

Long Term Care & Developmental Disabilities

Budget & Caseload – February 2015



Prepared by: Senate Ways and Means Committee Staff

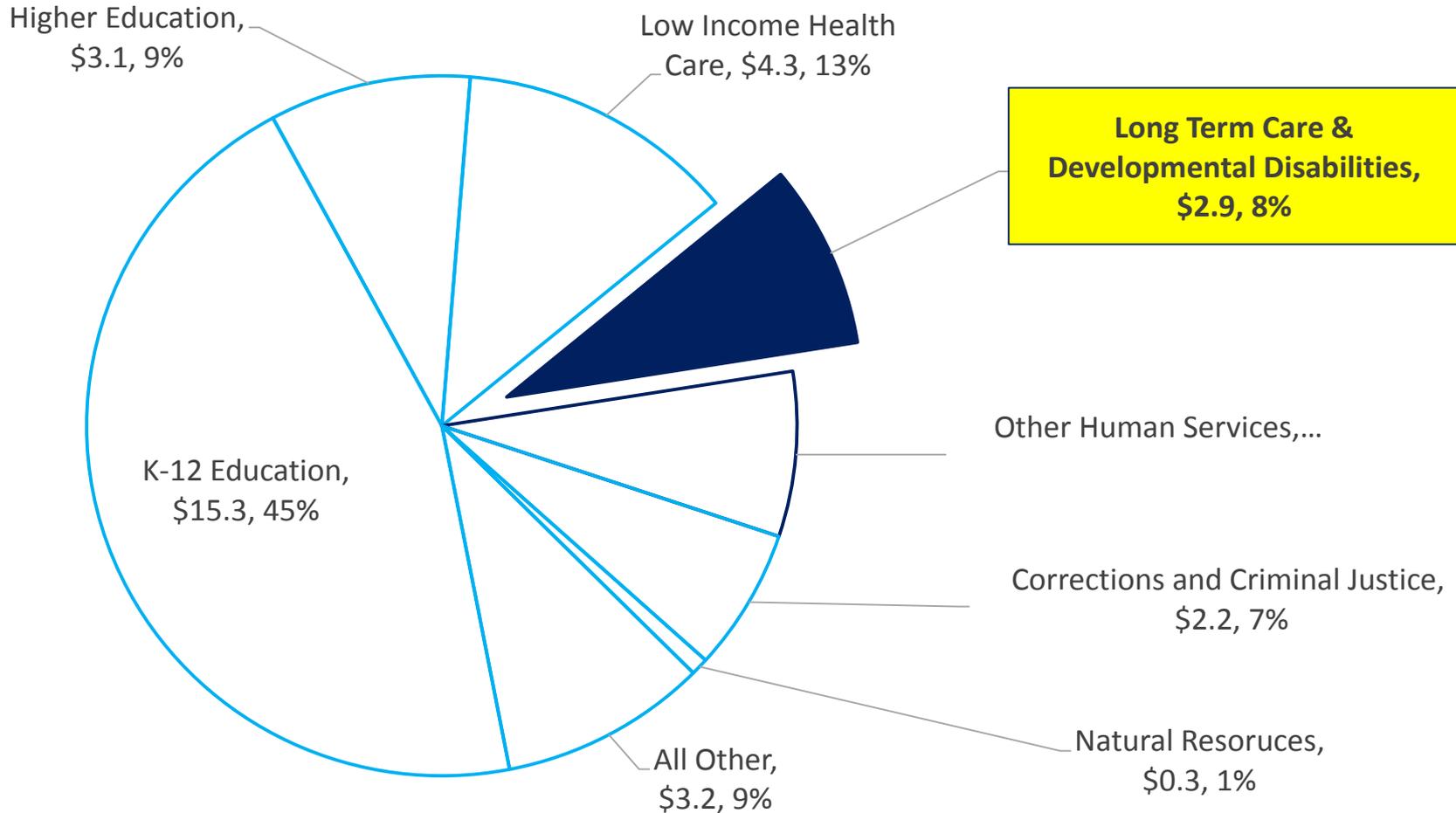
Contact: Mark Eliason, Senior Fiscal Analyst

Phone: 360-786-7454

Email: mark.eliason@leg.wa.gov

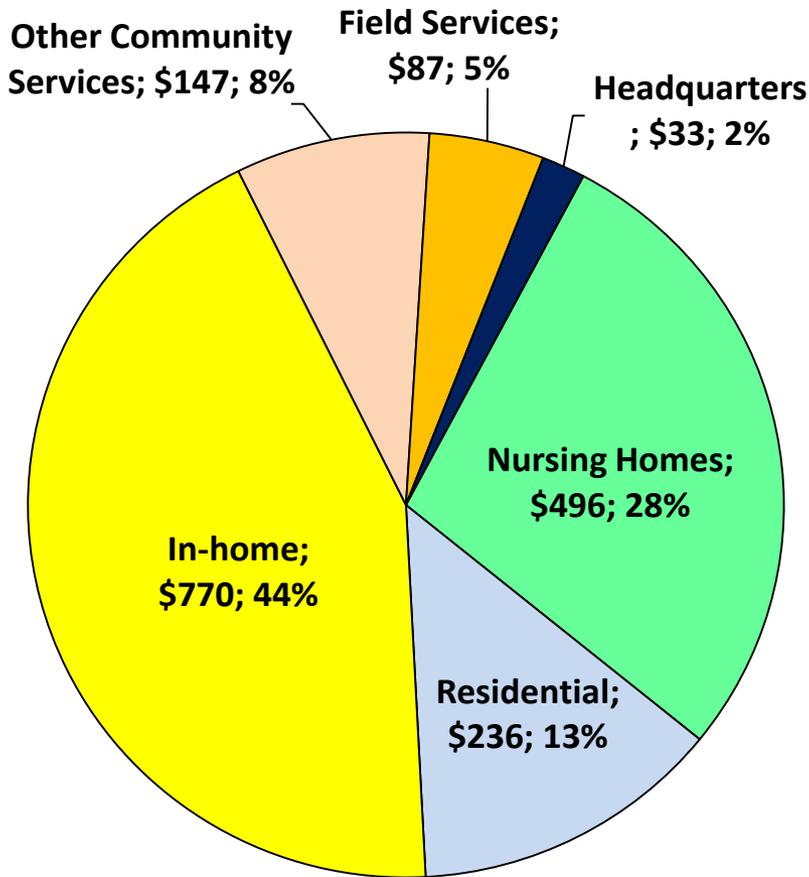
Budget Overview

2013-15 Biennium (2014 Supplemental)
Total NGFS-Opportunity Pathways Budget: \$33.8 Billion
(Dollars in Billions)



Data Source: Agency Financial Reporting System

Aging & Long-Term Support Administration (AL TSA)



2013-15 (2014 Supplemental) AL TSA Budget
 NGF-P Total: \$1.8 Billion (47%)
 Total Budget: \$3.8 Billion

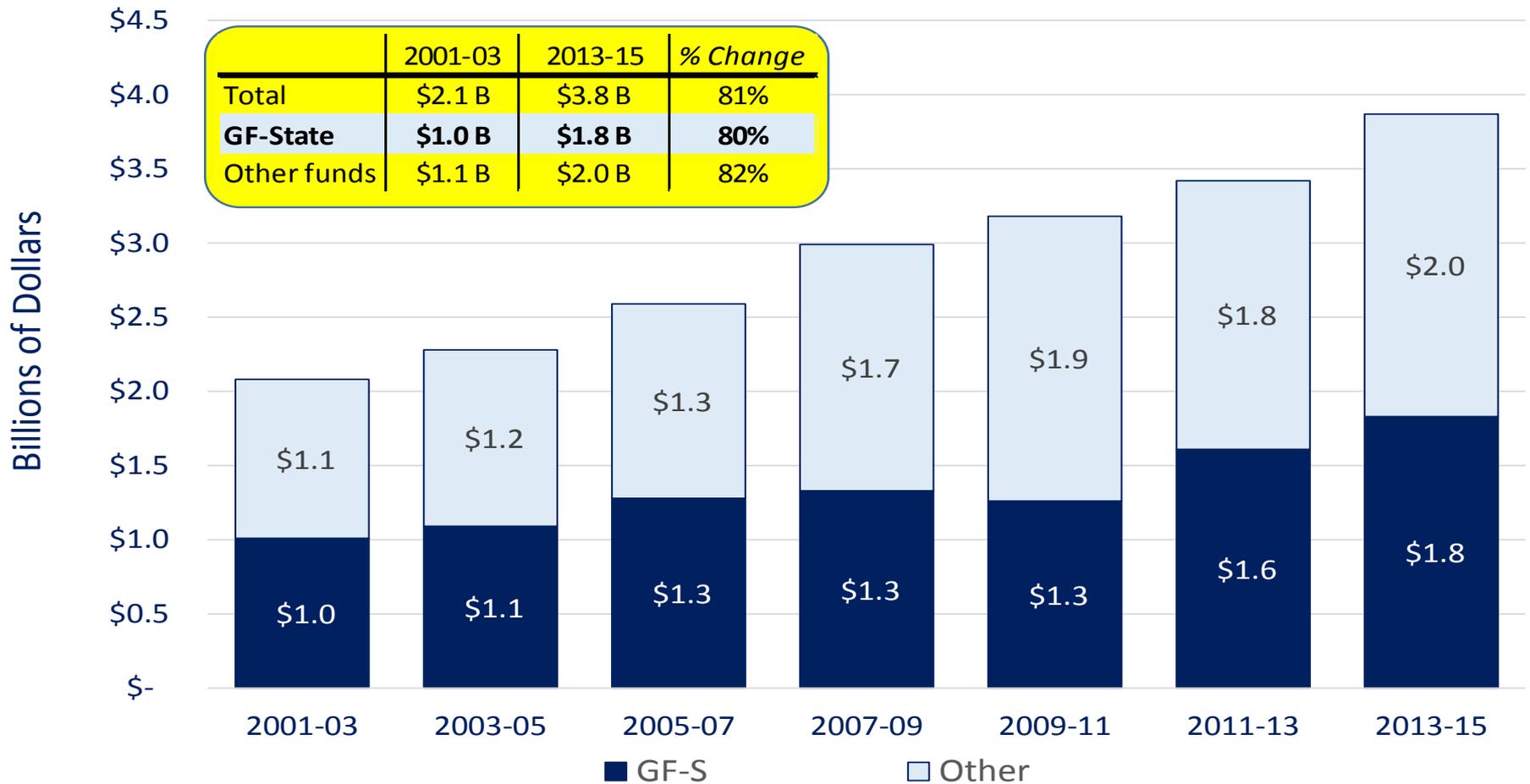
Fund Category	NGF-P (millions)	Clients (estimate)	FTEs (estimate)
Headquarters	\$ 33	-	195.1
Field Services	\$ 87	-	1276.8
Residential Services (AFH, ARC/EARC, & Assisted Living)	\$ 236	12,355	-
Nursing Homes	\$ 496	10,041	-
In-Home (Personal Care)	\$ 770	38,701	-
Other Community Services	\$ 147	489	-

Total: \$ 1,769 61,586 1,471.9

- Client counts represents the estimated number of unduplicated clients who will receive paid services in each category.
- “Other Community Services” funds are also used to support clients in Residential Services and In-Home categories.

