

ADULT FAMILY HOMES

<ul style="list-style-type: none"> ▪ Services 	<ul style="list-style-type: none"> ▪ Privately owned business operated in residential homes and licensed to care for up to six residents; ▪ Provide room, board, laundry, supervision, assistance with activities of daily living, and personal care; ▪ Some homes provide specialized care for persons with disabilities, dementia, or mental health issues; ▪ Some residents may also receive home health services or delegated nursing care.
<p>Resident Profile</p>	<ul style="list-style-type: none"> ▪ 18 years of age or older ▪ At a minimum, functional or cognitive disability requiring support and supervision
<p>Funding Sources</p>	<ul style="list-style-type: none"> ▪ Approximately 60% of residents pay privately. The majority of the others are Medicaid funded. Division of Developmental Disabilities uses Medicaid funds to support clients referred by DDD. "State only" funds are used to support a small number of clients who are not Medicaid eligible.
<p>FY 2011 Costs and Cases</p>	<ul style="list-style-type: none"> ▪ DDD expenditures: \$34,790,110 ▪ DDD average monthly cost per client: \$1,700 ▪ DDD average monthly clients: 1,705 ▪ LTC expenditures: \$103,383,553 ▪ LTC average monthly cost per client: \$1,681.36 ▪ LTC average monthly clients: 5,124
<p>Oct 2011 Costs and Cases</p>	<ul style="list-style-type: none"> ▪ DDD average cost per client: \$1,719 ▪ DDD number of clients: 1,543 ▪ LTC average cost per client: \$1,824 ▪ LTC number of clients: 5,450
<p>Eligibility</p>	<ul style="list-style-type: none"> ▪ Medicaid eligibility = 300% SSI (\$2,022/month); assets less than \$2,000 for single person, \$3,000 married
<p>Providers and Rates</p>	<ul style="list-style-type: none"> ▪ 2,866 licensed facilities, average 5.5 beds (Oct 11) ▪ Rate: \$46.61 to \$163.01 per day
<p>Legal Authorization</p>	<ul style="list-style-type: none"> ▪ Chapter 70.128 RCW; Chapter 70.129 RCW ▪ Chapter 388-76 WAC
<p>Quality Oversight</p>	<ul style="list-style-type: none"> ▪ Required by state law to be inspected at least every 18 months by Residential Care Services ▪ Complaint investigation by RCS ▪ Quality Assurance and Assistance by RCS
<p>Partnerships</p>	<ul style="list-style-type: none"> ▪ Adult Family Home Associations ▪ Disability Rights of Washington ▪ Law Enforcement ▪ Long Term Care Ombudsman Program ▪ Mental Health Division

ADULT FAMILY HOMES

Fact Sheet References	<ul style="list-style-type: none">▪ Adult Family Home Collective Bargaining Agreement▪ Adult Family Homes▪ Certified Community Residential Services and Support▪ How Washington State’s Medicaid Home and Community Residential Rates Are Set▪ Impacting Health and Safety in Adult Family Homes▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs▪ RCS Complaint Investigations: A Public Service▪ Understanding the Licensing Process
Outstanding Issues	<ul style="list-style-type: none">▪ In response to the abuse/neglect study group, request legislation to enhance and promote provider protections of vulnerable adult residents▪ Proposed licensing fee increases

ALTERNATIVE LIVING

Services	Division of Developmental Disabilities (DDD) Alternative Living services are instructional services provided by an individual contractor. The service focuses on community-based individualized client training to enable a client to live as independently as possible in the community. Alternative Living services may be authorized for up to 40 hours per month.
Client Profile	Clients who may receive Alternative Living Services must be 18 years of age or older, and have been assessed as needing alternative living services to meet their community living needs that includes health and welfare and training assistance.
Funding Sources	General State and Federal funds
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$1,089,538 ▪ Average monthly cost per client: \$420 ▪ Average monthly clients: 216
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$268 ▪ Number of clients: 293
Eligibility	Alternative Living Services recipients must be: <ul style="list-style-type: none"> ▪ Eligible clients of DDD; ▪ 18 years of age or older; ▪ Assessed as needing Alternative Living services to meet their residential needs.
Providers and Rates	<ul style="list-style-type: none"> ▪ 178 providers ▪ Average monthly cost per client: \$268 (Oct 10)
Legal Authorization	RCW 71A. Chapter 388-829A WAC
Quality Oversight	The DDD case manager must meet with the client every six months to review the individual's Alternative Living services plan to ensure the services are meeting the client's residential support needs.
Partnerships	The Department solicits input from the stakeholders to update program requirements. Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	None

