



DSHS: Developmental Disabilities Services Overview

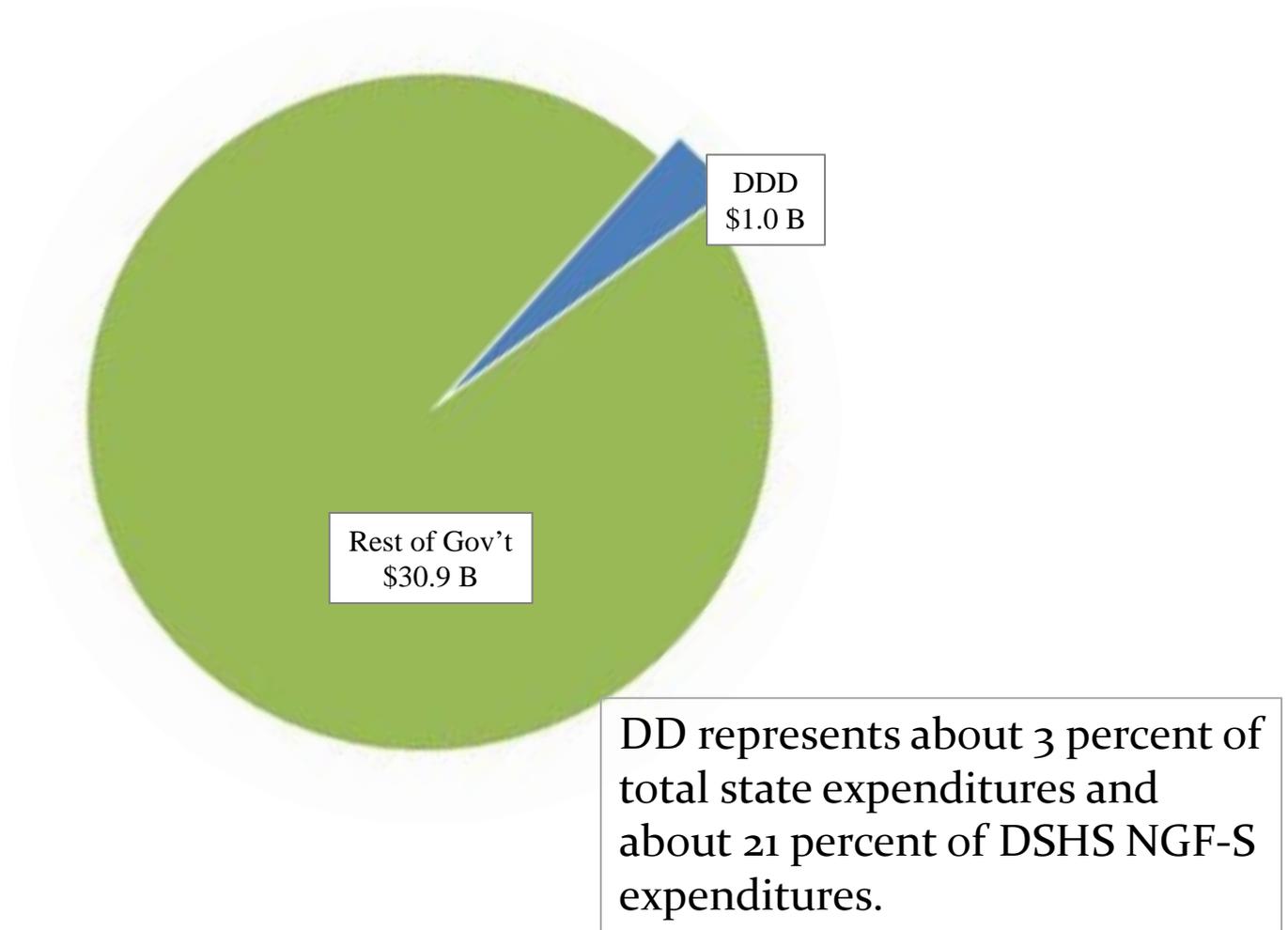
Joint Legislative Taskforce
Residential Habilitation Centers