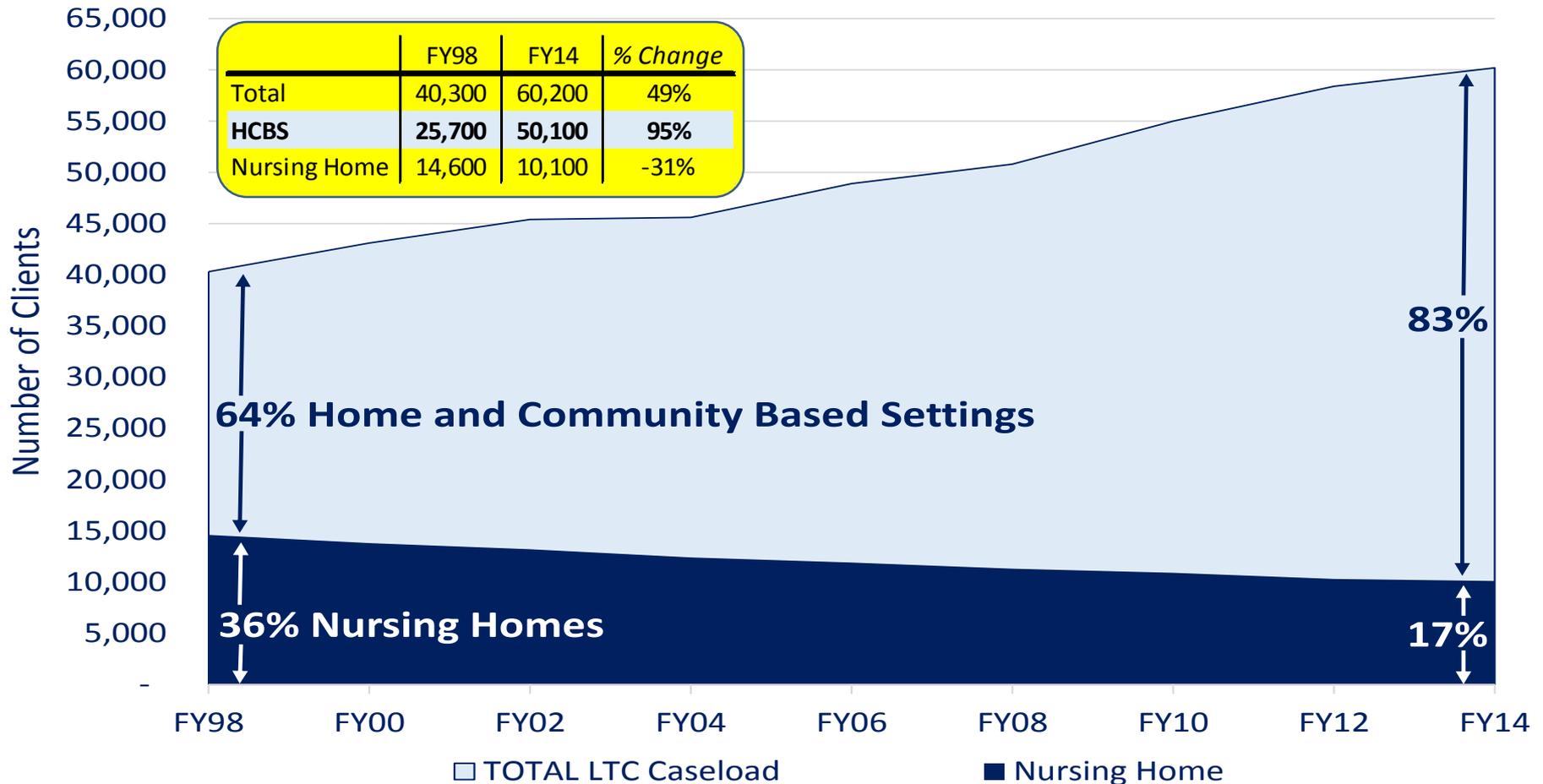
LTC - Biennial Budget Change

...Growth every biennium; on average, 12% each biennium

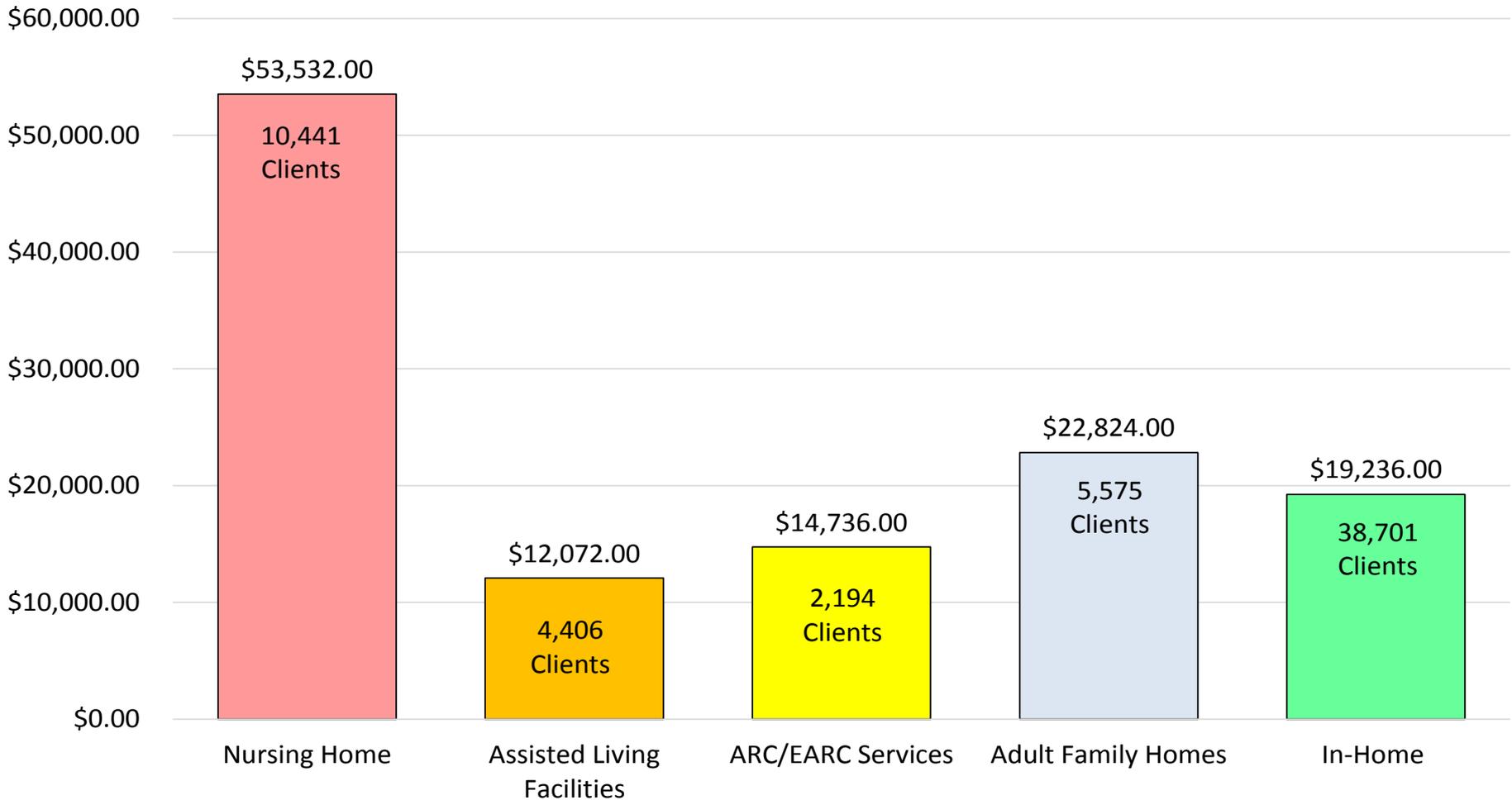


LTC – How has the caseload changed over time?

...Consistent growth in HCBS and decline in nursing Homes



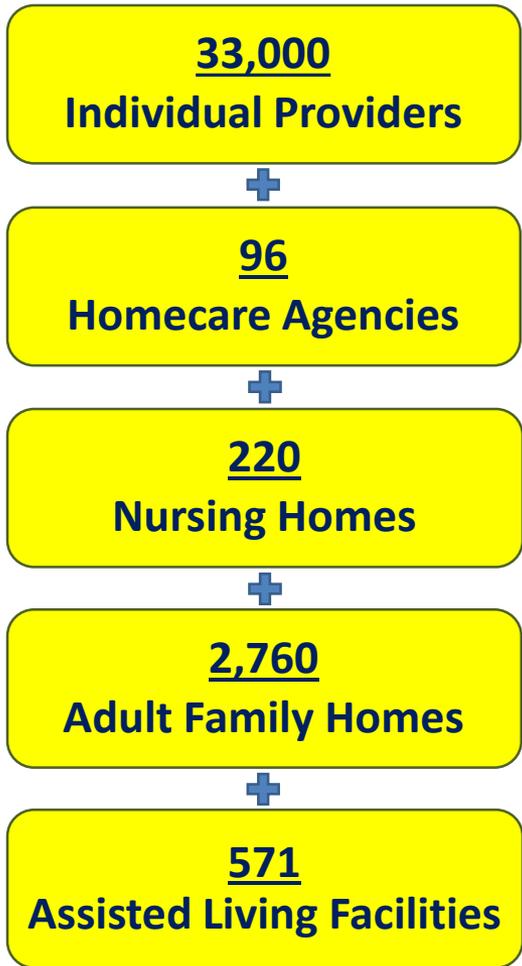
LTC-FY14 Average Annual Cost Per Client by Setting



Data Source: Executive Management Information System (EMIS)

LTC – How much care do clients receive?

...millions of hours (home care) and millions of days (residential)



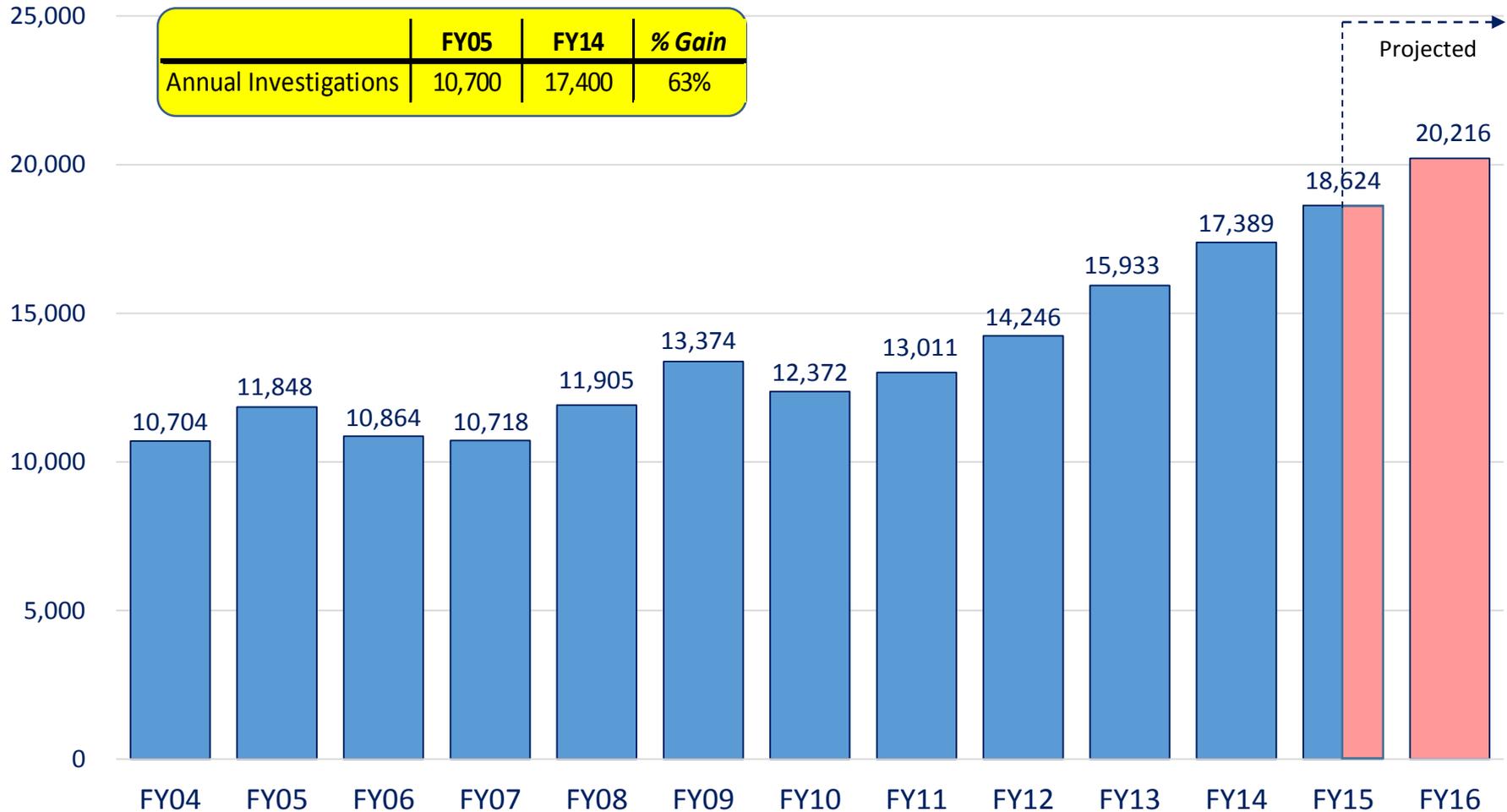
How much care for LTC clients?

- 61 million hours = Individual Providers
- 22 million hours = Home Care Agencies
- 7 million days = Nursing Homes
- 3 million days = Assisted Living
- 5 million days = Adult Family Homes

Note: Estimate for the 2015-17 Biennium

LTC – Increasing Reports of Abuse/Neglect?

...financial, self-neglect, neglect, provider practice



Long-Term Care

...How do clients access services?

