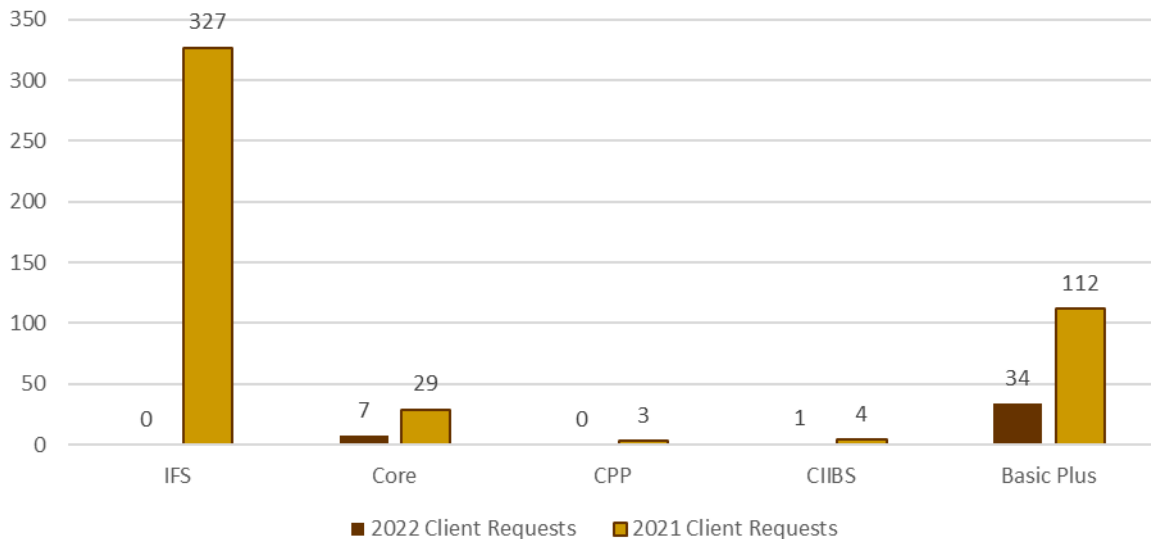
Total Waiver Capacity:

2015: 13,338
 2016: 15,586
 2017: 19,064
 2018: 20,027
 2019: 20,391
 2020: 20,886
 2021: 21,049
 2022: 21,856

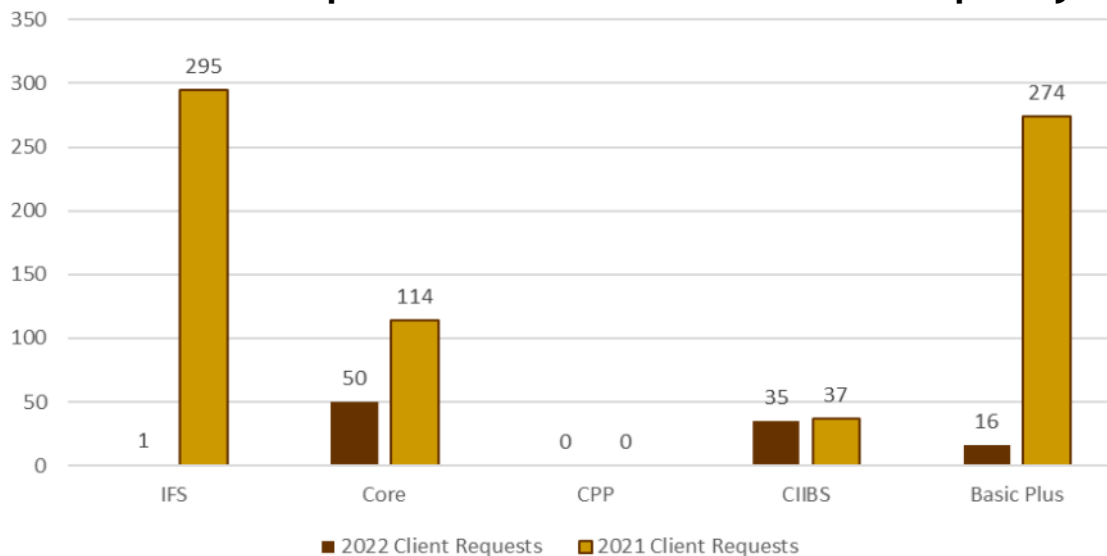
¹ IFS = Individual & Family Services ² CIIBS = Children's Intensive In-home Behavior Supports

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 144 clients in 2022 have a documented service request that was denied due to lack of capacity. 1,195 clients had requested to be on a service request list in 2021.
- There are 12,085 clients on the No-Paid Services (NPS) Caseload. 42 clients (0%) in 2022 (475 clients or 4% in 2021) are on the NPS Caseload and have a documented service request that has been denied due to lack of capacity. The status/needs of the other 12,043 clients on the No-Paid Services Caseload is unknown.
- There are 37,919 clients on the Paid Services Caseload. 102 clients (0%) in 2022 (720 clients or 2% in 2021) on the Paid Services Caseload have a documented service request that has been denied due to lack of capacity.
- In the 2021 legislative session, the legislature provided additional waiver openings, which is why there are so few requests for 2022. Most people on the NPS don't know to ask to be on a request list.