October 17, 2011

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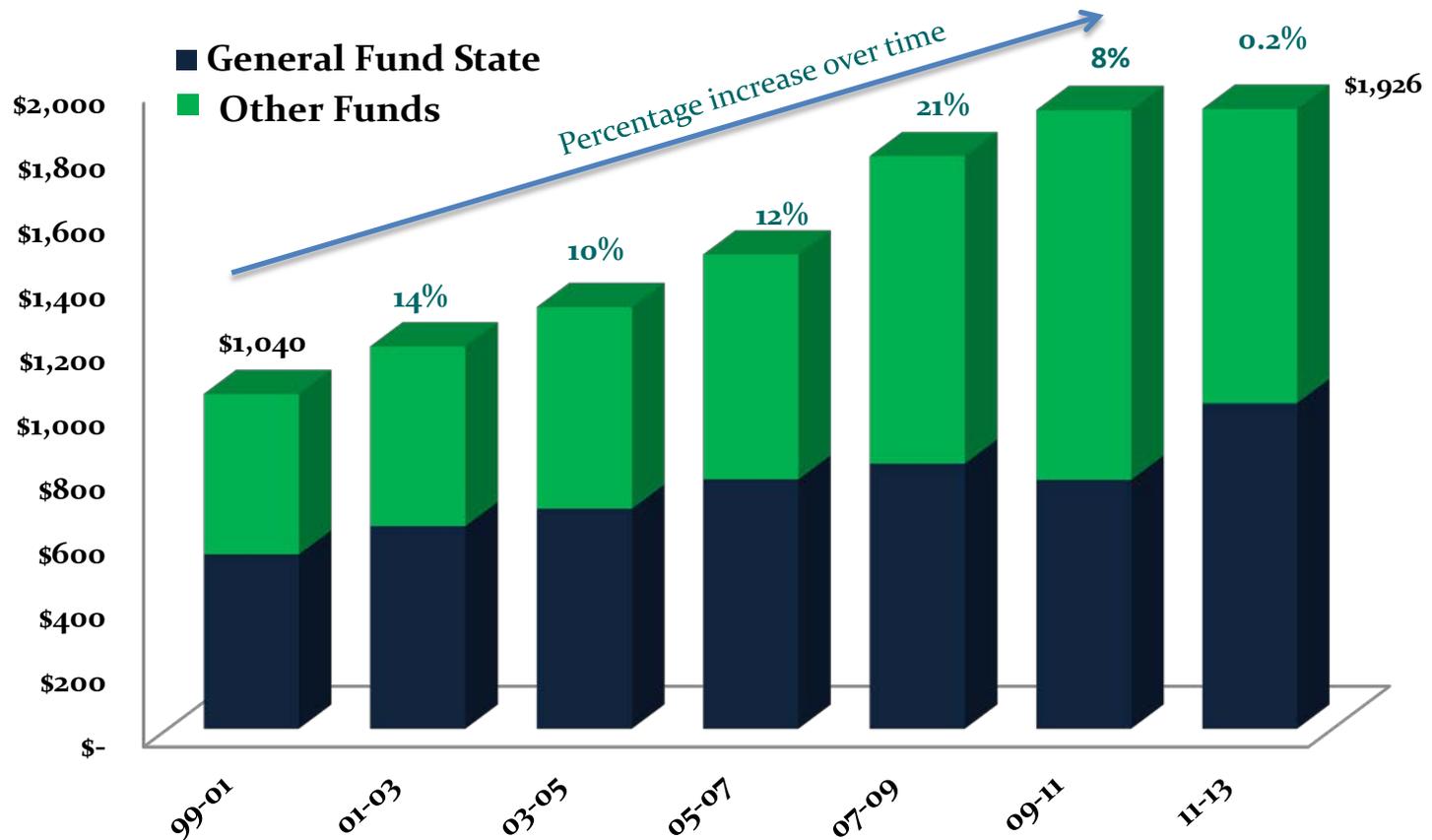
Budget Overview

