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Services for People with
Developmental Disabilities:
Division of Developmental Disabilities (DDD)
Services & Legislative Priorities



Senate Ways and Means Committee Staff
January 24, 2007

 The goal of today's work session is to gain a basic understanding of:

- 1. Services provided by the DSHS Division of Developmental Disabilities (DDD).**
- 2. Service eligibility.**
- 3. Current service priorities and “the wait lists.”**
- 4. Governor's budget proposal.**
- 5. Budget and policy choices for the Legislature.**



What is a developmental disability (DD)?

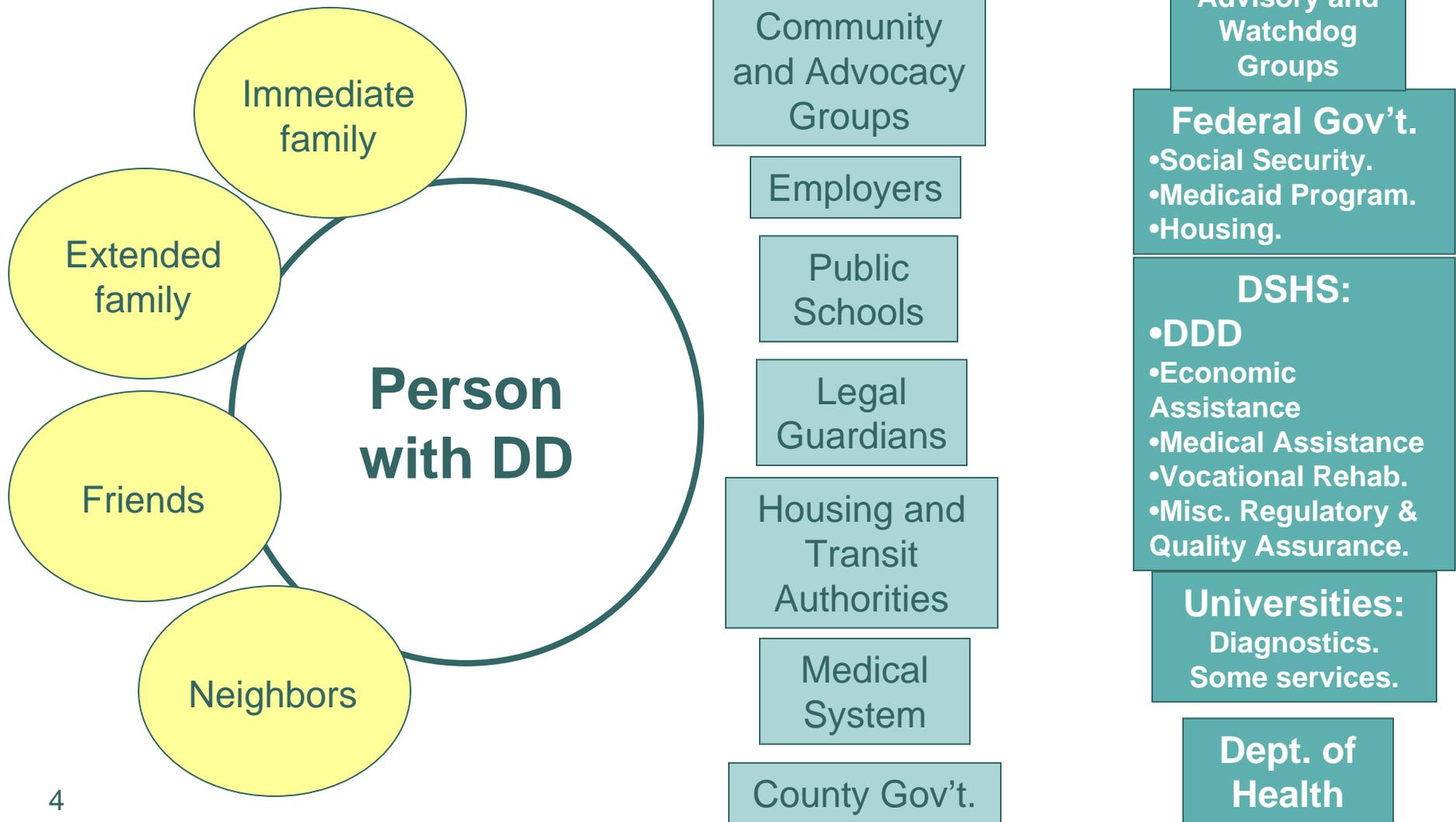
Physical or mental impairments that begin before age 18, and alter or substantially inhibit a person's capacity to do at least three of the following:

- 1. Take care of themselves (dress, bathe, eat, and other daily tasks)**
- 2. Speak and be understood clearly**
- 3. Learn**
- 4. Walk/move around**
- 5. Make decisions**
- 6. Live on their own**
- 7. Earn and manage an income**

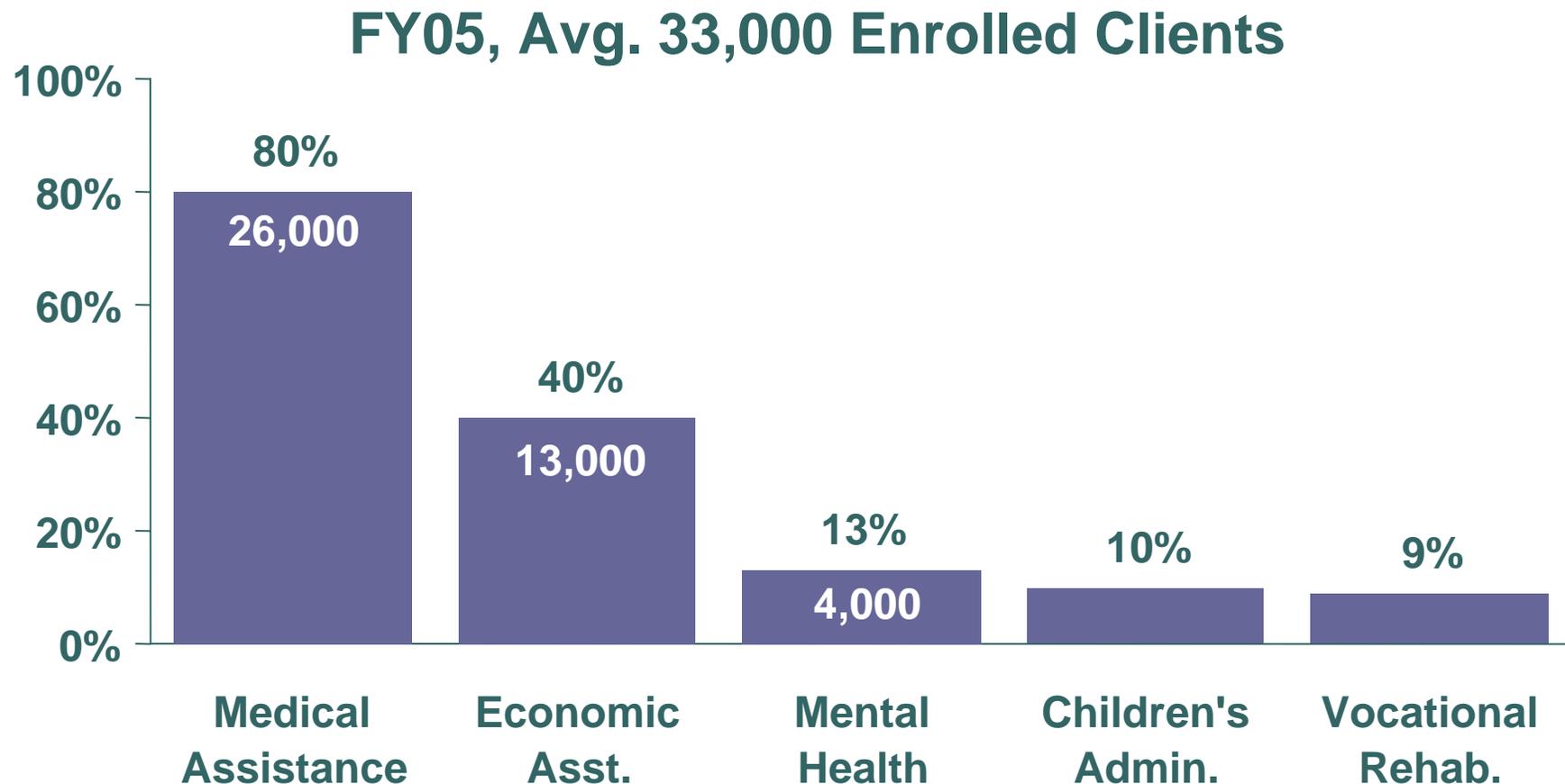
Source: This is the federal definition of developmental disabilities, with one modification: federal law uses age 22, state law uses age 18.