Data Source: Developmental Disabilities Administration (DDA) as of November 2022

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:

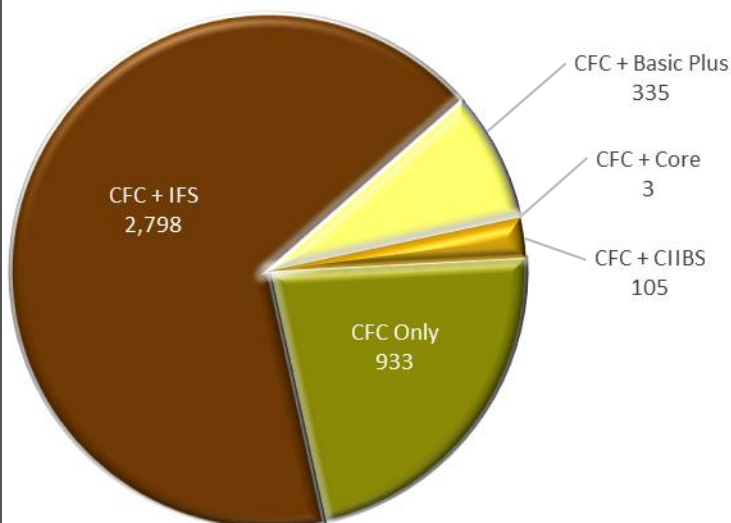
- (1) Personal care services;
- (2) Relief care, personal care services by a second individual or agency provider as a back-up to your primary paid personal care provider;
- (3) Skills acquisition training, training that allows you to acquire, maintain, and enhance the skills necessary to accomplish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

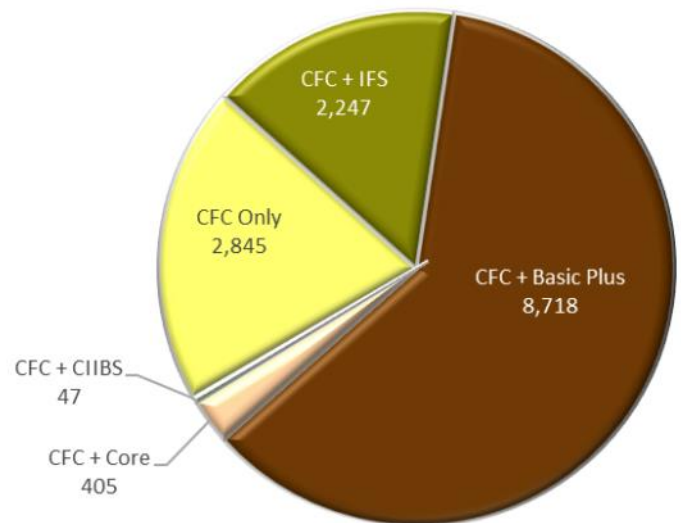
CFC 1915(k) is a state plan program offering a variety of services to support individuals living in home and community based settings. Services are delivered to children and adults in their own home, an adult family home, or an assisted living facility. Waivers 1915(c) are capped programs which offer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

- 18,436 clients receive CFC services.
- 4,174 children receive CFC services. This is a decrease of 15.8% since last year. The decrease is similar to the decrease in eligibility applications both of which are related to less involvement with school and other community activities. School is an important partner in connecting children with DDA.
- 14,262 adults receive CFC services. This is an increase of 6.5% since last year.

Ages Birth - 18



Ages 18 and Older



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

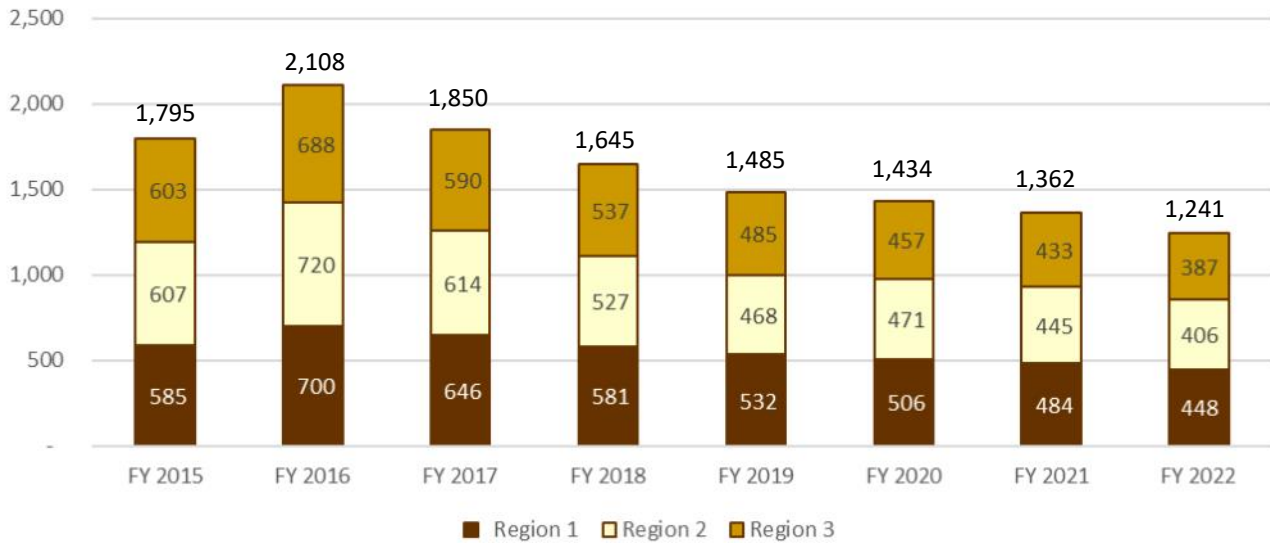
Data from Developmental Disabilities Administration (DDA) as of October 2022

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	\$4,680	Grand Total
Region 1	8	45	138	248	0	439
Region 2	1	32	142	227	0	402
Region 3	4	45	138	199	1	387
Total	13	122	418	674	1	1,228