2011-13 DD and Total State NGF-S Expenditures



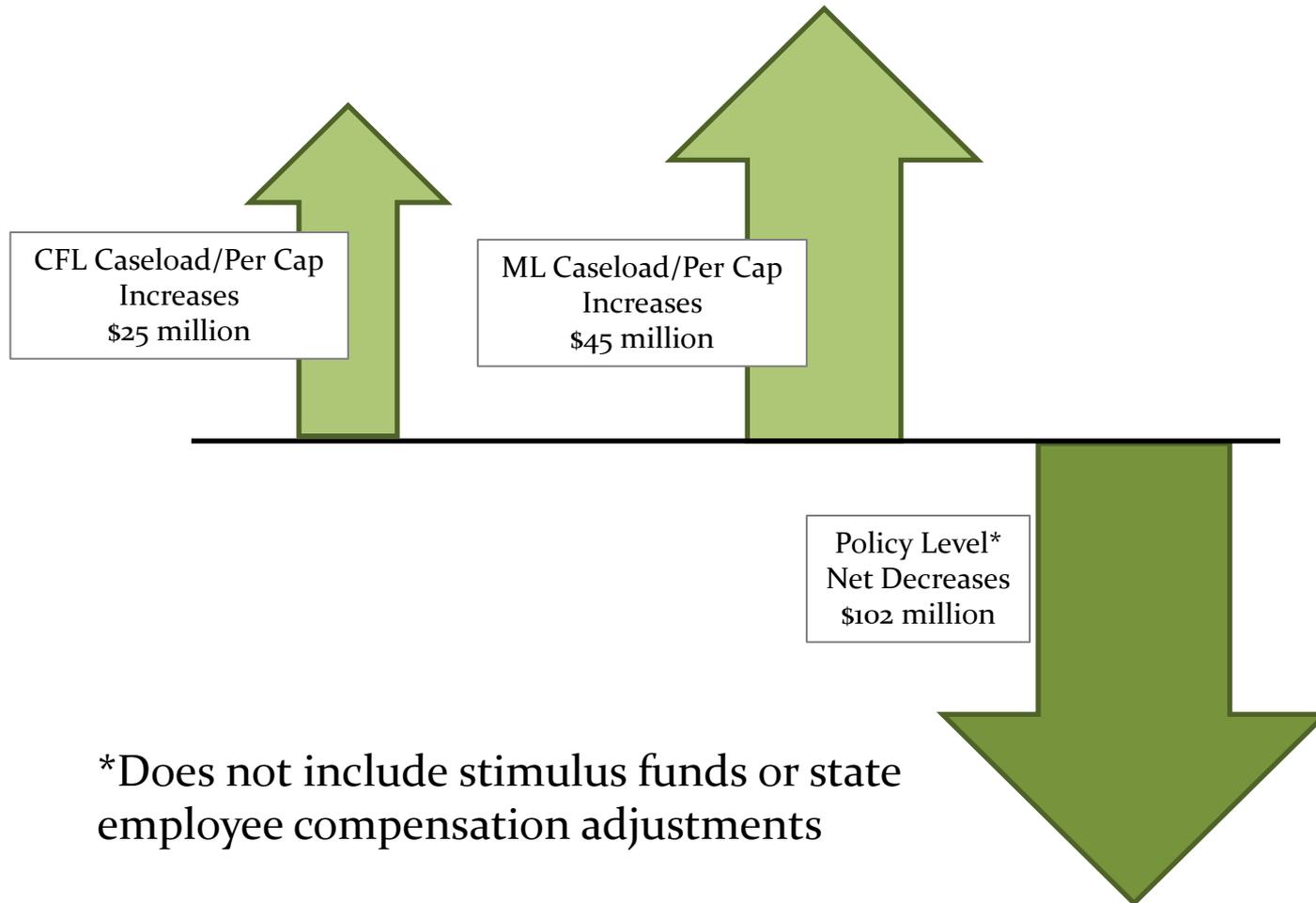
DD Total Expenditure Growth

(GF-S, Dollars in Millions)



DD Caseload, Per Capita and Policy Level Budget Items

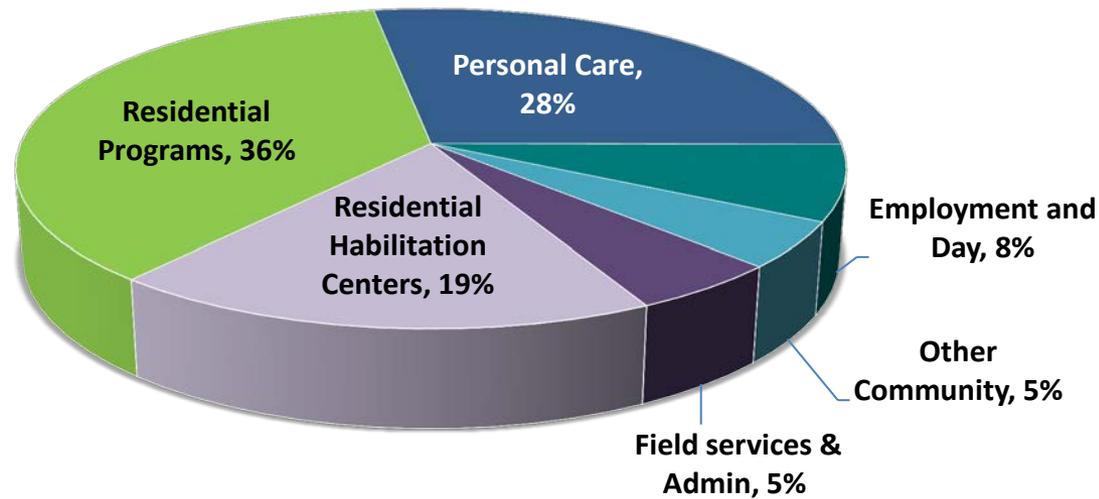
2009-11 and 2011-13



*Does not include stimulus funds or state employee compensation adjustments

DD Budget By Program

(Dollars in Millions)



Note: Based on 2009-11 total dollars.