**CHILDREN’S INTENSIVE IN-HOME BEHAVIORAL SUPPORTS
 WAIVER**

<p>Services</p>	<p>Home and Community Based Services (HCSB) waivers are designed to provide Intermediate Care Facility for the Mentally Retarded (ICFMR) level services to people living in the community. Services will cost an average of \$4,000 per child per month. The following services are provided:</p> <ul style="list-style-type: none"> ▪ Behavior Management and Consultation ▪ Staff/Family Training and Consultation ▪ Respite In-Home and Out-of-Home ▪ Personal Care ▪ Specialized Medical Equipment and Supplies ▪ Therapeutic Equipment and Supplies ▪ Assistive Technology ▪ Environmental Accessibility Adaptations ▪ Vehicle Modifications ▪ Transportation ▪ Specialized Nutrition ▪ Specialized Clothing ▪ Specialized Psychiatric Services ▪ Nurse Delegation ▪ Sexual Deviancy Evaluation ▪ Occupational Therapy ▪ Physical Therapy ▪ Communication Therapy
<p>Client Profile</p>	<p>The CIIBS program is designed to support children at high risk of out-of-home placement due to challenging behaviors to live successfully at home with their families. Participants are 8-20 years of age, meet ICFMR and CIIBS eligibility, and their family has accepted participation in the program.</p>

CHILDREN’S INTENSIVE IN-HOME BEHAVIORAL SUPPORTS WAIVER

Funding Sources	General Fund State; General Fund Federal (Title XIX Medicaid)
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$2,754,825 ▪ Average monthly cost per client: \$4,065 ▪ Average monthly clients = 56
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$4,488 ▪ Number of clients = 62
Providers and Rates	Waiver services are provided by many different providers whose rates are dependent on the service offered. Behavior Specialists, Behavior Technicians, and Out-of-home Respite Providers are central to the program. Individual and agency service packages and rates for Behavior Support and Consultation and Staff/Family Training and Consultation services are negotiated with CIIBS resource managers at initiation and renewal of the contract within maximum rate guidelines relative to education, credentials, and experience.
Legal Authorization	Signed SSB 5117 filed April 24, 2009.
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD has developed a Quality Improvement Strategy (QIS) subject to approval by Centers for Medicare and Medicaid Services (CMS) that uses CMS protocols for HCBS waivers. ▪ DDD uses its Quality Compliance Team and Regional Management to conduct waiver file reviews. ▪ The Department participates in the National Core Indicators (NCI) Project, which enables DDD to track system performance and outcomes on a consistent annual basis. ▪ The Department conducts complaint investigation activities.
Partnerships	<ul style="list-style-type: none"> ▪ DDD solicited input into the design of the new waiver from a group of stakeholders involved in proposing the initial legislation for the 2008 Legislative Session. ▪ DDD solicits input from stakeholders to update program requirements and review quality improvement strategies. ▪ Stakeholders include individuals receiving DDD services, parents, advocacy organizations, and service providers.
Fact Sheet References	Children’s Intensive In-home Behavioral Supports
Outstanding Issues	<ul style="list-style-type: none"> ▪ The Department is actively recruiting qualified providers to provide waiver services to support program implementation. ▪ Changes to 18.19 RCW and Chapter 246-810 WAC, relative to the credentialing of counselors, has impacted the Division’s ability to recruit qualified providers of behavior support. Although new laws and rules have taken effect, the mechanisms necessary to implement the changes are not fully available. This leaves the Division unable to contract with otherwise qualified providers. The most significant result at present is an insufficient number of behavioral technicians to provide service to children on the waiver.

**The Division of Developmental Disabilities
 Community Crisis Stabilization Services Program**

<p>Background</p>	<p>In 2011, the Washington State Legislature amended RCW 71A.20 directing that effective no later than July 1, 2012:</p> <ol style="list-style-type: none"> 1. No person under the age of 16 years may be admitted to receive services at a Residential Habilitation Center (RHC); and 2. No one under the age of 21 may be admitted to receive services at an RHC “unless no service options are available in the community” and that “such admission is limited to the provision of short-term respite or crisis stabilization services.” <p>A new section was also added to the law directing the Department to “establish state-staffed crisis stabilization beds in the community.”</p>
<p>Program Intent</p>	<p>The Community Crisis Stabilization Services (CCSS) Program is part of the overall DSHS/DDD system of care, seeking to expand community-based services to preserve, maintain, and strengthen clients’ ability to reside in their own homes in the community. This service is time limited, not to exceed 180 days per year. There are three general programmatic goals:</p> <ol style="list-style-type: none"> 1. Identify individual’s unmet needs (e.g., medical, psychological/behavioral, psychiatric, etc.) leading to need for CCSS participation; 2. Develop plan to address unmet needs; and 3. Implement plan to address unmet needs, initially in the out of home CCSS setting, but also in the participant’s home during the transition out of the CCSS program.
<p>Services to be provided</p>	<ul style="list-style-type: none"> • Habilitation Services (including direct care) • Assessments including: <ul style="list-style-type: none"> ➢ Nursing ➢ Psychological/Behavioral ➢ Psychiatric/Pharmacological ➢ Other Specialty Services (OT, PT, Speech Language Pathology, Nutrition, Environmental/Sensory, etc.) • Service Plan including: <ul style="list-style-type: none"> ➢ Functional Assessment, Positive Behavior Support Plan, Nursing Care Plan, OT, PT, Speech Language Pathology, Dietary/Nutrition, Environmental/Sensory, etc. • Transition Plan/In-Home Supports including: <ul style="list-style-type: none"> ➢ Staffing support by Behavior Technicians in home during transition to model/train/coach family members or community supports on implementation of plans. ➢ Identification of barriers to plan implementation in the