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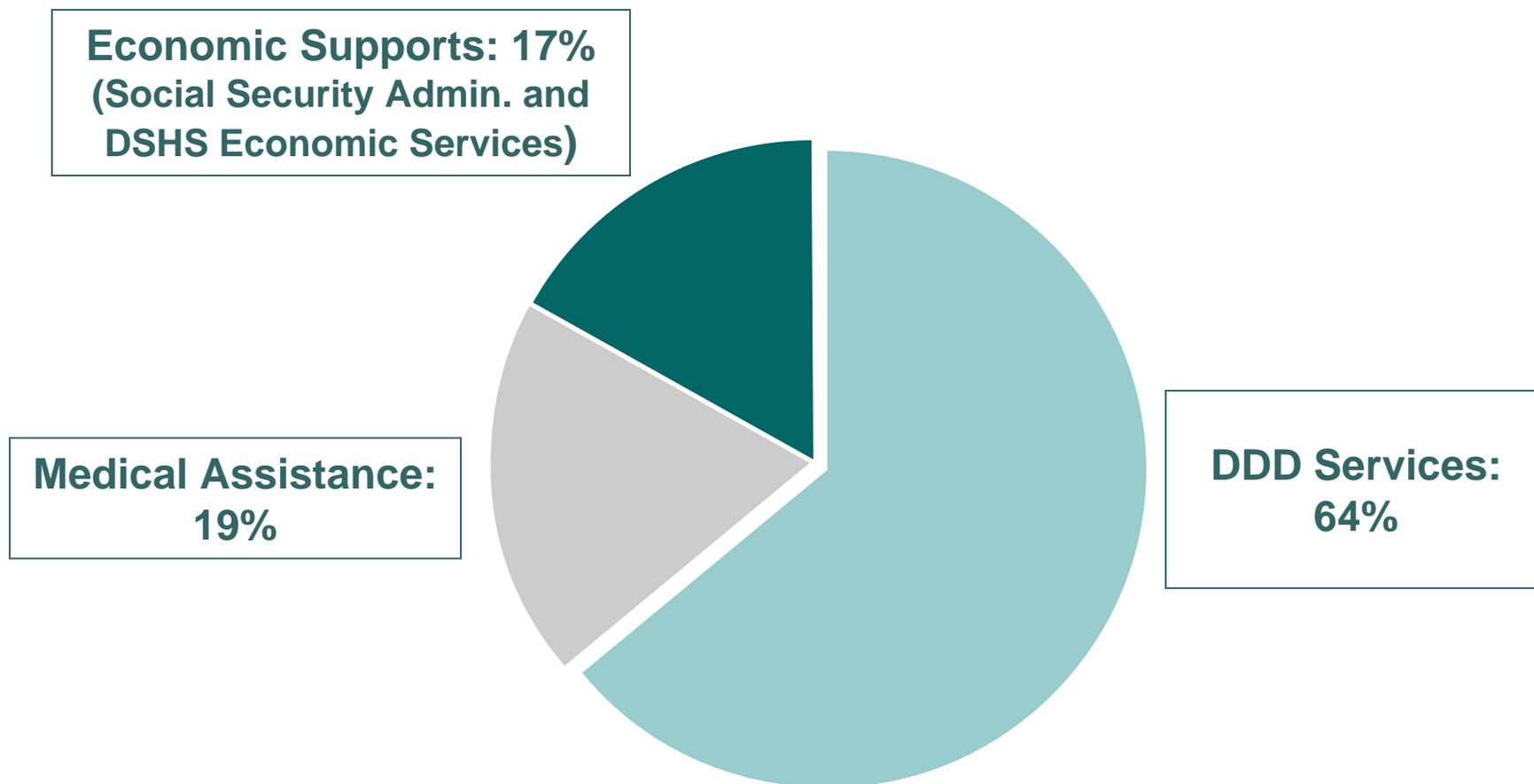
People with developmental disabilities (DD) have contact with a variety of “systems” and may receive supports from unrelated sources.



- Most clients of DDD receive benefits or services from other parts of DSHS.