DD Full-Time Equivalent Staff (FTEs)

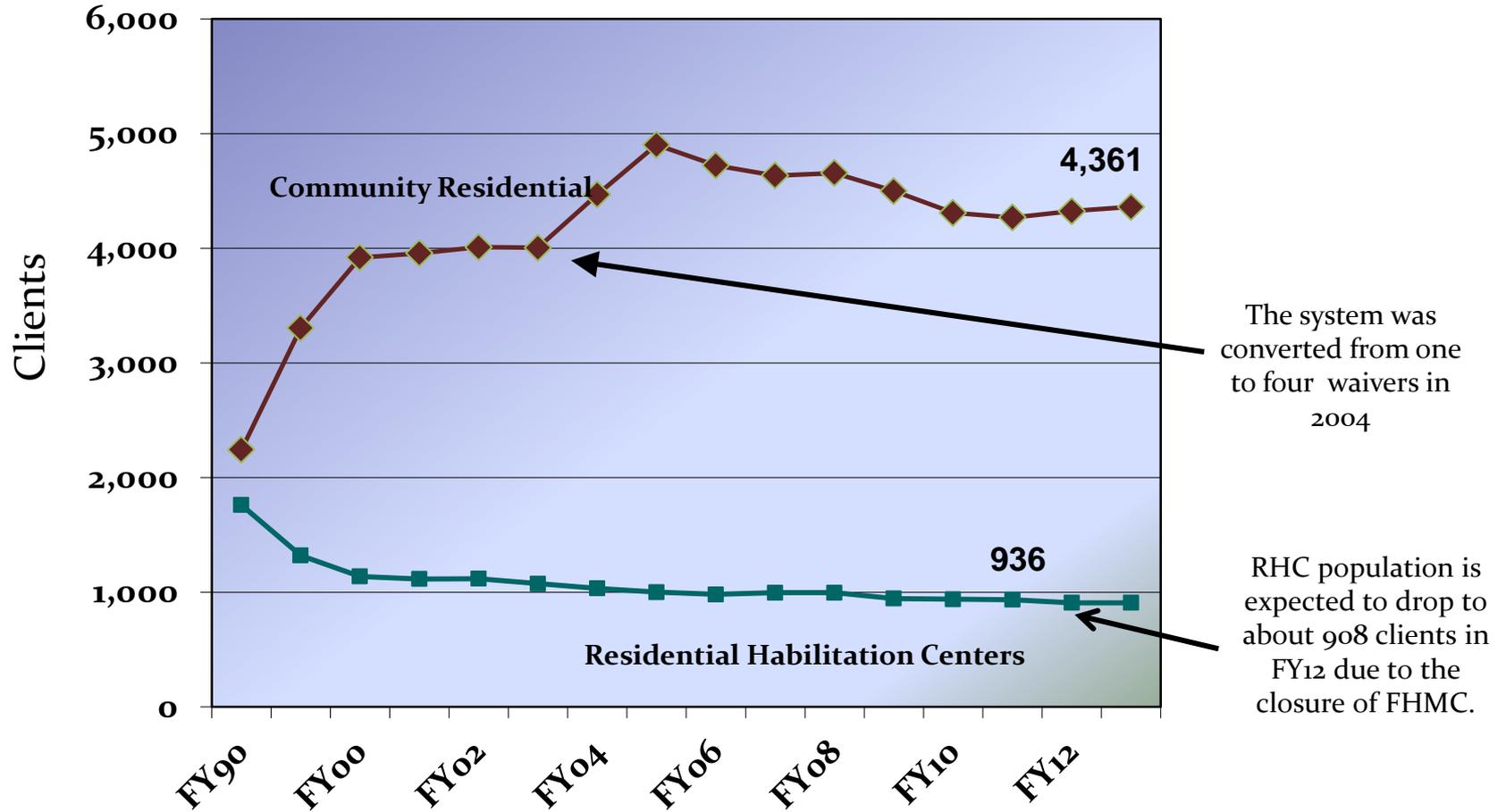
2009-11 Budgeted

Program	FTEs
RHCs	2,624
State Operated Living Alternatives	227
Field Staff	568
Infant and Toddler (Federal)	9
Headquarters: Program Support Administration	25
TOTAL	3,453

Program Administration represents less than 1 percent of total budgeted FTEs.