The Division of Developmental Disabilities Community Crisis Stabilization Services Program

	home and work with participant's team to address barriers.
CCSS Staffing	<p>The CCSS Program will be staffed by state employees with additional services provided by contracted specialty providers.</p> <ul style="list-style-type: none"> • <i>State Employees:</i> CCSS Program Manager; CCSS Attendant Counselor Manager; CCSS Residential Services Coordinator; CCSS Attendant Counselors; CCSS Registered Nurse (RN 3); CCSS Behavior Specialist; CCSS Behavior Technicians. • <i>Contracted Specialty Staff:</i> Will likely include Psychiatrist; Occupational Therapist; Physical Therapist; Speech/Language Pathologist. Additional funding is available to provide assistive technology, specialized medical equipment/supplies, and/or environmental assessment/modifications of participants' homes.
CCSS Locations and Capacity	<p>The CCSS Program will eventually be implemented in Western and Eastern (subject to funding by the State Legislature) WA. There will be 8 CCSS beds in three settings. Two 3-participant settings for children up to age 21 will be established. In addition, a 2-participant setting for adults 18 and older will be established. As of March 1, 2012, DDD is implementing the Western Washington portion of the program in Pierce County. The 3-participant setting for children has been acquired in Lakewood, Pierce County. Efforts to acquire the 2-participant setting for adults are underway.</p>
Funding Sources	State/Federal match
Eligibility	Participants must be enrolled clients with DDD.
Legal Authorization	RCW 71A.20.010 Excerpt from Scope of Chapter: "... To provide for those children and adults who are exceptional in their needs for care, treatment, and education by reason of developmental disabilities."
Quality Oversight	DSHS
Partnerships	<p>Partnerships are being developed with:</p> <ul style="list-style-type: none"> • City of Lakewood • Clover Park School District • West Pierce Fire and Rescue Department
Outstanding Issues	<ul style="list-style-type: none"> • Site acquisition for the adult CCSS setting is in process. • Implementation of the Eastern Washington setting is contingent upon additional funding by the Legislature.

DDD Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)

Services	Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) are contracted residential settings that provide habilitation training, 24-hour supervision and medical/nursing services for eligible clients. Persons eligible for Division of Developmental Disabilities (DDD) services must meet Medicaid eligibility and be in need of the active treatment services provided in these facilities.
Client Profile	Clients who receive residential services in a Community ICF/ID must be DDD eligible, at least 18 years or older, and assessed as needing ICF/ID level of services.
Funding Sources	Federal Funds, Title XIX Medicaid - 50% match; client participation
FY 11 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures = \$5,428,333 (excluding participation) ▪ Average monthly cost per client = \$8,225 ▪ Average monthly clients = 55
Oct 11 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$8,628 ▪ Number of clients = 54
Eligibility	Meet Medicaid and DDD eligibility and need active treatment as defined in the Code of Federal Regulations.
Providers and Rates	<ul style="list-style-type: none"> ▪ Eight facilities ▪ Average monthly cost per client = \$8,628 (Oct 11)
Legal Authorization	RCW 71A.12 CFR 440.150
Quality Oversight	<ul style="list-style-type: none"> ▪ The Centers for Medicare and Medicaid Services (CMS) delegate oversight to the ADSA Residential Care Services Division, which conducts an annual review of the ICF/ID certification and licensing standards. ▪ DDD Case Resource Managers make on-site visits. ▪ The Department conducts complaint investigation activities.
Partnerships	Stakeholders include individuals receiving services, parents/guardians, advocacy organizations, county and residential providers, communities, and affected labor unions.
Fact Sheet References	Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	None noted

COMPANION HOMES

Services	Division of Developmental Disabilities (DDD) Companion Homes provide residential services and supports in an adult foster care model to no more than one adult who is a client of DDD. The services are offered in a regular family residence approved by DDD to assure client health, safety and well-being. DDD reimburses the provider for the instruction and support service. Companion homes provide 24-hour available supervision. The client pays the provider directly for room and board costs from client's personal resources.
Client Profile	Clients who receive companion home residential services must be 18 years of age or older, and have been assessed as needing companion home services to meet their community living needs that include health and welfare needs.
Funding Sources	General State and Federal Funds
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$3,009,553 ▪ Average monthly cost per client: \$4,479 ▪ Average number of clients: 56
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$5,314 ▪ Number of clients: 56
Eligibility	<ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years or age or older ▪ Assessed as needing Companion Home services to meet their health and welfare needs
Providers and Rates	<ul style="list-style-type: none"> ▪ 53 providers ▪ Average monthly cost per client: \$5,314 (Oct 11)
Legal Authorization	RCW 71A, Chapter 388-829C
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD uses a formal review process to determine whether a Companion Home provider has complied with requirements outlined in Chapter 388-829C WAC and the Department contract. Contract monitoring is done every 12 months or more frequently if DDD deems necessary; ▪ DDD Case/Resource Managers complete on-site visits.
Partnerships	Stakeholders include individuals receiving services, parents/guardians, advocacy organizations, and providers.
Fact Sheet References	Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings & Programs
Outstanding Issues	Providers' ability to find liability insurance