Medicaid State Plan

- “Entitlement”
- Mandatory Services
- Optional Services
- Statewide
- No caps & no targets
- *About 50% of budget*

Nursing Home

Medicaid Personal Care

Community First Choice
(July 2016)

Medicaid Waiver

- Optional Services
- Not an “entitlement”
- Can be capped
- Target locations
- Target populations
- *About 33% of budget*

Community Options Program Entry System

New Freedom

Other

- State Only
- Federal Only
- *About 6% of budget*

Family Caregiver Support

Senior Citizens Services Act

Older Americans Act

Long-Term Care

...How do clients qualify for services?

Functional Need

CARE Assessment

- Determines eligibility for long-term care programs (Nursing Facility Level of Care-NFLOC);
- Identifies strengths, limitations & preferences;
- Evaluates living situation, environment, physical health, functional need & cognitive abilities;
- Determines availability of informal supports and other non-department paid resources;
- Assists case managers in the development of a Plan of Care

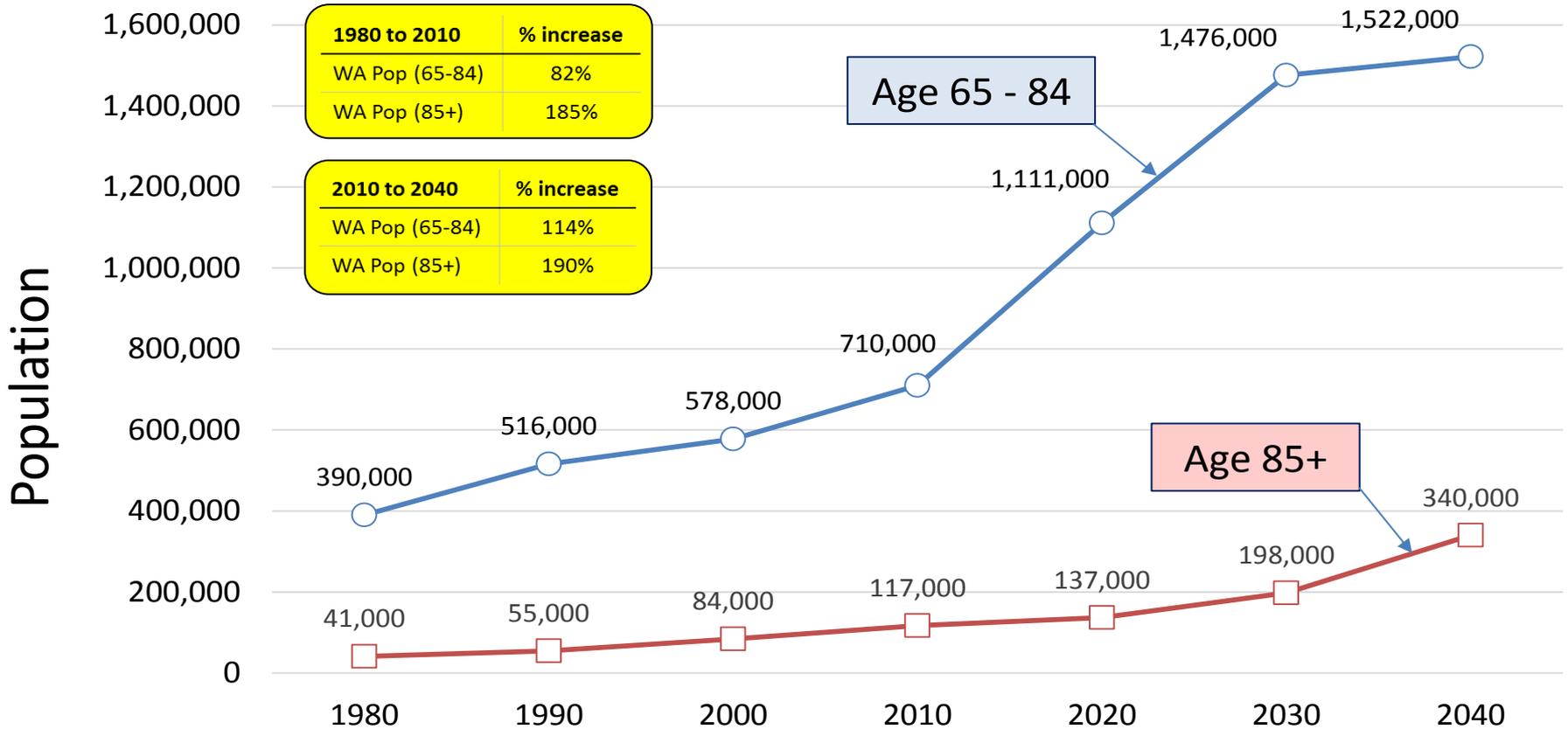
Limited Income

- State Plan Services – the standard is 100% of the SSI benefit or about \$700/month;
- Waiver Services – Individual's income must be less than 300% of SSI or about \$2,100/month;
- Client participation & Personal Needs Allowance – Varies based on setting if required

Limited Assets

- Individuals must have less than \$2,000;
- If you have a spouse, the exemption is less than \$55,000;
- Some individuals may be subject to a "Spend down" or "Estate Recovery"

*The population over the age of 65 has doubled since 1980.
...It is projected to more than double by 2040.*

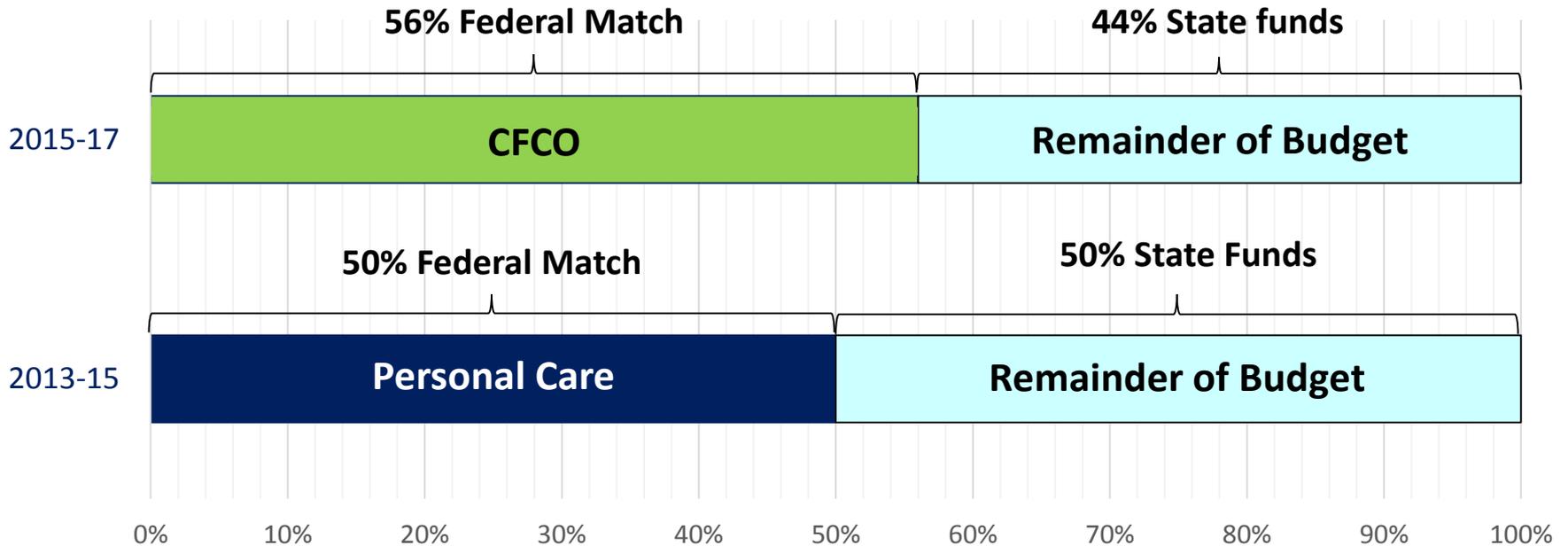


Data Source: Office of Financial Management – Nov. 2013 Forecast

Prepared by Senate Ways and Means Staff

February 2015

ESHB 2746 – Community First Choice Option (CFCO)



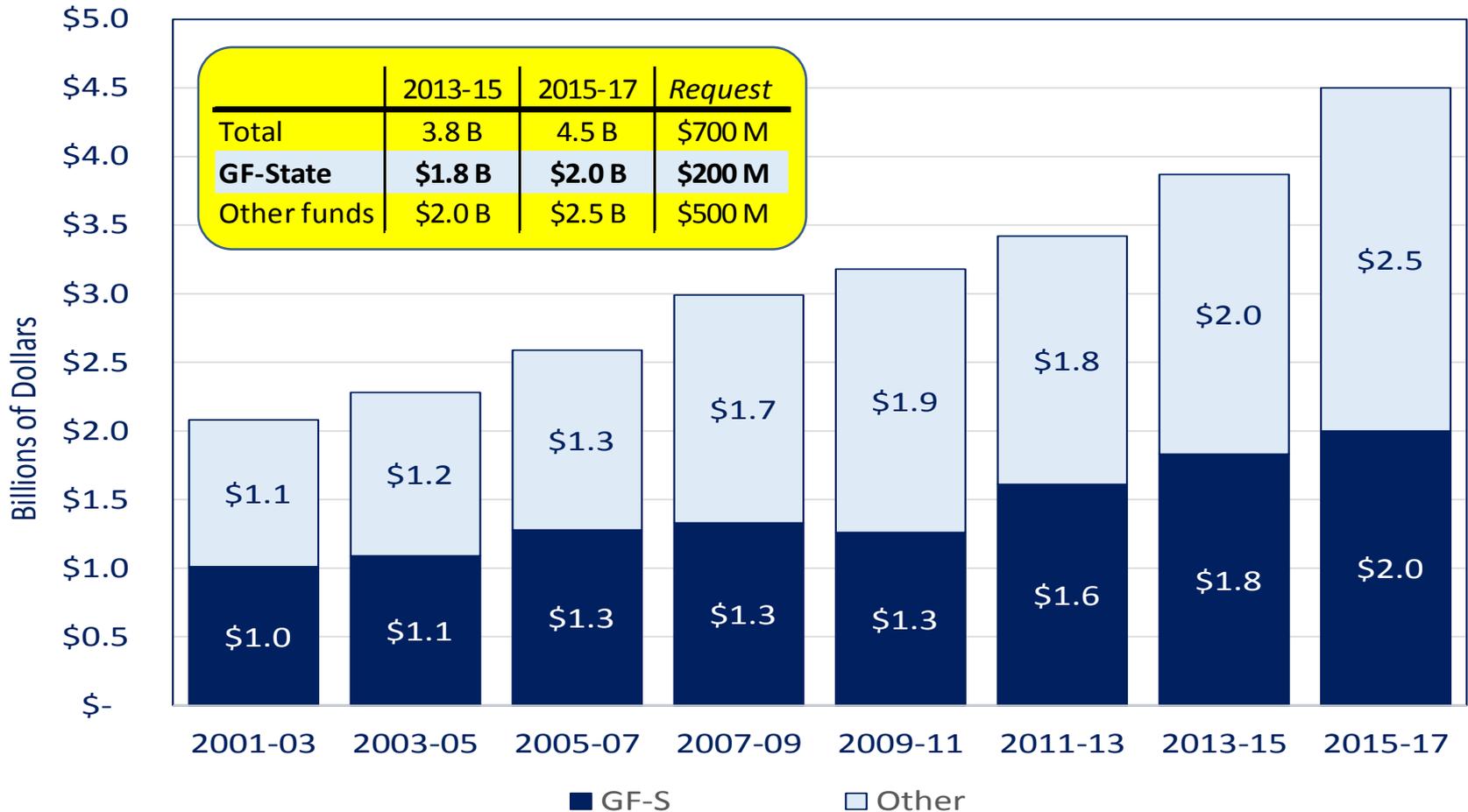
GF-State (in millions)	2015-17	2017-19
ESHB 2746 (CFCO)	-\$80	-\$80
SSB 6387 (DD services)	\$22	\$37
Remaining	-\$58	-\$43

Potential Investment

- Caregiver Support
- Staffing Ratios
- In Home Hours
- Rate Enhancements
- Behavior Support

Governor's Proposal:

...Continued Growth in 2015-17 (\$200 million GF-State)



Governor's Proposal...LTC Policy Changes

...bargaining, rate adjustments, staffing (and more)