Comparison of Client Population

Institutional and Community Care

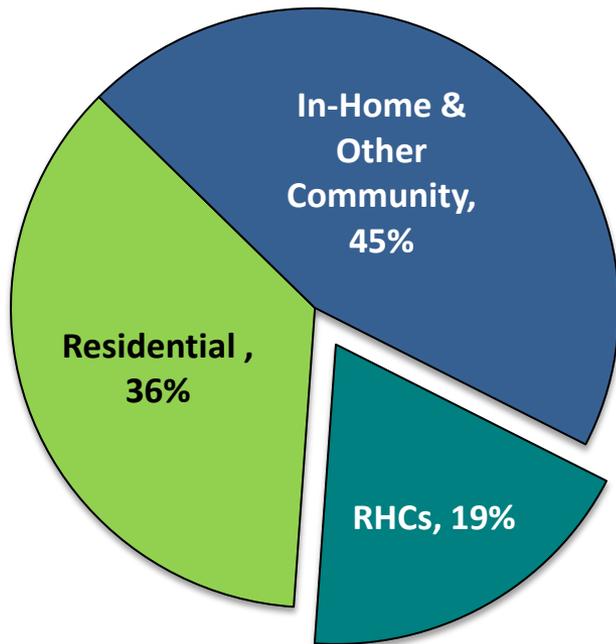


Data for fiscal years 2012 and 2013 are based on November 2011 forecast.

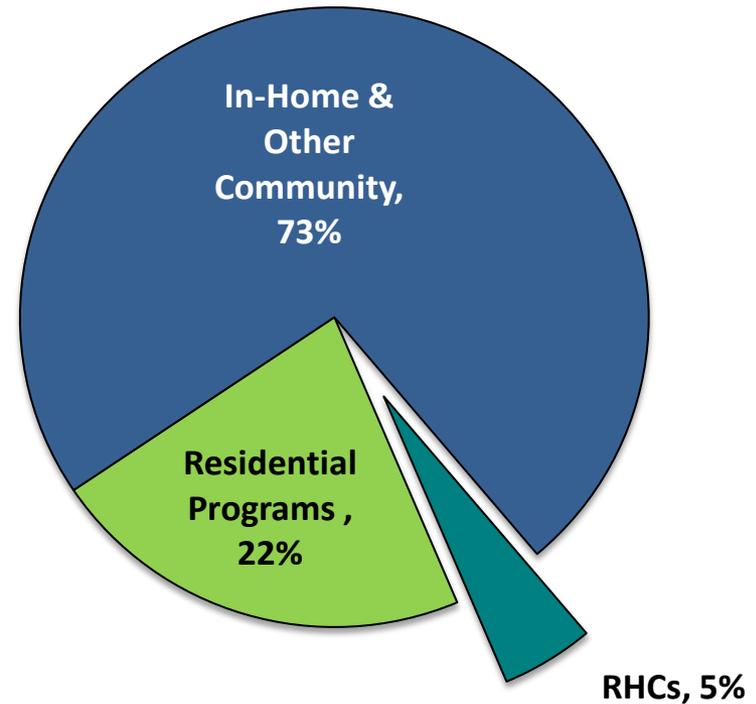
Service Setting Comparison

Expenditures and Caseload

Expenditures by Service Setting



Caseload by Service Setting



Client Eligibility

DDD Client Eligibility

Who is “Determined” Under State Law to Meet the Definition of Developmental Disabilities?

- The person must have a disability present before the age of 18 and be expected to last throughout a person’s lifetime.
- IQ is not the only measure used; others include:
 - Mental Retardation
 - Developmental Delay (ages birth to 6)
 - Cerebral Palsy
 - Epilepsy
 - Autism
 - Or another neurological condition that would require treatment similar to that required for individuals with mental retardation.
- This definition does not automatically qualify an individual for publicly funded developmental disability services. It is one portion of a series of criteria necessary for paid services. This definition is used for purposes outside of applying for and receiving paid developmental services such as:
 - Eligibility to enroll in the DD Endowment Trust;
 - Verification in order to have a DD identifier on a Medical Coupon used for Medical Services; or
 - To meet certain criteria as specified for private insurance purposes.