**COUNTY CONTRACTED EMPLOYMENT AND DAY
 PROGRAM**

Services	County contracted Employment and Day program services include: <ul style="list-style-type: none"> ▪ Child Development Services ▪ Group Supported Employment ▪ Pre-Vocational Services ▪ Individual Supported Employment ▪ Person to Person ▪ Community Access ▪ Community Information and Education
Client Profile	People eligible for county contracted services are children age 2 or younger and eligible for early intervention services, or adults age 21 and over.
Funding Sources	<ul style="list-style-type: none"> ▪ General Funds State; General Funds Federal ▪ Non-reimbursable (private or other)
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$ 55,114,123 ▪ Average monthly cost per adult client: \$607 ▪ Average number of clients: 7,569
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average monthly cost per adult client: \$349 ▪ Number of clients: 10,687
Eligibility	Person has a developmental disability described in Chapter 388-823 WAC.
Providers and Rates	Contracts are developed in the regions for each county. The counties may solicit for and subcontract with service providers. Rates paid to these service providers are negotiated within defined contract parameters.
Legal Authorization	RCW 71A
Quality Oversight	<ul style="list-style-type: none"> ▪ ADSA monitoring and evaluation process of Counties ▪ Contractual requirements for monitoring subcontracted providers ▪ Provider Qualifications in DDD Policy 6:13, Criteria for Evaluation
Partnerships	The Department solicits input from the stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ DDD Policy 4.11, County Services for Working Age Adults
Outstanding Issues	1,384 students with a developmental disability are expected to graduate in the 2011-13 Biennium (713 in 2011 and 671 in 2012). Funding will be needed to provide services to these transition students, which will enable them to build upon skills they obtained in school, become employed, and increase their economic and social independence. Priority consideration for funding will be young adults with developmental disabilities living with their families who need

COUNTY CONTRACTED EMPLOYMENT AND DAY PROGRAM

employment opportunities and assistance after high school graduation. DDD continues to focus on strategies aimed at finding work for people who are more difficult to employ.

GROUP HOMES

Services	Division of Developmental Disabilities (DDD) Group Homes are community-based residences serving two or more adult clients in a licensed facility. Group Homes are licensed as either a boarding home or an adult family home. Group Homes contract with DDD to provide 24-hour support and training. The provider owns or leases the facility. Clients participate toward room and board expenses. DDD pays for the client's cost-of-care.
Client Profile	Clients who receive Group Home residential services must be 18 years of age or older, and must be assessed as needing group home services to meet their health and welfare needs.
Funding Sources	General State and Federal Funds (Medicaid).
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$19,363,951 ▪ Average monthly cost per client: \$5,379 ▪ Average monthly clients: 300
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$5,570 ▪ Number of clients: 282
Eligibility	<p>Group Home residents must be:</p> <ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years of age or older ▪ Assessed as needing group home services to meet their health and welfare needs
Providers and Rates	<ul style="list-style-type: none"> ▪ 33 facilities, 4 to 18 adults per facility ▪ Average monthly cost per client: \$5,379(Oct 11)
Legal Authorization	RCW 71A, Chapter 388-101 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ DSHS uses a formal review and evaluation process to determine whether a service provider has complied with certification requirements outlined in WAC 388-101 and the department contract ▪ Compliance for the licensing standard is done through the Residential Care Services licensors ▪ DDD Case/Resource Managers make on-site visits
Partnerships	Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers and community entities.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Certified Community Residential Services and Support ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs ▪ RCS Complaint Investigations: A Public Service

GROUP HOMES

Outstanding Issues

- The Department is conducting a rate study for these services to establish a new methodology to establish provider rates.
- The legislature has directed budget cuts that will significantly stress vendor's abilities to continue providing a full array of services and maintain their labor pools.

INDIVIDUAL AND FAMILY SERVICES PROGRAM

Services	<p>The Individual and Family Services (IFS) program allows participants to use their award to pay for any of the following services related to, and resulting from, their disability, <i>and</i> identified and agreed to in the participant’s Individual Support Plan (ISP):</p> <ul style="list-style-type: none"> ▪ Respite care ▪ Transportation ▪ Equipment and supplies ▪ Training ▪ Counseling ▪ Behavior management ▪ Recreational opportunities ▪ Therapies ▪ Architectural and vehicular modifications ▪ Excess medical costs (not covered by another source) ▪ Co-pays for medical and therapeutic services ▪ Specialized nutrition and clothing ▪ Parent/sibling education <p>The intent is:</p> <ul style="list-style-type: none"> ▪ To partner with families as care providers for children and adults with developmental disabilities who live in the family home; ▪ Ensure that individual and family services are based on the needs of the person with a developmental disability and the family; and ▪ To give individuals with developmental disabilities and their families, to the maximum extent possible, a choice of services and control over the resources available to them.
Client Profile	<p>All individuals determined to have a developmental disability per WAC 388-825-030 and 388-825-035 and who are living with their family are eligible to participate in the program if their family requires assistance in meeting their needs.</p>
Funding Sources	<p>General Fund, State</p>
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$2, 835, 340 ▪ Average monthly cost per client: \$549 ▪ Average monthly clients: 416
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$667 ▪ Number of clients: 405
Allocation	<p>Funding is based on need as identified in the participant’s DDD Assessment.</p> <p>The IFS program annual allocations are as follows:</p> <ul style="list-style-type: none"> ▪ Level 1 – Up to \$2,000 ▪ Level 2 – Up to \$3,000 ▪ Level 3 – Up to \$4,000