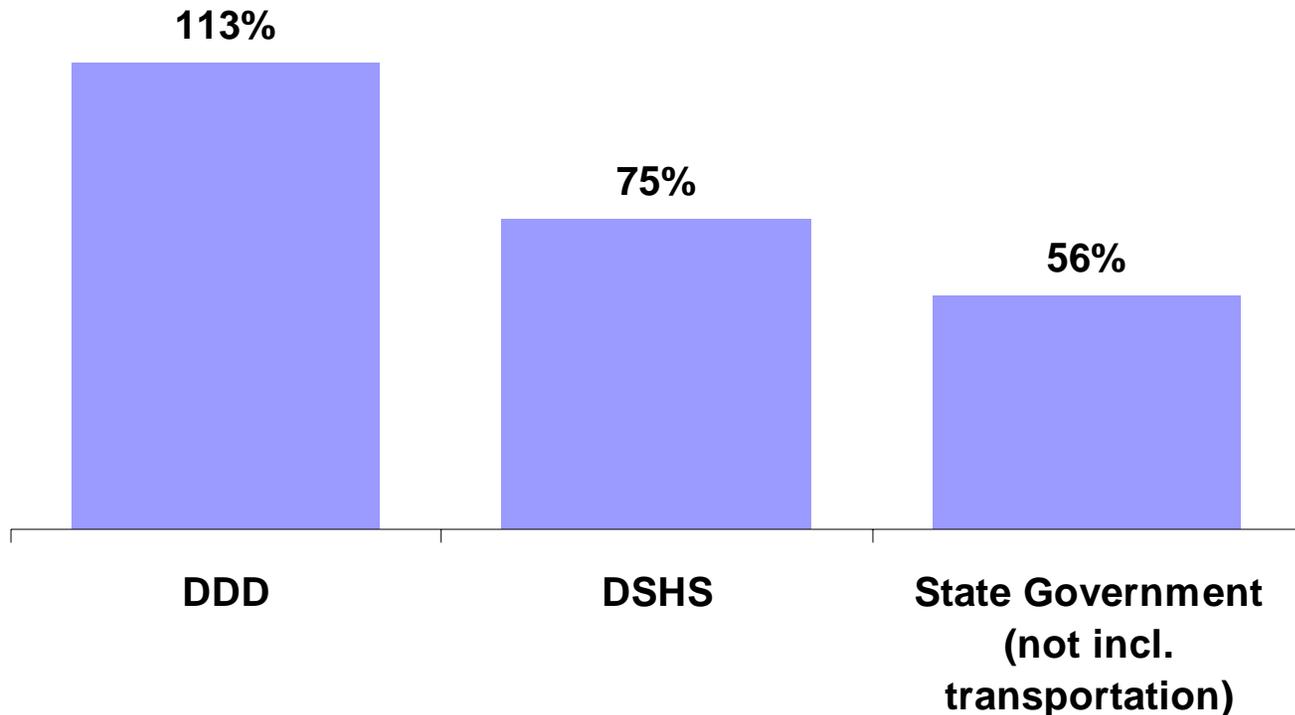
- Of the public benefits paid to DDD clients, over one-third is outside DDD.



Direct Benefits=About \$800 M Total Funds Per Year.

● DDD's expenditures have more than doubled in the last ten years, growing twice as fast as state government.

**Growth of Operating Budgets, Total Funds
FY95-FY05**



2005-07 DDD Operating Budget:
\$1.5 B Total Funds
\$770 M GF-S
10% of all DSHS GF-S expenditures
3,330 FTEs

Source: LEAP Data.