DDD Client Eligibility

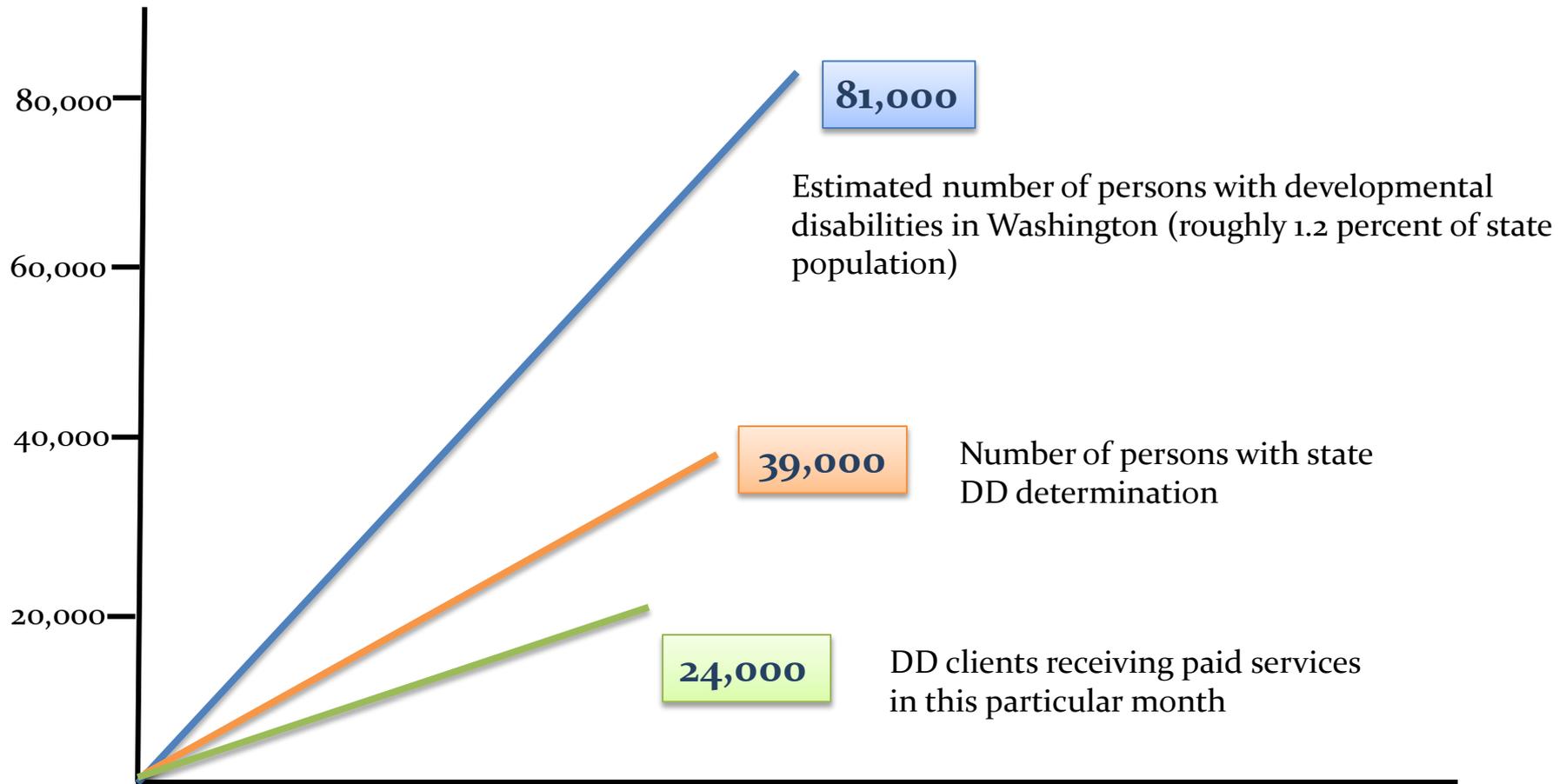
Who is able to Receive Publicly-funded Developmental Disability Services?

➤ Publicly-funded service availability is limited by available funding. In Order to receive services, a client:

- Must meet the state determination (outlined on the previous slide).
- Must request Developmental Services and receive an assessment.
- Be Financially and Functionally Eligible
 - Eligibility for Medicaid services is dependent on financial and functional criteria under state and federal law.
 - Many of the DD services are capped and services are often provided based on responses to families in crisis.

Individuals with Developmental Disabilities

Not all clients receive paid services and not all clients receive services every month.



SOURCES: EMIS (October 2010)

Residential Habilitation Centers

Institutional Services

➤ Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

- This is entitlement service for Medicaid eligible clients.
- Must meet federal requirements for active treatment and medical needs.
- Typically cottages
- Two Settings:
 - Residential Habilitation Centers (RHC) (Four fit this category- Rainier, Frances Haddon Morgan, Fircrest, and Lakeland)
 - Community

➤ Skilled Nursing Facilities

- 3 Residential Habilitation Centers (Fircrest, Lakeland, Yakima Valley)
- One Community Setting

Residential Habilitation Centers (RHC)

- Washington State currently has five Residential Habilitation Centers. Although one is in the process of being closed.
- The RHCs are federally certified as Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), Nursing Facilities (NFs), or a combination of both.