	2015-17 Biennium	GF-S	Other	Notes:
	Policy Level (Book 2)	\$134	\$184	About 8% growth over Governor's ML
Bargaining	1. IP Contract + Agency Parity	\$86	\$108	
	2. AFH contract	\$16	\$16	5% in FY16 & 5% in FY17 – (Total = 10%)
	3. Other Labor Contracts	\$5	\$5	WFSE + 1199 + General Wage and Benefits
Rates	4. NH Rates (Raise SNA)	-\$26		From \$14/day to \$21/day in FY16
	5. NH Rates (DC add-on)	\$21	\$21	\$5.75/client/day...starting in FY16
	6. Assisted Living Rates	\$4	\$5	2.5% in FY16
	7. Agency Provider Admin Rate	\$1	\$2	Restores cut from FY11...\$0.13/hr.
Staffing	8. AAA Staffing Ratios	\$5	\$5	From 1-to-78 to 1-to-70 in FY 16
	9. NH Investigations	-	\$8	From \$359/bed to \$446/bed in FY16; 15 FTEs
	10. Adult Protective Services	\$2	-	9 FTEs; focus on financial exploitation & self-neglect
Misc.	11. Pre-Medicaid Services	\$19	-	Options Counseling, FCSP, Memory Care
	12. AFH License Fees	-\$1	\$5	From \$225/bed to \$325/bed in FY16
	13. All other items	\$2	\$9	Leases, Relocation, insurance Study, ProvderOne

Governor's Proposal...LTC Policy Changes

...summary of contract for individual providers¹

GF-State (\$ in millions)		2015-17	2017-19
Total		\$117	\$164
1.	Wages ²	\$51	\$79
2.	Health Benefits	\$20	\$27
3.	Retirement	\$9	\$10
4.	Training	\$5	\$4
5.	Paid Time Off	\$2	\$3
6.	Referral Registry	\$1	\$1
7.	DSHS Staff	\$2	\$2
8.	Agency Parity	\$27	\$38

Base ³	Change ⁴	%Change
–	–	–
\$12.60	\$14.30	13%
\$2.80	\$3.46	24%
–	\$0.23	–
\$0.28	\$0.41	46%
0.029	0.033	14%
–	\$0.02	–
–	13 FTE	–
\$23.00	\$25.97	13%

Overtime = \$2.3 million GF-S (IP + AP); up to 3 hours/week of overtime

Union dues = existing IP may opt-out; dues for new IP held in escrow (pending opt-out decision)

Notes:

1. Appendix C provides history of modifications to the IP contract; including potential changes in 2015-17;
2. Hourly wages are based on seniority (Appendix D); figures shown in this table represent an average of all individual providers;
3. This is the estimated end point in FY17 (if the 2013-15 current contract remains in place);
4. This is the estimated end point in FY17 (if the 2015-17 new contract is approved by the legislature).

Governor's Proposal

...summary of the policy for Nursing Home Rates

Nursing Home (Average Daily Rate)	FY14	FY15	FY16	FY17
Total	\$186	\$199	\$192 \$203	\$194 \$205
1. Non-Capital Components	\$152	\$153	\$173	\$175
2. Capital Components	\$9	\$9	\$9	\$9
3. Rate Add-ons	\$15	\$22	\$0 \$6	\$0 \$6
4. Safety Net Assessment (SNA)	\$10	\$15	\$10 \$15	\$10 \$15

- Non-capital components – Direct Care, Therapy Care, Support Services, Operations;
- Capital Components – Property and Financing Allowance;
- Add-ons – Low-Wage Worker, Acuity, Comparison, Direct Care, Therapy Care, and Support Services

Governor's Proposal: Nursing Home Rates

1. Retain rebase of non-capital and capital components;
2. Retain safety net assessment in FY16...\$26 million GF-S savings in 2015-17;
3. Reinvest \$21 million GF-S in a new rate add-on for Direct Care;
4. Net impact...\$5 million GF-S savings in 2015-17

If you remember just a few things:

...Four Key Takeaways

1. LTC has been a growing part of the state budget.

- a) Growth every biennium; on average 12%, each biennium
- b) Since 2001-03...\$800 million GF-State; about an 80% increase

2. Action in 2014 Session will change the way clients access services.

- a) “Community First Choice Option” expected to save \$80 million GF-State in 2015-17
- b) 2014 Legislature committed some CFCO savings toward expansion of DD Basic Plus & Family Support Waivers
- c) Remaining CFCO savings reserved for potential investment in LTC and/or DD

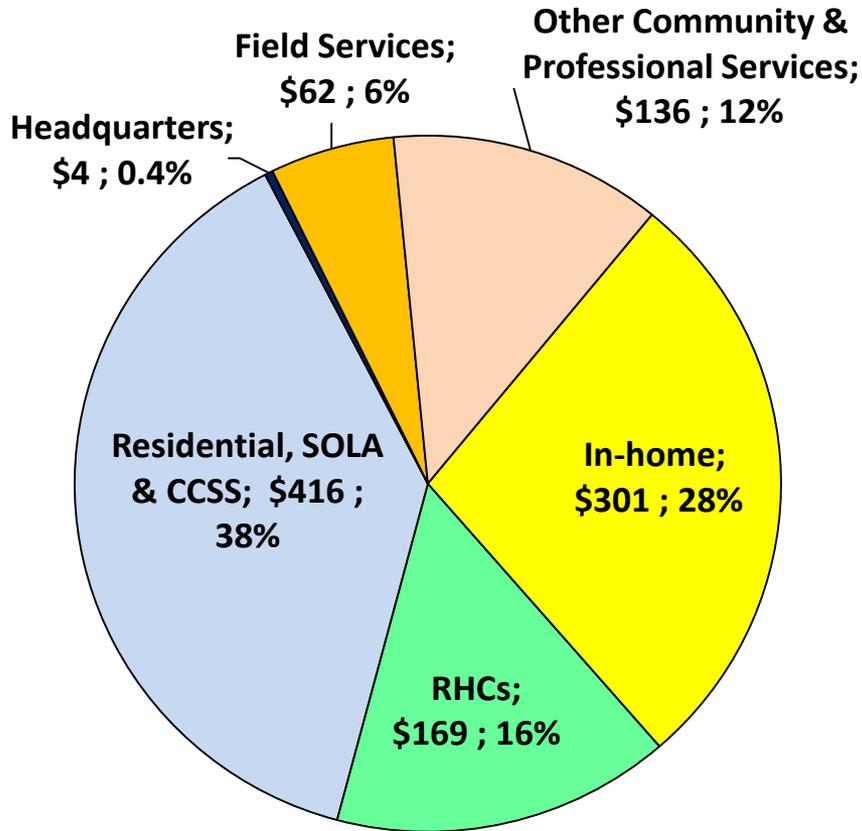
3. In the near term...the Gov’s 2015-17 budget proposes further budget growth.

- a) Many traditional budget steps are present (i.e. CBA, rates, client services, staff)
- b) Quite a few items are unique to LTC (i.e. Pre-Medicaid Services and AAA Staffing Ratio)
- c) Unlike the 2014 Supplemental, there are no major system change items, like CFCO

4. In the long term...growth of older adults will put pressure on the LTC system.

- a) Budget = caseload, utilization, and workload
- b) Quality assurance = licensing, inspections, and investigations
- c) Infrastructure = qualified providers, state workforce, leased space

Developmental Disabilities Administration (DDA)



2013-15 (2014 Supplemental) DDA Budget
 NGF-P Total: \$1.1 Billion (52%)
 Total Budget: \$2.1 Billion
 (Dollars in Millions)

Fund Category	NGF-P (millions)	Clients (estimate)	FTEs (estimate)
Headquarters	\$ 4	-	21.7
Field Services	\$ 62	-	614.9
Residential Services, SOLA, & CCSS	\$ 416	4,700	337
Residential Habilitation Centers (RHCs)	\$ 169	900	2,191.3
In-home (Personal Care & Family Support)	\$ 301	16,000	-
Other Community & Professional Services	\$ 136	5,800	-

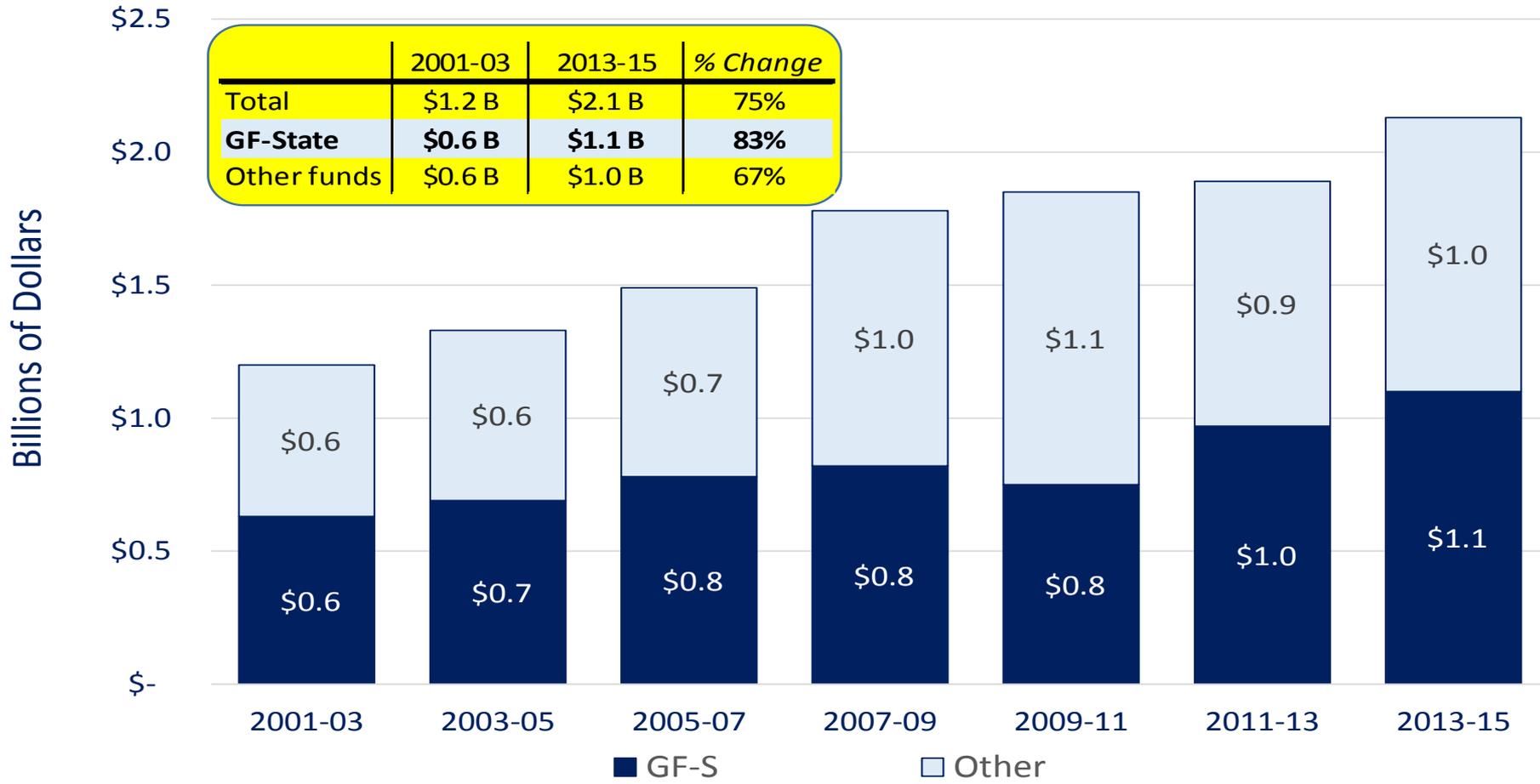
Total: \$ 1,088 27,400 3,164.9

- Client counts represents the estimated number of unduplicated clients who will receive paid services in each category.
- “Other Community & Professional Services” funds are also used to support clients in residential and In-home categories with respite and therapies.

Data Source: Agency Financial Reporting System

DDA - Biennial Budget Change

...Growth every biennium; on average, 12% each biennium



Developmental Disabilities

...How do clients access services?

Medicaid State Plan

- “Entitlement”
- Mandatory Services
- Optional Services
- Statewide
- No caps & no targets
- *About 30% of budget*

**Residential
Habilitation
Center**

**Medicaid
Personal Care**

**Community
First Choice**
(July 2016)

Medicaid Waiver

- Optional Services
- Not an “entitlement”
- Can be capped
- Target locations
- Target populations
- *About 62% of budget*

Basic Plus

**Community
Protection**

**Individual &
Family Services**
(May 2015)

Core

CIIBS

Other

- State Only
- Federal Only
- *About 2% of budget*

**Employment
&
Residential**

**Child
Development
Services**

**State
Supplemental
Payments**

Developmental Disabilities

...How do clients qualify for services?