INDIVIDUAL AND FAMILY SERVICES PROGRAM

	<ul style="list-style-type: none"> ▪ Level 4 – Up to \$6,000
Eligibility	<p>Any individual is eligible to be considered for the IFS program if the following criteria are met:</p> <ul style="list-style-type: none"> ▪ Currently an eligible client of DDD; ▪ Living in the family home; ▪ Not enrolled in a DDD Home and Community Based Services waiver defined in chapter 388-845 WAC; ▪ Age three years or older; ▪ Assessed as having a need for IFS program services as listed in WAC 388-832-0140; ▪ Not receiving a DDD residential service; and ▪ If you are a parent who is an eligible client of DDD, your child lives in your home and requires your support as a parent.
Providers and Rates	<p>Rates vary with each service. IFS program participants may choose a qualified individual, agency or licensed provider within the guidelines described in WAC 388-825-300 through 400. These WACs describe:</p> <ul style="list-style-type: none"> ▪ Qualifications for individuals and agencies providing DDD services in the client’s residence or the provider’s residence or other settings; and, ▪ Conditions under which DDD will pay for the services of an individual provider or a home care agency provider or other provider.
Legal Authorization	Chapter 388-832 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ IFS Program has a Contract Compliance Plan that is implemented regionally. ▪ Quality Control and Compliance team members meet quarterly with the IFS Program Coordinators.
Partnerships	Families of clients, Parent to Parent, ARC of Washington, and other advocacy organizations throughout the state.
Fact Sheet References	Individual and Family Services Program
Outstanding Issues	<ul style="list-style-type: none"> ▪ The program has been suspended for the remainder of the biennium because of the budget shortfall. ▪ The Governor intends to resume the program next biennium with a 10% cut, whether that happens will not be known until the legislature votes in April. ▪ Clients with the highest acuity needs and who are eligible for SSI or SSDI are being transferred to the SSP Program in order to continue some level of funding. ▪ There are approximately 6,969 clients waiting for Individual and Family services. ▪ The IFS program is a key component of the long-term care DDD system. It does not address the needs of everyone on the caseload, but it works well for those people with varying degrees of natural support from their families

MEDICAID PERSONAL CARE

Services	Medicaid State Plan personal care for adults and children. Services can be authorized by Home and Community Services (HCS), Division of Developmental Disabilities (DDD), or Area Agencies on Aging (AAA).
Client Profile	<ul style="list-style-type: none"> ▪ Children and adults who have functional limitations based on medical issues and an unmet need for personal care. ▪ Children can be living in their own home, relative’s home or a Children’s Administration (CA) foster home. ▪ Adults can be living in their own home or a licensed/contracted boarding home or adult family home.
Funding Sources	Title XIX Medicaid program and state funding
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ DDD expenditures: \$101,638,259 ▪ DDD average monthly cost per client: \$1,537 ▪ DDD average monthly clients: 5,511 ▪ LTC expenditures: \$280,362.010 (LTC expenditures and average cost do not include overhead admin costs - case management, AAA administration. Does not include Managed Care) ▪ LTC average monthly cost per client: \$ 1,422.51 ▪ LTC average monthly clients: 16,424 (Does not include Managed Care)
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ DDD average cost per client: \$1,458 ▪ DDD number of clients: 5,479 ▪ LTC average cost per client: \$1,297.93 ▪ LTC number of clients: 16,717
Eligibility	Unmet need for assistance with activities of daily living and income at or below SSI, per WAC 388-106-0210 and WAC 388-106-0213.
Providers and Rates	In-home rates, per hour: <ul style="list-style-type: none"> ▪ Agency provider: \$17.48 ▪ Individual provider: \$10.03 to \$11.07 ▪ Adult Family Homes: \$46.99 to \$162.69 ▪ Boarding homes with Adult Residential Care: \$46.99 to \$162.69
Legal Authorization	<ul style="list-style-type: none"> ▪ RCW 74.09.520 (2) ▪ WAC 388-106-0210 and WAC 388-106-0213
Quality Oversight	<ul style="list-style-type: none"> ▪ Program monitoring by HCS Quality Assurance Unit and DDD Quality Control & Compliance Unit ▪ Residential Care Services Compliance monitoring ▪ Home Care Agency Monitoring by AAAs & ADSA
Partnerships	<ul style="list-style-type: none"> ▪ AAAs ▪ Centers for Medicare and Medicaid Services (CMS)
Fact Sheet References	None