Certifications		
ICF/MR	ICF/MR & NF	NF
Rainier	Fircrest	Yakima Valley
Frances Haddon Morgan	Lakeland	

- Services in an ICF/MR are an entitlement for clients that meet Medicaid eligibility and need either active treatment services or the nursing level of care.
- Services include:
 - Habilitation training
 - 24-hour supervision
 - Medical/nursing services
 - RHCs also provide short-term stay services for eligible persons from the community.

RHC Capacity by Facility

Institution	County	Region	Peak Capacity ¹ by facility	2009-11 Funded Capacity	2012 Funded Capacity
Francis Haddon Morgan	Kitsap	5	57	53	
Rainier	Pierce	5	1900	370	370
Fircrest	King	4	920	198	223
Lakeland	Spokane	1	1600	219	219
Yakima Valley	Yakima	2	250	96	96
Total			4727	936	908

¹ **Peak Capacity** is defined as the highest utilization of the facility. While this provides an idea of the potential scale of these facilities, it should be noted that significant capital investment would be needed to bring the facilities back up to this level of service. It should also be noted that service delivery has changed so that ward-style building have been replaced by cottages and less restrictive housing structures. *Source: JLARC Report 02-12, "Capital Study of the DDD Residential Habilitation Centers," December 4, 2002.* The peak capacity figures do not include any institutions that have been closed.

RHC FY2010 Total Expenditures

By Facility & Function
(Dollars in Thousands)

Operational Category	Fircrest	Rainier	Lakeland Village	Yakima Valley	Frances Haddon Morgan	Total
Facility Maintenance	\$ 2,764	\$ 3,380	\$ 3,379	\$ 1,014	\$ 517	\$ 11,054
Food Services	2,045	2,360	2,003	984	716	8,108
Security	331	117	72	73	8	601
Housekeeping/Janitorial/Laundry	1,274	1,097	1,829	675	256	5,131
Business Management	4,249	7,942	3,709	945	1,219	18,064
Utilities	1,408	1,373	1,125	314	193	4,413
Equipment	153	98	128	53	32	464
Other Indirect Care	3,088	2,506	2,073	1,834	653	10,154
Direct Care	27,032	46,924	29,730	10,904	6,111	120,701
Totals	\$42,344	\$65,797	\$44,048	\$16,797	\$9,705	\$178,690

RHC Capital Budget Expenditures

(Dollars in Thousands)

RHC	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	Total
Fircrest School	\$1,115	\$1,176	\$1,244	\$2,299	\$886	\$793	\$ 8,842
Francis Haddon Morgan	805	606	179	971	533	150	\$3,946
Lakeland Village School	930	640	3,106	6,115	795	1,565	\$13,698
Rainier School	2,544	2,905	3,962	6,798	1,174	1,263	\$18,482
Yakima Valley School	46	759	672	983	231	640	\$2,795
Total	\$5,440	\$6,085	\$9,163	\$17,166	\$3,619	\$4,411	\$47,764

12-year historic RHC Capital Investments

Capital investments funded by the Legislature.

Home and Community Services

Medicaid Personal Care (MPC) Services

- Financial Eligibility SSI level is \$674/month for single person.
- State Plan Service.
 - Entitlement service: No waitlists.
- The majority of MPC clients receive their care in-home (a few receive MPC in a residential setting).
 - In-home care may be self-directed and provided by an Individual Provider or managed by a home health agency.
- Often an in-home caregiver is related to the client.
 - When children are minor, their parents may not be paid providers
- MPC may be paired with other state-only services.

Medicaid Waivered Services

➤ In general:

- Waivers have caps on allowable expenditures that vary depending on the waiver.
- Service settings offered under the waivers may be in-home care or residential depending on the waiver.
- Waivered services are subject to available funding (Currently almost 12,000 waived slots): Services may be waitlisted.
 - The waiver request database currently shows about 1,700 persons listed that are not receiving paid services.

➤ Waiver Financial eligibility:

- Income level is 300 percent of SSI or \$2,200.
- Resource level is \$2,000
- Under Federal rules, if a child age 18 or under is placed in an institution or in a waived service, they are not considered part of their parent's household, and therefore the parents income and assets are ignored when determining financial eligibility.

Waivers- Description by Type

Waiver Type	Risk of Institutionalization	Services	Limitations
Basic	At risk.	Client receives personal care, respite, employment, therapies, mental health stabilization, home modification and equipment. (In-home)	Personal care and respite as assessed, others subject to caps.
Basic Plus	High risk.	Similar services to Basic and with nursing and mental health stabilization available. (In-home and out-of-home)	Same as above, but with higher caps.
Core	Immediate risk.	Typically out-of-home, similar services to above but with residential services such as supported living providing habilitative services. (out-of-home)	No caps, but must be below institutional cost . Services determined by assessments and plan of care.
Community Protection	High risk. Offense Behavior history.	Similar to core, but out-of-home residential services by a certified community protection provider, providing 24/7 line-of-site supervision. (out-of-home)	Same as Core waiver.
Children's Intensive In-Home Behavior Supports (CIIBS)	High or immediate risk.	In-home behavior supports to minor children with extremely challenging behaviors who live with their families. Services determined by assessments and plan of care.	No caps, but average expenditures determined by proviso.