Diagnosis

- Presents before the age of 18;
- Expected to last throughout lifetime;
- Evidence in limitations in Intellectual and/or adaptive functioning;

Functional Need

DDA Assessment

- Determines eligibility for Developmental Disabilities programs (ICF/ID Level of Care)
- Measures unique support needs of persons with intellectual & developmental disabilities over a broad spectrum of life areas and activities;
- Determines availability of informal supports and other non-department paid resources;
- Assists case managers in the development of an Individual Support Plan;

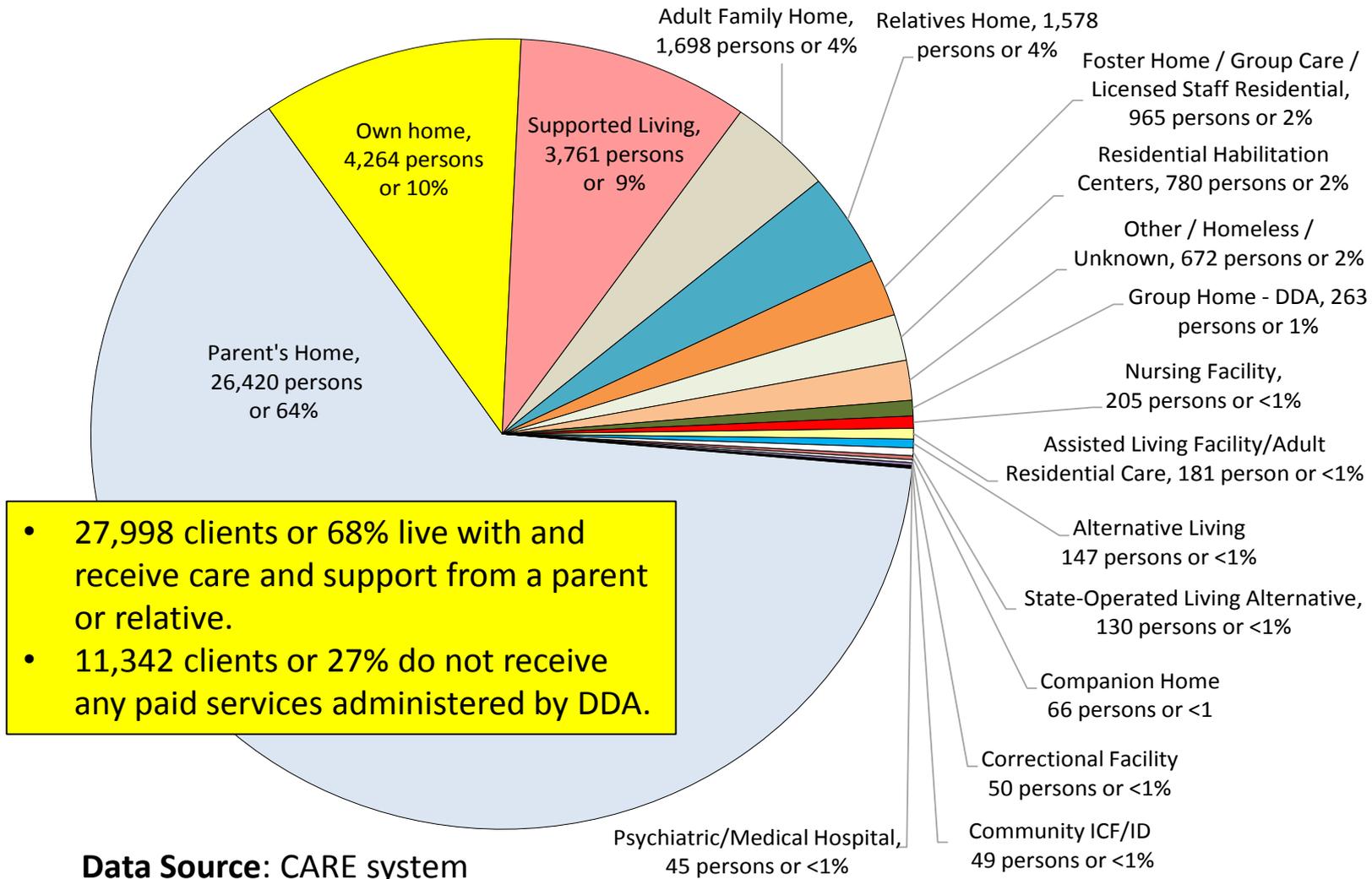
Limited Income

- State Plan Services – the standard is 100% of the SSI benefit or about \$700/month;
- Waiver Services – Individual's income must be less than 300% of SSI or about \$2,100/month;
- Client participation & Personal Needs Allowance – Varies based on setting if required

Limited Assets

- Individuals must have less than \$2,000;
- If you have a spouse, the exemption is less than \$55,000;
- Some individuals may be subject to a "Spend down" or "Estate Recovery"

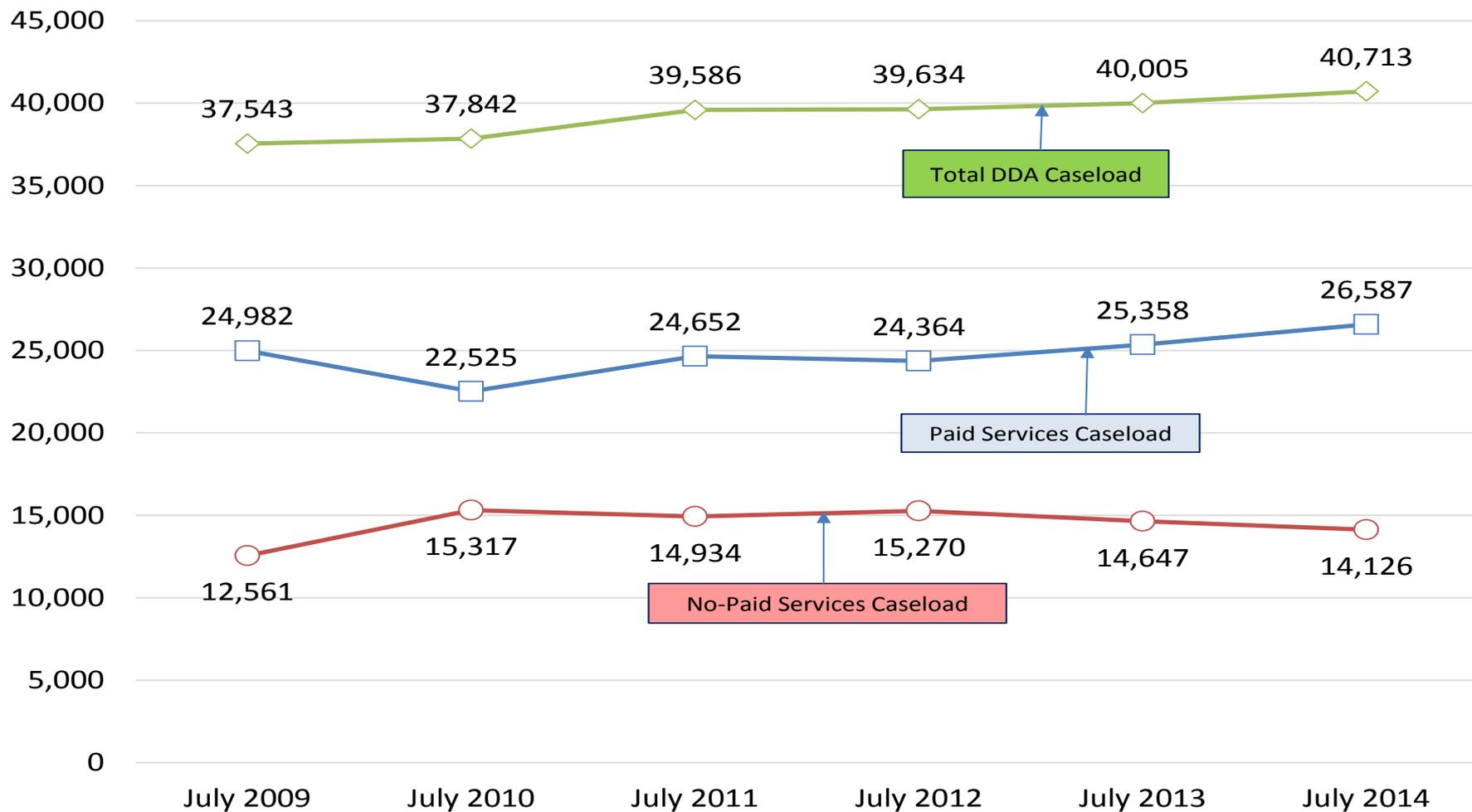
Where do clients of the Developmental Disabilities Administration live?



- 27,998 clients or 68% live with and receive care and support from a parent or relative.
- 11,342 clients or 27% do not receive any paid services administered by DDA.

Data Source: CARE system

Caseload: Developmental Disabilities Administration



The DDA Institutions:

...habilitation, nursing care, short-term admissions (and more)

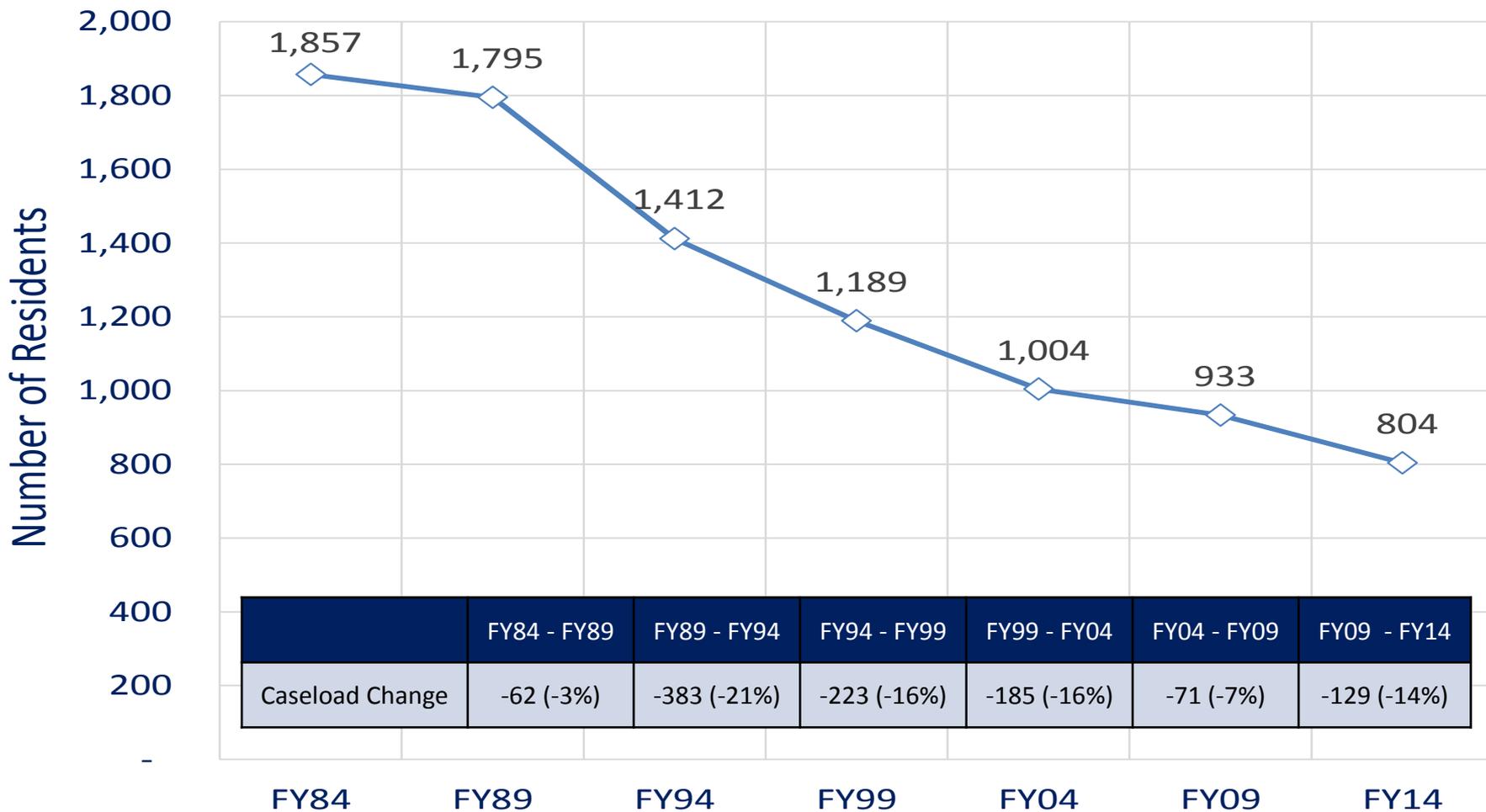
	Fircrest	Rainier	Yakima	Lakeland
1. # of FTE	590	810	240	560
2. County	King	Pierce	Yakima	Spokane
3. City	Shoreline	Buckley	Selah	Medical Lake
4. Size (acres)	87	820	28	100
5. Peak Census	920	1900	250	1600
6. Clients (ICF)	130	330	0	130
7. Clients (NH)	90	0	70	80
8. Avg. Respite/Mo.	1	1	23	4
9. Respite	>16	>16	>16	>16
10. New Admissions	>21 yrs	>21 yrs	None	>21 yrs