MEDICAID PERSONAL CARE

Outstanding Issues

None

NURSING FACILITIES

Services	Provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, laundry services, and room and board.
Resident Profile	Complex, typically heavy care requiring continuous nursing evaluation and assessment.
Funding Sources	<ul style="list-style-type: none"> ▪ Title XIX Medicaid; 50% federal match ▪ 20% Private Pay ▪ Medicaid pays for 55% of clients ▪ Other sources include Medicare and Veteran’s Administration
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$554,638,163 ▪ Average monthly cost per client: \$4,564 ▪ Average monthly clients: 10,127
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$4,229.95 (Sep data) ▪ Number of clients: 10,940 (Medicaid only) (Sep data)
Eligibility	Individuals who require short post-hospital recuperative care, are no longer capable of independent living, and require nursing services, or are patients with chronic disabilities needing long-term rehabilitation and/or medical services.
Providers and Rates	<ul style="list-style-type: none"> ▪ 231 licensed facilities, average 93 beds (Oct 11) (counts include nursing facilities that are licensed and certified, licensed only, and certified hospitals with long-term care wings) ▪ \$170.37 (average daily rate (FY12 Budget Dial)
Legal Authorization	<ul style="list-style-type: none"> ▪ Chapters 18.51 and 74.42 RCW, Chapter 388-97 WAC ▪ 42 CFR 483.10 through 483.10.75
Quality Oversight	<ul style="list-style-type: none"> ▪ Required by federal law to be inspected at least every 15 months (with a statewide average of 12 months) by Residential Care Services ▪ RCS Quality Assurance Nurse visits ▪ Complaint investigations by RCS ▪ Statewide implementation of the Federal Quality Indicator Survey, anticipated completion August 2011.
Partnerships	<ul style="list-style-type: none"> ▪ Centers for Medicare and Medicaid Services ▪ Disability Rights of Washington ▪ Law Enforcement ▪ Long Term Care Ombudsman Program ▪ Mental Health Division ▪ Nursing Home Associations

NURSING FACILITIES

Fact Sheet References	<ul style="list-style-type: none">▪ Debility Level of Nursing Home Residents▪ Growth in State Costs for Nursing Home and Residential Care▪ How Washington State’s Medicaid Nursing Home Rate is Set▪ Nursing Facilities▪ Nursing Home Occupancy▪ Protection for Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs▪ RCS Complaint Investigations: A Public Service▪ Understanding the Licensing Process
Outstanding Issues	<ul style="list-style-type: none">▪ General concern about federal enforcement system often confused with state system.▪ Minimum Data Set 3.0 implemented October 2010▪ Proposed licensing fee increases

RESIDENTIAL HABILITATION CENTERS

Services	<ul style="list-style-type: none"> ▪ Residential Habilitation Centers (RHC) are residential settings that provide habilitation training, 24-hour supervision, and medical/nursing services for eligible clients. Persons eligible for Division of Developmental Disabilities (DDD) services must meet Medicaid eligibility and need either the active treatment services provided in an Intermediate Care Facility for the Mentally Retarded facility or the nursing level of care provided in a nursing facility. ▪ RHCs also provide short-term stay (STS) services for eligible persons from the community. STS are either emergent or planned and are accessed through the DDD Regional Offices statewide.
Client Profile	Recipients of RHC services are DDD eligible individuals assessed to be in need of 24-hour support in a structured residential facility.
Funding Sources	Title XIX Medicaid, 50% match; local funds (Medicare Part D prescription drug revenue and client participation)
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$168,146,109 ▪ Average monthly cost per client: \$15,329 ▪ Average monthly clients: 914
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average monthly cost per client: \$15,018 ▪ Number of clients: 880
Eligibility	Must meet Medicaid and DDD eligibility and need active treatment or nursing level of care as defined in the Code of Federal Regulations (CFR).
Providers	<ul style="list-style-type: none"> ▪ Five state operated facilities with 55 to 382 clients per facility
Legal Authorization	<ul style="list-style-type: none"> ▪ RCW 71A.20 ▪ CFR 440.150 and 440.155
Quality Oversight	<ul style="list-style-type: none"> ▪ Centers for Medicare and Medicaid Services (CMS) delegates responsibility to ADSA Residential Care Services (RCS) Division for annual certification of facilities and investigation of incident reports and complaints. ▪ The Department conducts complaint investigation activities.
Partnerships	The Department solicits input from the stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, and affected unions (WFSE, 1199), as well as county employment service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ DDD Statewide Investigation Unit ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs ▪ RCS Complaint Investigations: A Public Service ▪ Residential Habilitation Centers
Outstanding Issues	<ul style="list-style-type: none"> ▪ Significant budget shortfall calls for reductions in facility spending; ▪ Continued Certification, Olmstead, and Roads to Community Living

RESIDENTIAL HABILITATION CENTERS

- implementation;
- Proposed closure of Frances Haddon Morgan Center.