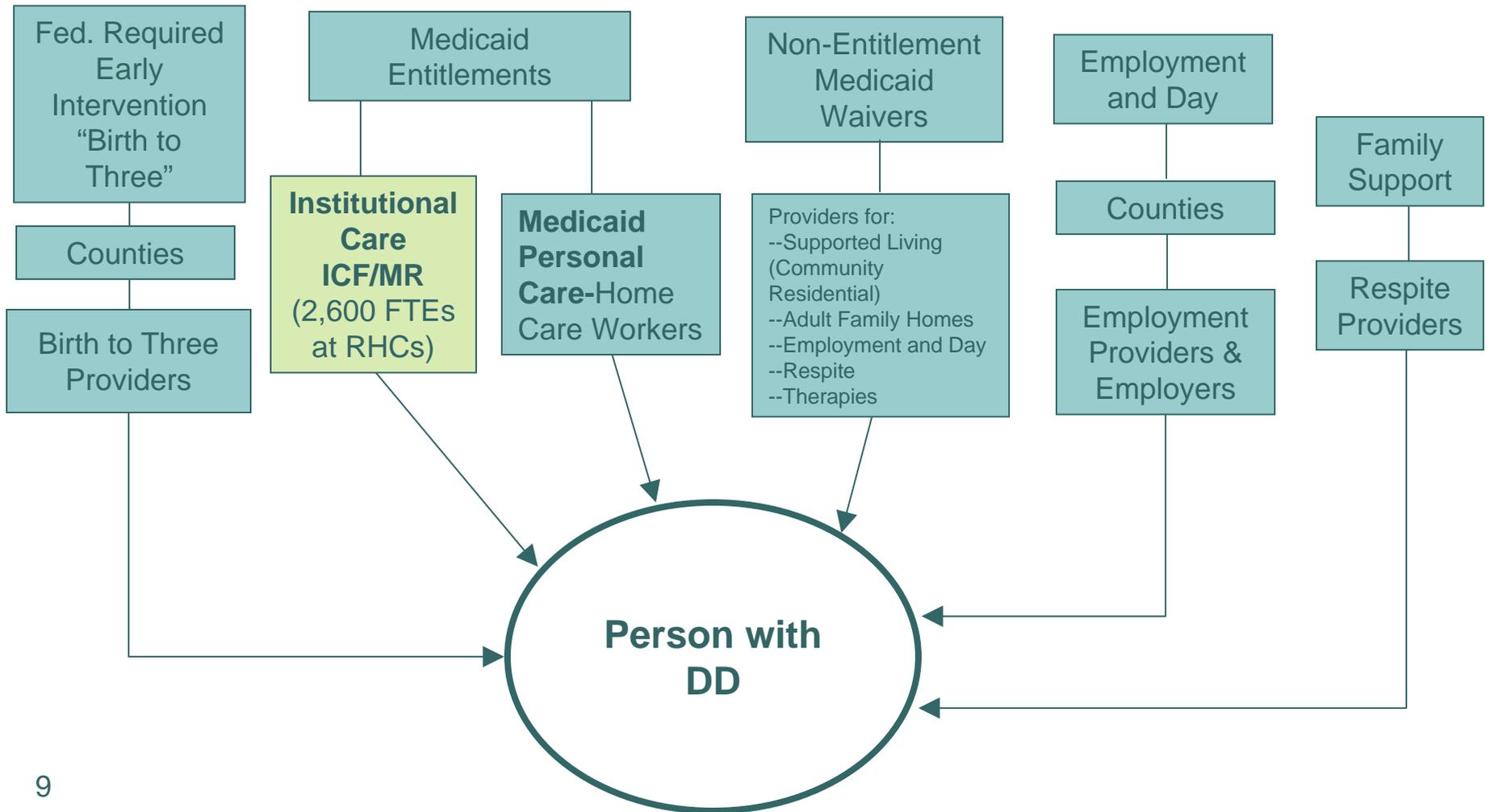
- Most DDD services are not entitlements, and are subject to available funding.*

Program	# Svcs FY06	Description	Medicaid	Entitlement
Family Support	4,100	One-time or ongoing. Respite care, equipment, therapies, payments for summer programs, etc.		
Employment and Day	9,000	Also called High School Transition. Job placement and supports, in individual or group settings.		
Medicaid Personal Care	11,100	Assistance with Activities of Daily Living (eating, dressing, bathing, toileting, transfer, and others).	X	X
Medicaid Home and Community-Based Waivers	9,700	Alternative to institutionalization. Varies--Personal care, supervision, employment, therapies, respite, habilitation, behavior supports, nursing, residential supports. In home or in Adult Family Home, etc.	X	
Residential Habilitation Centers (ICF/MR)	1,000	24/7 supervised state facilities. Personal care, habilitation and/or skilled nursing, behavior support, and therapies.	X	X

*However, a large portion of DDD's funding goes to entitlements.

- Most individuals' contact with DDD services is through contracted vendors.

DSHS DDD Caseworkers, Admin., and Funding



● | State law gives very little direction to DDD,
● | and offers no priorities for service.
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1. DDD is to offer services to meet the needs of a person with DD, as they are defined in statute;

Mental Retardation

Developmental Delay (ages birth to 9)

Cerebral Palsy

Epilepsy

Autism

Another neurological or other condition found by the DSHS Secretary to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.

2. DDD is to operate within designated funding.

3. No requirements for financial or service needs.*

*Except for federal standards for Medicaid programs., i.e. income levels for adults on Medicaid waivers.