** Interlake (Medical Lake, WA) closed 1994*

** Frances Haddon Morgan Center (Bremerton, WA) closed 2011*

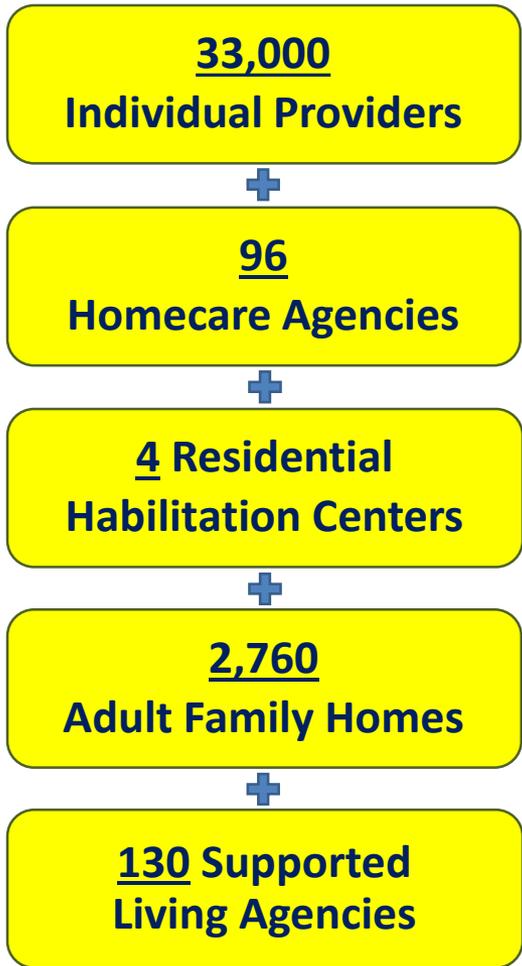
Residential Habilitation Centers (RHC)

...caseload continues to decline...57% drop since 1984



DDA – How much care do clients receive?

...millions of hours (home care) and millions of days (residential)

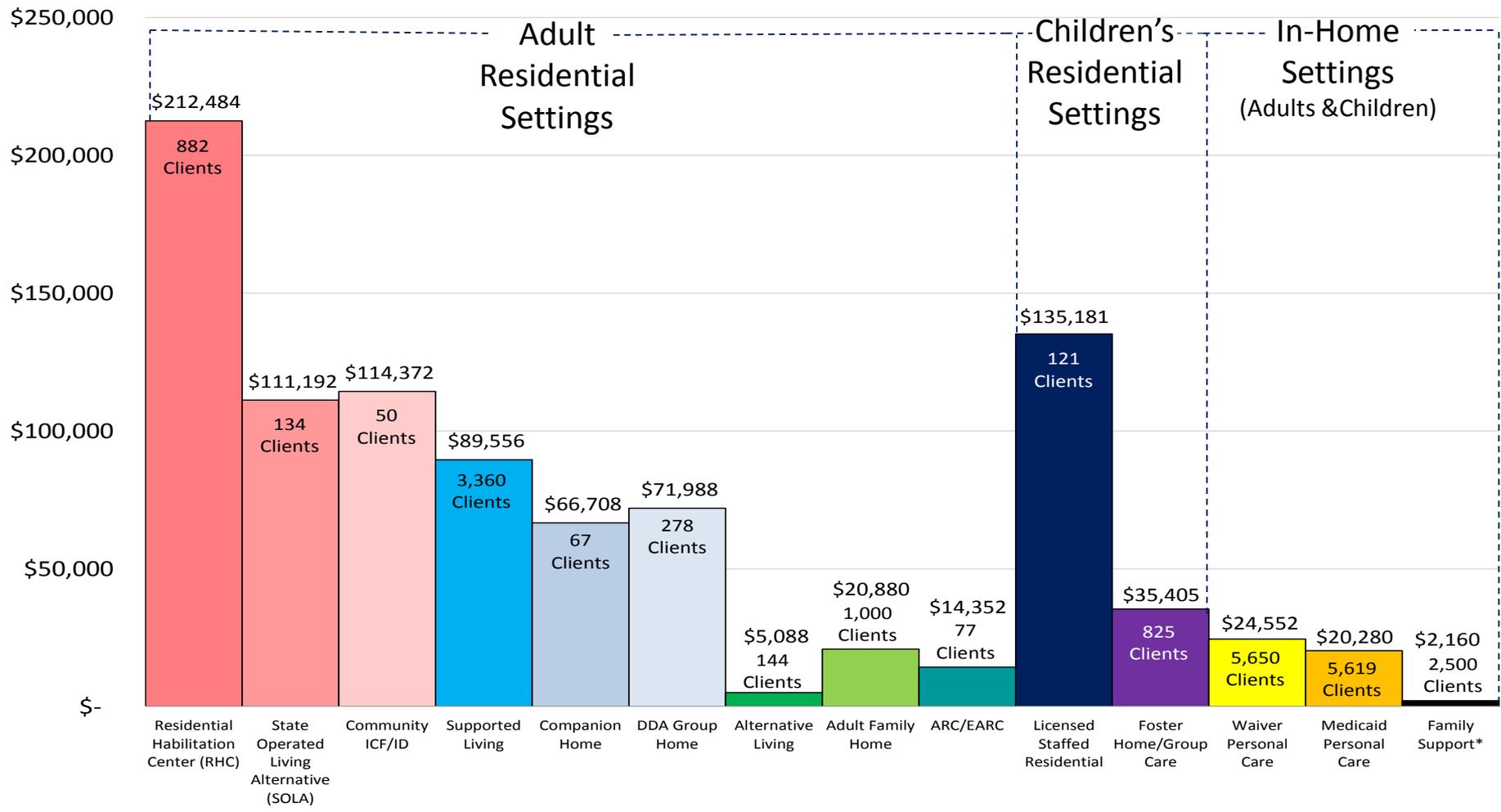


How much care for DDA clients?

- 40 million hours = Supported Living
- 27 million hours = Individual Providers
- 4 million hours = Agency Providers
- 1 million days = Adult Family Homes
- 600,000 days = Residential Habilitation Centers (RHCs)

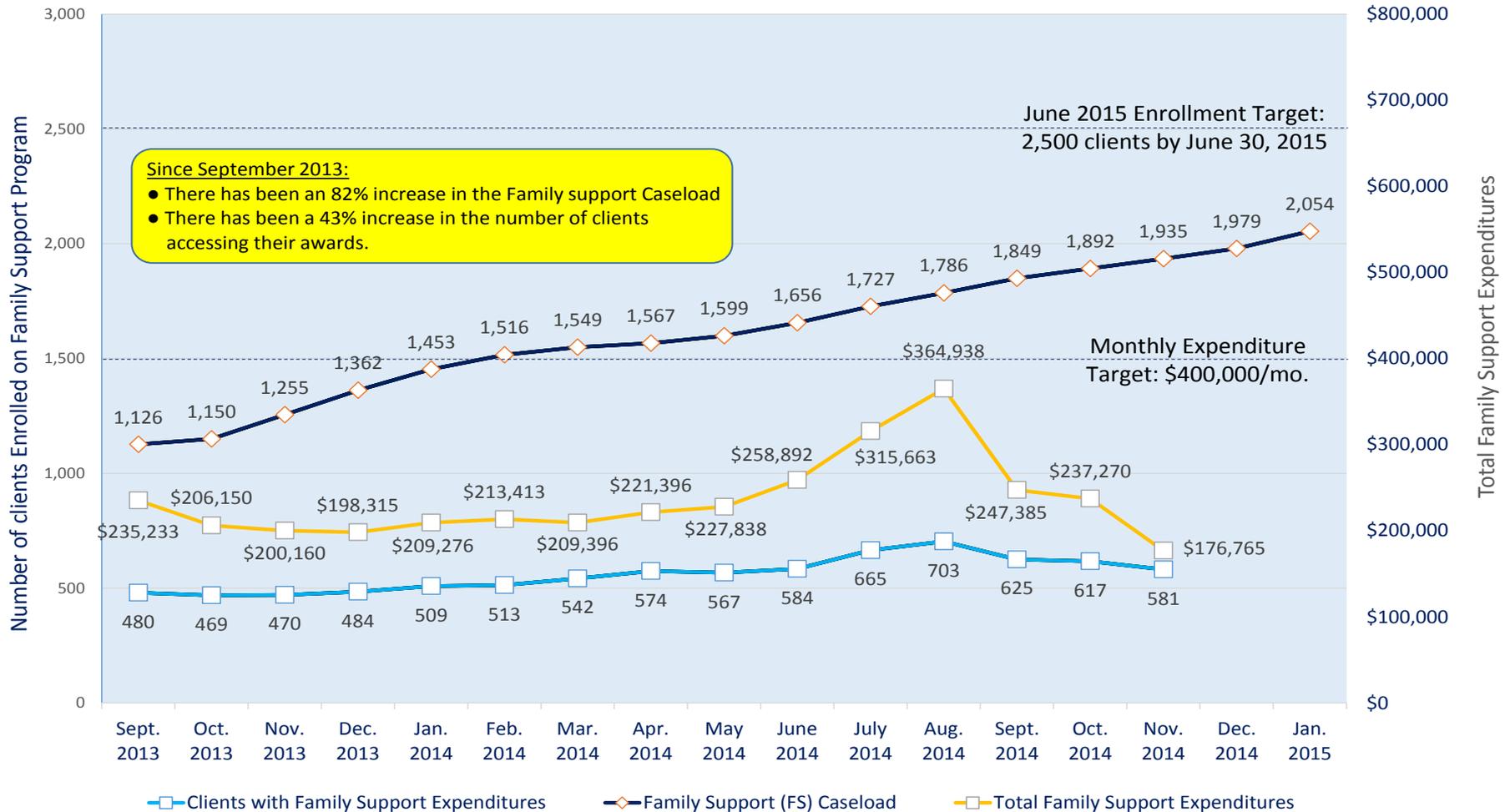
Note: Estimate for the 2015-17 Biennium

DDA-FY14 Average Annual Cost Per Client by Setting



Data Source: Executive Management Information System (EMIS)

