

People with IDD Wait To Be Served!

Caseload Forecast DDA Services!



Endless Wait Lists for People with IDD

An estimated 170,000 people in Washington state have an intellectual/developmental disability (IDD). Less than a third of those, only 49,805, have applied for and are approved for services with the Developmental Disabilities Administration (DDA). Of that number, 37,336 (75%) actually get a service. The other 12,469 (25%) sit on a waiting list called the No Paid Services (NPS) caseload. 21,856 (59%) of those who are served, get their services through a Home and a Community Based Services (HCBS) Waiver. The others are likely only receiving personal care from Community First Choice.

“Waiting Lists”

- DDA cannot legally have a “waiting List” if they take the 50% federal match for waiver services.
- They instead use the name “**No Paid Services (NPS) Caseload**” on which 25% of DDA clients sit, some having waited for services for up to 10 years. These people qualify for DDA services, but have not yet had an assessment to determine what services they need.
- **IF** a person on the NPS caseload knows what services they need, they can ask to be put on a **Request List**” for the waiver that meets their needs. Very few clients on NPS know they can ask for this, because they have had no case managers to tell them.
- There are more than 83 people in our Residential Habilitation Centers (RHC) who have **requested to move out (per the Olmstead Act)** to a community residential placement. They have the funding to move out through Roads to Community Living (RCL), which **provides a 75% match from the Feds. 27 of these clients have been waiting 2 years or more!** They are stuck. Why? No housing, no Direct Support Professionals (DSP) available.
- Another group of DDA clients, 84 children and adults, are **Stuck in Hospitals**. These are children and adults who were taken to a hospital Emergency Room, typically because of dangerous behaviors caused by their disability. Families or residential providers bring them to the ER for treatment but then refuse to take them back because they feel unable to address the behaviors safely in the residential setting.
- The last group waiting are **babies and children with IDD who have complex medical needs**. They go into the hospital in crisis, but when the medical needs are under control, it is cheaper for the insurance companies to pay the “admin rate” and keep the child in a hospital bed than to pay for the services needed for the child in their home. There is also a nursing shortage that can contribute to keeping them from going home. Parents have to quit their job to get Medicaid services.

Solutions

- Provide true caseload forecasting and fully fund all DDA services.
- DDA received funding last session for new case managers for the NPS caseload. Ensure that they do an assessment to determine what services each person needs.
- While ramping up the case managers, who will need to be hired and be trained, provide a self-assessment to all DDA clients to determine what services the client needs now, what they will need a year from now, and what they will need 5 years from now. Alaska has a great form to model ours from at <https://dhss.alaska.gov/health/dsds/Documents/SDSforms/idd/IDD-Reg-Review.pdf>
- Provide \$40 million to the Housing Trust Fund for people with IDD that allows developers to apply for grants and forgivable loans to create the specialized housing needed.
- Increase the pay rate for DSPs and home care providers with a higher rate for those specialized in working with clients who have high behavioral needs.
- Allow parents to be paid to provide paid services to their child, as they do in the adult system.
- Establish an 1115 demonstration waiver for medically fragile children that allows parents with higher incomes to “buy-in” to Medicaid for their child.

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DDA data chart on these issues can be found at <https://arcwa.org/2023-legislative-notebook/>