Client Count and Per Capita Costs

FY2011 Average

	Clients *	Average Monthly Costs/Client*
Waiver Programs		
Basic Waiver	4,486	\$1,749
Basic Plus Waiver	2,497	\$2,419
Core Waiver	4,121	\$6,490
Community Protection Waiver	459	\$9,896
CIIBS (estimates from August 2010 Assessment Activity Report)	46	
State Plan Programs		
Medicaid Personal Care	6,162	\$1,546

*October 2011 EMIS Report, Total Funds

State Only Services

Services Provided with State Only Funding

- Two main state-only funded programs:
 - Individual and Family Services (approximately 1,800 clients).
 - Program provides capped levels of flexible funding.
 - Many recipients of this funding are paid primary caregivers.
 - 80% of this funding is used for respite, but may also provide for needs not covered by another source (specialized clothing or equipment, transportation, excess medical costs, behavior management, and counseling).
 - Currently about 5,500 persons are in the request database for this program
 - State-only funded Employment Services.
- Clients are served based on available funding.
- Services are prioritized according to the most need.
- State only services do not have income eligibility requirements.
- Services may be waitlisted.

Appendices

Community Service Settings by Service Program

Service Type	Provider	Typical Number of Beds	Description	Number of clients
Medicaid Personal Care				
	In-Home	In a client's Home	One-on-One Care. Assistance with Activities of Daily Living (ADLs). May get other State Only funded services.	6,100
Basic and Basic Plus Waiver (Basic Plus has slightly higher expenditure caps)				
Basic & Basic Plus	Some In-home: Children and Adults	In client's Home	One-on-One Care. Assistance with Activities of Daily Living (ADLs). (Waivered Personal Care) May get other waived services that are in the allowable caps.	3,000
Basic Plus	Adult Family Homes	6	Mostly a personal care model. DD mixed with LTC clients.	1,720
Basic Plus	Adult Residential Centers (BH)	7-20	Oldest community model. DD mixed with LTC clients. Clients are fairly independent with few supports and supervision.	169

Community Service Settings by Service Program (Continued)

Service Type	Provider	Typical Number of Beds/Clients	Description	Number of clients
CORE Waiver				
	Supported Living	3-4 beds (about 140 providers)	Children and Adults. Habilitative Services. Several persons live together as roommates and share living expense and staff support. Offers daily to 24/7 support.	3,088
	Group Homes (BH)	4-8 (about 47 providers)	Facility based model. Serves adult clients. May have some limitations on activities of daily living such as meal prep and shopping.	303
	State Operated Living Alternative (SOLA)	3-4 beds (33 homes)	Similar to Supported Living model. Homes are staffed by state employees. Offers daily to 24/7 support.	119
	Companion Homes	1 client per home (Currently 53 providers)	Newest model for adults. Started in 1995. Habilitative adult foster care model. A family or an individual takes the client into their home.	53
	Alternative Living	178 beds (1 provider)	Serves more independent clients. Instructional services only. Training with financial management, community integration, meal planning. New clients are typically not added to this program because available funded slots are prioritized higher need clients.	178

Community Service Settings by Service Program (Continued)

Service Type	Provider	Typical Number of Beds/Clients	Description	Number of clients
Community Protection Waiver				
	Supported Living	3-4 beds (33 providers)	This is the same as the supported living model in the CORE waiver. Provides 24/7 line-of-sight supervision and supports.	464
Children Specific Services				
	Children's Foster Group Care	Up to 6 beds (5 providers)	Foster care in group homes licensed by Children's Administration. Services are provided in a licensed staff residential home. Home includes non-DD children. Placements are declining due to foster children aging out of the program and because open slots are prioritized to children with higher needs.	16
	Children's Licensed Staff Residential Homes	Up to 6 beds per home (25 homes)	Newest Residential Model for Children. Designed for higher needs clients. Model started in the early 2000s. Licensed by Children's Administration and includes non-DD children. Provides intensive support services. Higher staffing levels than group home. Typically have clients with challenging behaviors/medical needs.	85
CIIBS Waivers	Intensive In-Home Behavior Supports	100 slots	Wrap around type services- Includes training and coordination with schools, clients, families, and caregivers, as well as respite, equipment, home modif.	46

DSHS: Developmental Disabilities

Questions?