Family Support Caseload & Expenditures



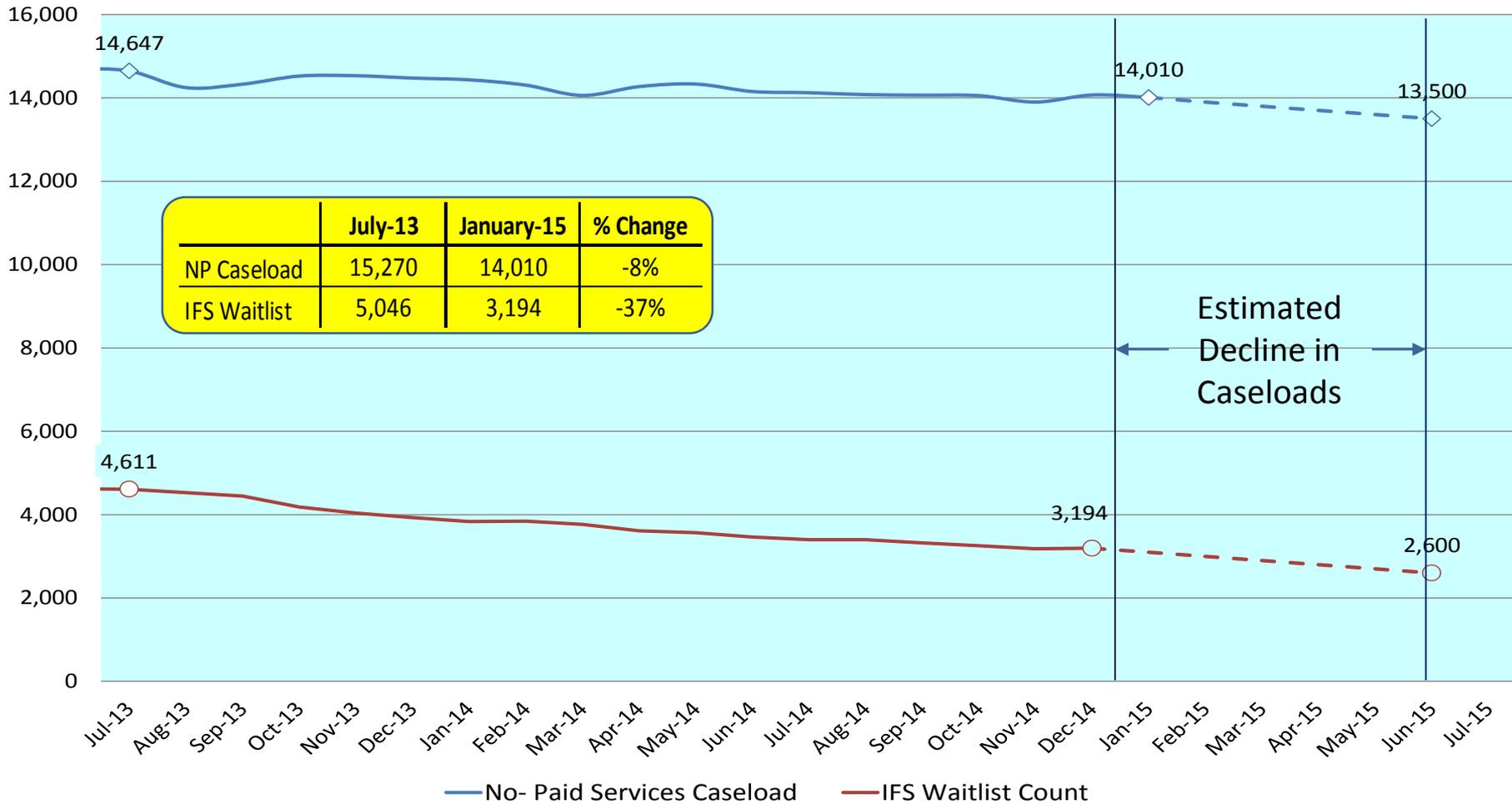
Data Source: CARE & EMIS

Prepared by Senate Ways and Means Staff

February 2015

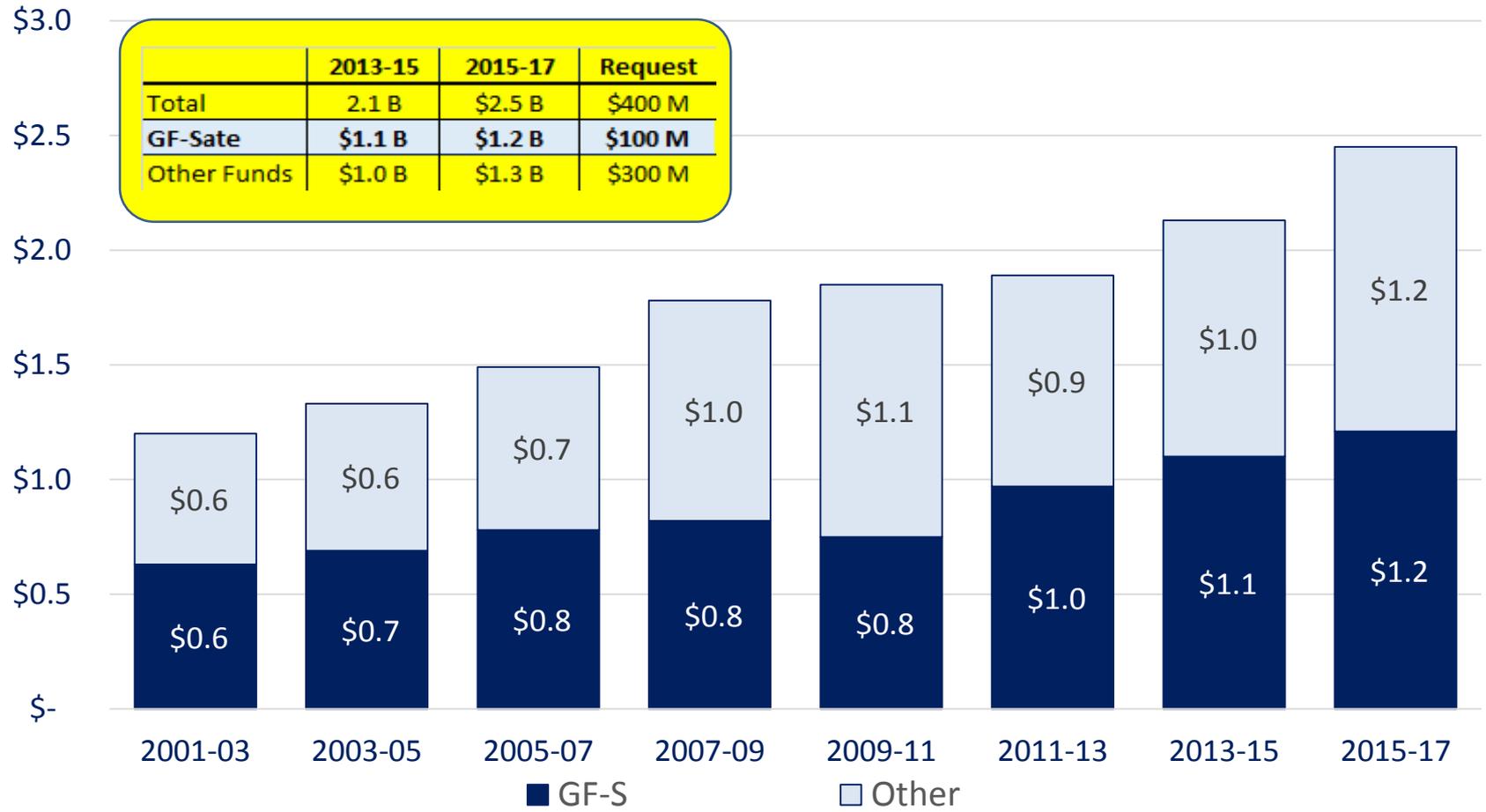
Addressing IFS Waitlist and No-Paid Caseload

...strategies to possibly cut the number in half



Governor's Proposal

...Continued Growth in 2015-17 (\$100 million GF-State)



Governor's Proposal...DDA Policy Changes

...bargaining, rate adjustments, staffing (and more)

	2015-17 Biennium	GF-S	Other	Notes:
	Policy Level (Book 2)	\$59	\$69	About 6% growth over Governor's ML
Bargaining	1. IP Contract + Agency Parity	\$31	\$39	See slide 15 in Long-term Care
	2. AFH contract	\$3	\$3	5% in FY16 & 5% in FY17 – (Total = 10%)
	3. Other Labor Contracts	\$12	\$8	WFSE + 1199 + General Wage and Benefits
Rates	4. Supported Living Rates	\$27	\$27	\$1.27/hr. in FY16...about 7.5%
Savings	5. Basic Plus Expansion	-\$7	-\$7	From 1,000 to 500 in 2015-17
	6. Family Support Expansion	-\$6	-\$5	From 4,000 to 2,000 in 2015-17
	7. State Only Employment	-\$4	-	About 400 clients lose service
Misc.	8. RHC Compliance	\$2	\$2	Specialized Services for clients in RHC
	9. All other items	\$2	\$2	Leases, Relocation, equipment, respite

If you remember just a few things:

...Four Key Takeaways

1. DD has been a growing part of the state budget.

- a) Growth every biennium; on average 12%, each biennium;
- b) Since 2001-03...\$500 million GF-State; about an 80% increase;

2. Unlike LTC...access to paid services administered by DDA has been limited

- a) Traditionally, many families have not selected state-plan services (i.e. RHC, or MPC);
- b) Over time, this lead to an increasing number of clients on the no-paid services caseload and IFS waitlist;

3. Action in prior to sessions to address “No-Paid Services” caseload.

- a) Strategies: (1) Modify IFS awards, (2) Pursue CFCO, and (3) Pursue IFS waiver;
- b) Phase in additional waiver clients starting in June 2015;
- c) Possibility of reducing NPS caseload by thousands of clients in 2015-17 biennium.

4. Governor’s 2015-17 budget proposes further budget growth.

- a) Many traditional budget steps are present (i.e. CBA, rates, client services, staff);
- b) Some items are unique to DD (i.e. RHC compliance and state-only employment)
- c) Proposal to scale back expansion of Basic Plus and Family Support programs;
- d) Infrastructure = increased need for qualified providers, state workforce, and leased space.



Questions?

Appendix A – LTC Provider Overview

...rate methodology, average rates, license fees (and more)

Examples of Increases		Nursing Homes	Adult Family Homes	Assisted Living	Individual Providers	Agency Providers	Supported Living
1.	Hourly or Daily	Daily	Daily	Daily	Hourly	Hourly	Hourly
2.	Community or Facility	Facility	Community	Community	Community	Community	Community
3.	Collectively Bargained	-	Yes	-	Yes	-	-
4.	Location effect rate?	Yes	Yes	Yes	-	-	Yes
5.	Client Acuity	Yes	Yes	Yes	Yes	Yes	Yes
6.	Minimum Occupancy	Yes	-	-	-	-	-
7.	Lids on Allowable Costs	Yes	-	-	-	-	-
8.	Safety Net Assessment	Yes	-	-	-	-	-
9.	Rate Range (low)	\$146	\$48	\$47	\$11	-	\$15
10.	Rate Range (High)	\$658	\$164	\$160	\$15	-	\$16
11.	Average Rate	\$199	\$90	\$66	\$12	\$23	\$16
12.	License Fee (<i>annual</i>)	\$359/bed	\$225/bed	\$106/bed	-	-	-
13.	License Fee (<i>initial</i>)	-	\$2,750/home	-	-	-	-

Appendix B: LTC - Budget Detail

2013-15 Biennium (\$ in millions)	GF-S	Other	Total	Clients	FTE	% Budget	% Client	% FTE
TOTAL	\$1,730	\$2,040	\$3,770	62,100	1,430	100%	100%	100%
1. Nursing Homes	\$470	\$700	\$1,170	10,200	-	30%	16%	-
2. Individual Providers	\$510	\$520	\$1,030	25,000	-	27%	40%	-
3. Agency Providers	\$260	\$270	\$530	12,800	-	14%	21%	-
4. Adult Family Home	\$140	\$130	\$270	5,700	-	7%	9%	-
5. Home & Community Services	\$90	\$80	\$170	-	960	4%	-	67%
6. Area Agencies on Aging	\$60	\$60	\$120	-	-	3%	-	-
7. Assisted Living	\$60	\$50	\$110	4,400	-	3%	7%	-
8. Residential Care Services	-	\$60	\$60	-	300	2%	-	21%
9. Adult Residential Care	\$30	\$30	\$60	2,200	-	2%	4%	-
10. Headquarters	\$20	\$30	\$50	-	170	1%	-	12%
11. Older American's Act	-	\$40	\$40	-	-	1%	-	-
12. Private Duty Nursing	\$20	\$20	\$40	100	-	1%	-	-
13. WMIP & PACE	\$10	\$10	\$20	700	-	1%	1%	-
14. Family Caregiver Support	\$20	-	\$20	-	-	1%	-	-
15. Adult Day Health	\$10	\$10	\$20	1,000	-	1%	2%	-
16. Sr. Citizens Services Act	\$20	-	\$20	-	-	1%	-	-
17. All Other Services	\$10	\$30	\$40	-	-	1%	-	-

Appendix C: History of Contract Changes

Tentative Agreement: 2015-17 contract

	Ave Wage per hr.	Pay Differential	Pension per hr.	Health Dental/Vision	Vacation earned hr.	Training per hr.	Mileage per client	L&I per hr.
FY03	\$7.68	-	-	-	-	-	-	-
FY04	\$8.43	-	-	-	-	-	-	-
FY05	\$8.93	-	-	\$400	-	-	-	\$0.47
FY06	\$9.20	-	-	\$480	-	-	-	\$0.46
FY07	\$9.51	-	-	\$532	0.025	-	-	\$0.46
FY08	\$9.90	-	-	\$532	0.025	-	60 miles	\$0.51
FY09	\$10.28	-	-	\$585	0.025	-	60 miles	\$0.45
FY10	\$10.36	-	-	\$603	0.025	\$0.10	60 miles	\$0.43
FY11	\$10.42	-	-	\$621	0.025	\$0.22	60 miles	\$0.44
FY12	\$10.45	-	-	\$2.21*	0.025	\$0.20	60 miles	\$0.42
FY13	\$10.49	-	-	\$2.21	0.025	\$0.22	60 miles	\$0.40
FY14	\$11.60	\$0.50	-	\$2.60	0.029	\$0.38	60 miles	\$0.39
FY15	\$12.34	\$0.50	-	\$2.80	0.029	\$0.30	100 miles	\$0.36
FY16	\$13.32	\$0.50	\$0.23	\$3.10	0.029	\$0.38	100 miles	\$0.36
FY17	\$14.32	\$0.50	\$0.23	\$3.46	0.033	\$0.41	100 miles	\$0.36