STATE OPERATED LIVING ALTERNATIVES

Services	Division of Developmental Disabilities State Operated Living Alternatives (SOLA) is a supported living service offered by state employees. (See Supported Living Services program description for details.)
Client Profile	Clients who receive residential services offered through the SOLA supported living program must be 18 years of age or older and have been assessed as needing Supported Living services to meet their health and welfare needs.
Funding Sources	General State and Federal Funds (Medicaid)
FY 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures: \$14,577,166 ▪ Average monthly cost per client: \$10,302 ▪ Average monthly clients: 118
Oct 2011 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client: \$8,703 ▪ Number of clients: 119
Eligibility	Supported Living services recipients must be: <ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years of age or older ▪ Assessed as needing Supported Living services to meet their health and welfare needs.
Providers and Rates	<ul style="list-style-type: none"> ▪ Four providers ▪ One to four persons live together as roommates and share living expenses and staff support ▪ Average monthly cost per client: \$10,302 (Oct '09)
Legal Authorization	<ul style="list-style-type: none"> ▪ RCW 71A ▪ Chapter 388-101 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ The Department uses a formal review and evaluation process to determine whether a service provider has complied with certification requirements outlined in Chapter 388-101 WAC and DDD policies that pertain to supported living services and SOLA program. ▪ Residential Care Services (RCS) conducts certification evaluation of the program. ▪ The Department conducts complaint investigation activities.
Partnerships	The Department solicits input from the stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, affected unions (WFSE, 1199), county and service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Certified Community Residential Services and Support ▪ Protection of Vulnerable Adults in Licensed or Certified Residential

STATE OPERATED LIVING ALTERNATIVES

	Care Settings & Programs
Outstanding Issues	None

SUPPORTED LIVING

Services	Division of Developmental Disabilities Supported Living (SL) services offer instruction and support to persons who live in their own homes in the community. Supports may vary from a few hours per month up to 24 hours per day of one-on-one support. Clients pay their own rent, food, and other personal expenses. DDD contracts with private agencies to provide Supported Living services. SL services are offered in the Core and Community Protection Waivers (see Community Protection program for details), State Operated Living Alternatives (SOLA) program (see SOLA program for details) and State Only programs. Costs and cases for Core Waiver and State-only clients are included below.
Client Profile	Clients who may receive Supported Living services must be 18 years of age or older and have been assessed as needing Core Supported Living services to meet their health and welfare needs.
Funding Sources	General State and Federal funds (Medicaid)
FY 2011 Costs and Cases	<p>Core Waiver:</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$228,509,141 ▪ Average cost per client: \$6,172 ▪ Average number of clients: 3,085 <p>State Only:</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$1,768,605 ▪ Average cost per client: \$3,164 ▪ Average number of clients: 47 <p>Total:</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$230,277,746 ▪ Average cost per client: \$6,127 ▪ Average number of clients: 3,132
Oct 2011 Costs and Cases	<p>Core Waiver:</p> <ul style="list-style-type: none"> ▪ Average cost per client: \$6,683 ▪ Number of clients: 3,553 <p>State Only:</p> <ul style="list-style-type: none"> ▪ Average cost per client: \$2,871 ▪ Number of clients: 45 <p>Total:</p> <ul style="list-style-type: none"> ▪ Average cost per client: \$6,190 ▪ Number of clients: 4,095
Eligibility	Supported Living services recipients must be: <ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years of age or older ▪ Assessed as needing Supported Living services to meet their health and welfare needs
Providers and Rates	<ul style="list-style-type: none"> ▪ 138 contracted providers ▪ Average monthly cost per client: \$6,149 (Oct 09)

SUPPORTED LIVING

Legal Authorization	RCW 71A, Chapter 388-101 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ The Department uses a formal review and evaluation process to determine whether a service provider has complied with certification requirements outlined in Chapter 388-101 WAC, DDD policies and the department contract ▪ Complaint investigation by Residential Care Services (RCS) ▪ RCS conducts certification evaluation of the program
Partnerships	The Department solicits input from stakeholders to update program requirements. Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Certified Community Residential Services and Support ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs ▪ RCS Complaint Investigations: A Public Service
Outstanding Issues	The Legislature has directed budget cuts that will significantly stress vendors' ability to continue providing a full array of services and maintain their labor pools.

VOLUNTARY PLACEMENT SERVICES

<p>Services</p>	<p>Voluntary Placement Services (VPS) provides residential services to a child/youth outside of the family home when the need for placement is due solely to the child’s disability (RCW 74.13.350). Services occur on a licensed setting and include:</p> <ul style="list-style-type: none"> ▪ Residence in a DSHS Division of Licensed Resources (DLR) foster home, group care facility or Staffed Residential Home; ▪ Respite care for the licensed foster home provider utilizing a standardized respite assessment; ▪ Medically intensive services under WAC 388-531-3000; ▪ Safe, developmentally appropriate care; ▪ Participation in community activities within the child’s community; ▪ Therapies and behavior management supports not already covered through Foster Care Medical Unit (FCMU) or schools, specific to the child’s disability; ▪ Shared Parenting between the licensed provider and the child’s biological/adoptive parents designed and implemented to support the family unit while the child lives outside the family home. The shared parenting plan also outlines the responsibilities of both the parent and the provider to promote a clear and concise concept of collaboration; and ▪ Intensive case management services by a DSHS Division of Developmental Disabilities social worker.
<p>Client Profile</p>	<p>VPS recipients are eligible children/youth who:</p> <ul style="list-style-type: none"> ▪ Are determined to be eligible for DDD services; ▪ Are under 18 years of age; ▪ Have no open investigations of abuse/neglect issues pending with DSHS Children’s Administration; ▪ Are enrolled in a school program, usually in special education, and have an Individual Education Plan (IEP); ▪ Are in the custody of their birth/adoptive parents; and ▪ Require placement due solely to their disability.
<p>Funding Sources</p>	<ul style="list-style-type: none"> ▪ General Fund State and General Fund Federal (Medicaid) ▪ Medical care is obtained through Foster Care Medical Unit, (FCMU) with a foster care medical coupon when the child is living out-of-home in a licensed setting