*Health/dental/vision switched from a monthly contribution to an hourly contribution in FY12

Appendix D: Seniority Based Wage Scale (IPs)

Cumulative Hours	Individual Providers*	% of IP	Baseline (FY15)	July 2015	January 2016	July 2016	January 2017	Percent Change
0-700	2,996	9%	\$11.06	\$11.31	\$11.50	\$11.75	\$12.00	8%
701-2,000	2,996	9%	\$11.06	\$11.56	\$12.00	\$13.00	\$13.40	21%
2,001-4,000	3,662	11%	\$11.21	\$11.71	\$12.20	\$13.20	\$13.60	21%
4,001-6,000	3,329	10%	\$11.39	\$11.89	\$12.40	\$13.40	\$13.80	21%
6,001-8,000	2,330	7%	\$11.53	\$12.03	\$12.60	\$13.60	\$14.00	21%
8,001-10,000	1,665	5%	\$11.70	\$12.20	\$12.80	\$13.80	\$14.20	21%
10,001-12,000	1,665	5%	\$11.86	\$12.36	\$13.00	\$14.00	\$14.40	21%
12,001-14,000	2,663	8%	\$12.03	\$12.53	\$13.20	\$14.20	\$14.60	21%
14,001-16,000	2,330	7%	\$14.53	\$14.78	\$15.00	\$15.00	\$15.25	5%
16,001 or more	9,654	29%	\$14.53	\$15.03	\$15.15	\$15.15	\$15.40	6%

*There are approximately 33,300 Individual Providers in 2013-15

Tentative Agreement: 2015-17 Contract

Appendix E: Recent History of Rate Changes

Rate Adjustment		FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
A.	Adult Family Home	3.2%	2.0%	-4.0%	-	-	-	-	-
B.	Assisted Living	6.0%	2.0%	-4.0%	-	-	-2.0%	-	-
C.	Adult Residential Care	6.0%	2.0%	-4.0%	-	-	-2.0%	-	-
D.	DD Community Residential	5.0%	2.0%	-3.0%	-	-1.0%	-	-	1.8%
E.	DD Employment Programs	1.6%	1.0%	-3.0%	-	-	-	-	-
F.	Adult Day Health (1)	2.0%	2.0%	-	-	-	-	-	-
G.	PACE	2.0%	2.0%	-	-	-	-	-5.0%	-
H.	Individual Providers	-	-	-	-	-	-	-	-
I.	Agency Providers	-	-	-	-	-	-	-	-
J.	Nursing Homes	-	-	-	-	-	-	-	-

Notes:

- (1) *Adult Day Health* was eliminated as an available service for clients living in residential settings in FY10. Due to litigation, ADH was restored for both in-home and residential clients. However, in FY12, the legislature prohibited clients from receiving both employment services and ADH, which resulted in roughly 40% drop in the ADH caseload.
- (2) Wages and benefits for individual providers are collectively bargained. The cost of contract changes have varied. For example, the biennial cost of contract changes in 2013-15 was approximately \$110 million GF-State. Individual providers have not received reductions in wages and benefits, but hours of care for in-home clients were reduced (on average) by 4% in FY10 and 10% in FY11.
- (3) The hourly rate for agency providers is adjusted to match contract changes for individual providers. The cost of “agency parity” has varied. For example, the biennial cost in 2013-15 was approximately \$30 million GF-State. Agency providers received a \$0.13 administrative reduction in the 2010 Supplemental. Also, hours of care for in-home clients were reduced (on average) by 4% in FY10 and 10% in FY11.
- (4) Nursing home rates were last rebased in FY10. However, revenue generated from the nursing home Safety Net Assessment has allowed for investment in nursing home rates. For example, new rate add-ons were established in FY15, which raised the statewide average rate from \$187/day to \$199/day in FY15.

Appendix F: Nursing Home Rate Components

<i>NH Rate: 2015-17, Gov's Proposal</i>	FY14	FY15	FY16	FY17
Total	\$186.05	\$199.45	\$192.33 \$203.12	\$194.80 \$205.59
1. Direct Care	\$95.73	\$96.67	\$107.98	\$110.12
2. Therapy Care	\$1.42	\$1.43	\$1.42	\$1.42
3. Support Services	\$22.56	\$22.52	\$25.45	\$25.45
4. Operations	\$32.46	\$32.44	\$38.16	\$38.16
5. Property	\$6.07	\$6.22	\$6.38	\$6.61
6. Financing Allowance	\$2.72	\$2.78	\$2.76	\$2.86
7. Pay for Performance Add-on	\$0.06	\$0.13	\$0.13	\$0.13
8. High Turnover Add-on	-\$0.06	-\$0.13	-\$0.13	-\$0.13
9. Low-Wage Worker Add-on	\$1.49	\$3.95	\$0	\$0
10. Comparison Add-on	\$8.91	\$8.01	\$0	\$0
11. Acuity Add-on	\$4.55	\$5.45	\$0	\$0
12. Direct Care Add-on	\$0	\$3.63	\$0 \$5.75	\$0 \$5.75
13. Therapy Care Add-on	\$0	\$0.05	\$0	\$0
14. Support Services Add-on	\$0	\$1.12	\$0	\$0
15. Safety Net Assessment	\$10.15	\$15.18	\$10.18 \$15.22	\$10.18 \$15.22

Traditional Rate Components

Appendix G – Medicaid State Plan & Waivers

1. **State Plan: Medicaid Personal Care:** In-Home, AFH, Assisted Living, or ARC...DD assessment determines need for services. Typical services: personal care.
2. **State Plan: Community First Choice Option:** In-Home, AFH, Assisted Living, or ARC...DD assessment determines need for services. Typical services: personal care, Personal Emergency Response System (PERS), skill development training, training on how to manage personal care providers.
3. **Waiver: Basic Plus:** In-Home, AFH, Assisted Living, or ARC...service level is capped (for some services); DD assessment determines need for other services. Typical services: respite, employment, therapies, home modification.
4. **Waiver: Core:** Out-of-Home...service level is not capped, but cost must fall below average institutional cost of care. Typical services: habilitation, supervision, personal care, employment, therapies, behavior support.
5. **Waiver: Community Protection:** Out-of-Home...service level is not capped, but cost must fall below average institutional cost of care. Typical services: habilitation, supervision, personal care, employment, therapies, behavior support.
6. **Waiver: Children’s In Home Intensive Behavior Supports (CIIBS):** In-Home...service level is capped at 100 slots....average expenditure established in original budget proviso. Typical services: behavior support, family consultation, therapies, personal care.
7. **Waiver: Individual & Family Services (IFS):** In-Home...service level to be determined, but likely to be capped (and follow current IFS award structure). Typical services: respite, emergency services, equipment, supplies.

Appendix H – Waiver Eligibility & Placement

WAC 388-845-0030

Do I meet criteria for HCBS waiver-funded services?

- 1.You have been determined eligible for DDA services
- 2.You have been determined to meeting ICF/ID level-of-care
- 3.You meet disability criteria established in the Social Security Act
- 4.You meet financial eligibility requirements
- 5.You choose to receive services in the community rather than an ICF/ID facility
- 6.You have a need for monthly waiver services, or monthly monitoring
- 7.You are not residing in a hospital, jail, prison, nursing facility, ICF/ID, or other institution
- 8.If applicable, you have met the specific eligibility criteria for the CIIBS waiver

WAC 388-845-0045

When there is capacity to add people to a waiver, how does DDA determine who will be enrolled?

- 1.First priority, current waiver participants assessed as needing a different waiver because of their identified health and welfare needs.
- 2.Priority populations as determined by the Legislature, including:
 - a)Immediate risk of ICF/ID admission due to unmet health and welfare needs
 - b)Persons identified as risk to safety in the community
 - c)Persons currently receiving services through state only funds
 - d)Persons previously on an HCBS waiver who lose waiver eligibility

Appendix I: DDA - Budget Detail Estimate

2013-15 Biennium (\$ in millions)	GF-S	Other	Total	Clients*	FTE	% Budget	% Client	% FTE
TOTAL	\$1,090	\$1,030	\$2,120	27,500*	3,164.9	100%	100%	100%
1. Supported Living	\$360	#360	\$720	3,900*	-	34%	17%	-
2. Individual Providers	\$220	\$210	\$430	11,700*	-	20%	42%	-
3. Residential Habilitation Centers	\$170	\$190	\$360	800	2,191.3	17%	4%	69%
4. Employment & Day Programs	\$80	\$70	\$150	13,000*	-	7%	47%	-
5. DDA Field Services	\$60	\$40	\$100	-	614.9	5%	-	19%
6. Agency Providers	\$30	\$30	\$60	1,780	-	3%	8%	-
7. Adult Family Homes	\$30	\$30	\$60	1,700	-	3%	6%	-
8. Waiver Respite	\$20	\$20	\$40	4,200*	-	2%	19%	-
9. Group Homes	\$20	\$20	\$40	280*	-	2%	1%	-
10. State Operated Living Alternatives	\$20	\$20	\$40	130	337	2%	1%	11%
11. Individual & Family Services	\$10	-	\$10	2,000*	-	1%	7%	-
12. State Supplemental Payments	\$7	-	\$7	2,000*	-	1%	9%	-
13. All Other Services	\$40	\$30	\$70	-	-	3%	-	-
14. Headquarters	\$7	\$4	\$11	-	21.7	1%	-	1%

* Duplication exists; some clients do not receive employment/day, IFS, SSP, personal care or waiver respite as their sole service

Appendix J: Community First Choice Option (CFCO)

Service Requirements:

- Assistance with Activities of Daily Living (ADLs) ex. Bathing, Eating, toileting, and transfers;
- Assistance with Instrumental Activities of Daily Living (IADLs) ex. Shopping, Meals, Housework;
- Skill training to help individuals acquire, maintain and/or enhance skills to perform ADLs or IADLs;
- Back-up systems that ensure continuity in care – ex. Personal emergency response systems;
- Voluntary training on how to select, manage and dismiss individual providers.

Eligibility:

- Be assessed as needing institutional level of care (Nursing Facility or ICF/ID);
- Have income that falls below 150% of the federal poverty level; or
- Receive medical assistance under a qualifying eligibility group.

State-Plan Requirements:

- Must be offered statewide;
- There can be no cap on enrollment;
- There can be no targeting of clients (ex. Age, diagnosis, geographic location, etc.);
- Must maintain or exceed prior year Medicaid expenditures for optional state-plan services (MOE);
- State must establish a development and implementation council whose majority membership is comprised of individuals and their representatives who will be direct recipients of these services.

In Addition:

- Limits average per capita expenditures to no more than 3% during the first year after implementation;
- Reserves remaining savings for potential investments in supporting persons with long-term care needs or intellectual and developmental disabilities.

Appendix K: Reduce Waitlists by Expanding Capacity

In the 2014 session, the legislature directed DSHS to develop and implement a Medicaid program to replace the Individual and Family Services (IFS) program for Medicaid eligible clients beginning May 1, 2015

Policy Objectives

1. Establish and maintain a “Service Request List” that contains on clients who have:
 - Requested a paid service from the Developmental Disabilities Administration;
 - Had an assessment of need; and
 - Who have had their request denied due to no funding.
2. New IFS services must resemble services currently offered on the IFS program.
3. To the extent possible, DSHS must expand the client caseload capacity on the new Medicaid program that replaces the IFS program.

Fiscal Objectives

- A. Collect 50% federal match for authorized services;
- B. Authorizes use of GF-S savings from the refinance to Medicaid waiver to expand current capacity

Appendix L: Cost estimate for Family Support Expansion

SSB 6387 states:

“ If additional federal funds through the Community First Choice Option are attained, then DSHS must increase the number served on the Medicaid program replacing the Individual and Family Services program by at least 4,000.”

2015-17 Biennium - cost estimate to support 6,500 clients on IFS:

- \$7.6 million GF-S
- \$15.7 million Federal matching funds
- 63 FTEs

2017-19 Biennium - cost estimate to support 6,500 clients on IFS:

- \$10.6 million GF-S to fund existing 2,500 clients on IFS waiver;
- \$18.3 million Federal matching funds
- 71.9 FTEs

No-Paid Services Caseload and IFS waitlist estimates:

- Reductions will depend on how enrollments are prioritized.
- There are 2,000 individuals on IFS waitlist who currently receive Medicaid personal Care.