VOLUNTARY PLACEMENT SERVICES

FY 2011 Costs and Cases	<p>Waiver</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$12,166,674 ▪ Average monthly cost per client: \$7,470 ▪ Average monthly clients: 136 <p>State Only</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$309,856 ▪ Average monthly cost per client: \$5,837 ▪ Average monthly clients: 4 <p>Total:</p> <ul style="list-style-type: none"> ▪ Total expenditures: \$12,476,530 ▪ Average monthly cost per client: \$7,427 ▪ Average monthly clients: 140
Oct 2011 Costs and Cases	<p>Waiver</p> <ul style="list-style-type: none"> ▪ Average monthly cost per client: \$7,633 ▪ Number of clients: 137 <p>State Only</p> <ul style="list-style-type: none"> ▪ Average monthly cost per client: \$5,949 ▪ Number of clients: 4 <p>Total:</p> <ul style="list-style-type: none"> ▪ Average monthly cost per client: \$7,585 ▪ Number of clients: 141
Eligibility	<p>WAC 388-826-0010: Who is eligible for the voluntary placement services? Children who:</p> <ol style="list-style-type: none"> (1) Are determined eligible for DDD services under RCW 71A.10.020(3) (2) Are under eighteen years of age when the out-of-home placement occurs; (3) Have no open investigations of abuse or neglect pending with DSHS children's administration; (4) Are in the legal and physical custody of their parent or legal representative; (5) Have a signed request by the custodial parent(s) or legal representative, made solely due to the child/youth's disability per RCW 74.13.350, and (6) The child/youth's parents or legal representatives have accessed all other appropriate available services in the family home, such as Medicaid, private health insurance, school, and other available services provided through DSHS.
Providers and Rates	Varies by contract
Legal Authorization	RCW 74.13.350

VOLUNTARY PLACEMENT SERVICES

<p>Quality Oversight</p>	<p>Children and youth receiving Voluntary Placement Services live in a licensed foster home, group care facility or Staffed Residential Home. Oversight and monitoring includes the following:</p> <ul style="list-style-type: none"> ▪ Each provider is paid through a contract specific to a foster home, group care facility or staffed residential home which includes a statement of work outlining the Departments standards for providing residential services to children and youth; ▪ Each child in foster care is assessed annually or if there is a significant change that affects the child/youth’s need for support, utilizing the Foster Care Assessment tool to determine payment for specialized support of the child; ▪ Formal proposal for care in a Staffed Residential Home is completed using standardized tools (accessed online), which are reviewed regionally and approved at headquarters (HQ); ▪ HQ executes each vendor unique rate and submits complete contract amendments (Exhibit B) to the region for signature; ▪ Each contract requires the provider to have an appropriate license, approved background check, and insurance. The renewal of the contract is linked to a current and valid license; ▪ Contracts are monitored as a part of the VPS Contract Compliance Plan, implemented regionally; ▪ Each youth/child receiving Voluntary Placement Services is visited by their DDD social worker at least every 90 days to monitor their health, welfare and service needs. Information on visits can be linked back to the DLR regional licensor if appropriate and necessary and is documented in the DDD Comprehensive Assessment Reporting and Evaluation (CARE) tool; ▪ Annual quality assurance (QA) oversight visits in the licensed setting; ▪ Court oversight, initially within the first 180 days of placement, and annually thereafter to confirm that the out-of-home placement is and continues to be in the best interest of the child.
<p>Partnerships</p>	<ul style="list-style-type: none"> ▪ DDD has a formal Intra-Agency Agreement (revised 2002) with Children’s Administration. The agreement outlines and identifies the activities and responsibilities of each division and subsequent actions under specific conditions. ▪ DDD has an informal partnership with the DSHS Juvenile Rehabilitation Administration (JRA) and the HRSA Division of Behavioral Health and Recovery. ▪ DDD has formal partnerships with the Office of Superintendent of Public Instruction (OSPI). ▪ The Department also solicits input from other stakeholders. These stakeholders include individuals receiving services, parents, advocacy organizations, counties, and service providers.
<p>Fact Sheet References</p>	<p>Voluntary Placement Services</p>
<p>Outstanding Issues</p>	<p>The most significant issues facing Voluntary Placement Services:</p>

VOLUNTARY PLACEMENT SERVICES

- In late 2001, a cap was placed on the Voluntary Placement Program (VPP);
- Youth who graduate from school or who turn 21 years of age must leave the program and their support dollars follow them to fund their adult placement;
- Children’s Administration does not have statutory authority to place children for whom there is no abuse and neglect. Since 2003, DDD has entered into a cost-share agreement with Children’s Administration (CA) when children are in critical or life-threatening circumstances. DDD places the children under RCW 74.13 and shares in the cost of the placement with CA until the youth turns 18;
- There is a need for trained behavioral consultants for children with significant behavioral challenges; and
- There is a statewide need for additional residential resources and out-of-home respite resources.