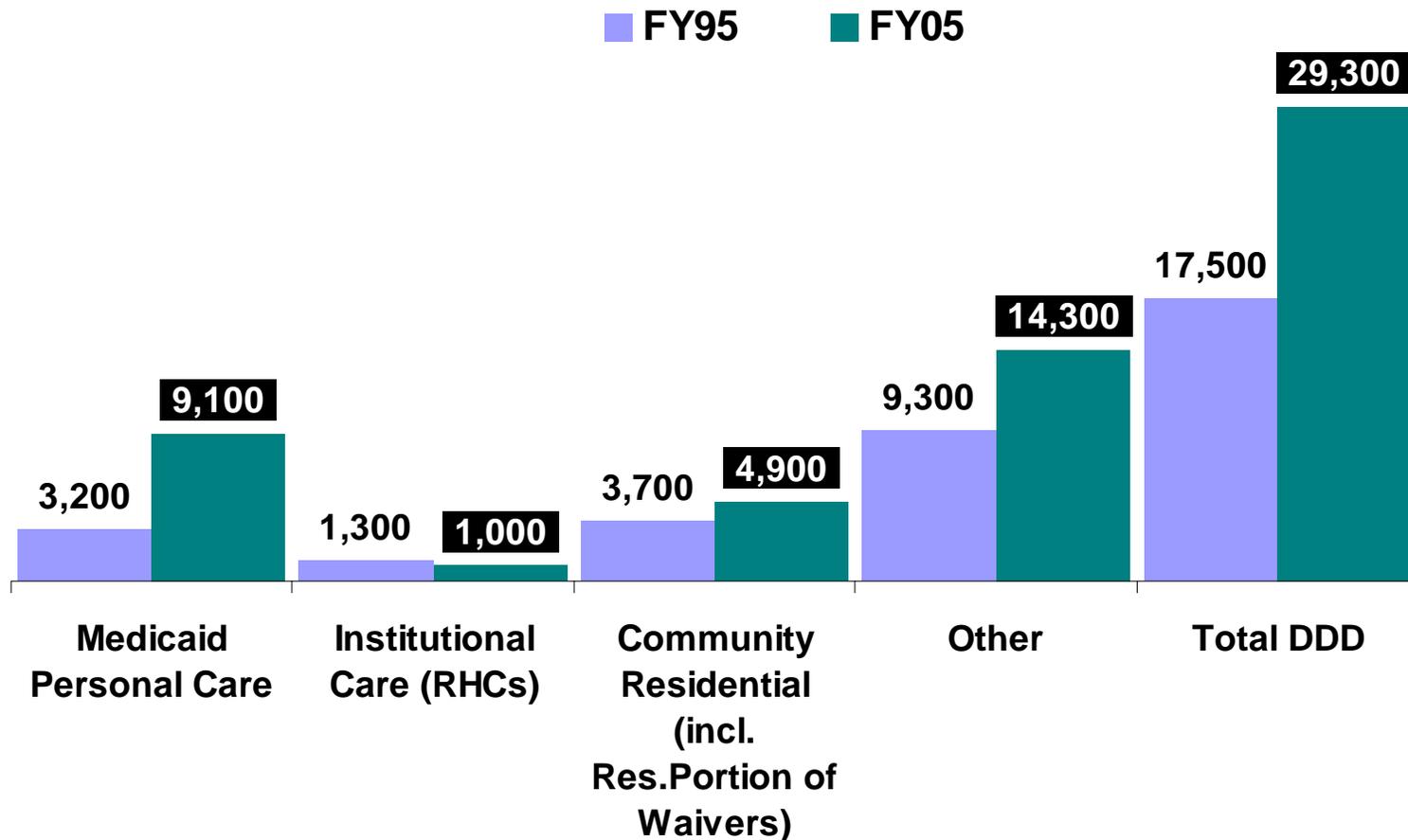
- | By adding funding, budgets have been the main source of policy and service priorities.

2005-07 Budget Actions (\$17 M Total Funds):

- **\$9 M total funds for 93 waiver placements for people in crisis or with community protection status.**
- **\$5.5 M total funds for 850 more employment and day slots.**
- **\$2.5 M total funds for a family support pilot based on income.**
- **Continue to fund institutional care and increases to Medicaid Personal Care within current eligibility standards.**
- **JLARC study on service allocation and prioritization, & what can be known about “wait list”.**

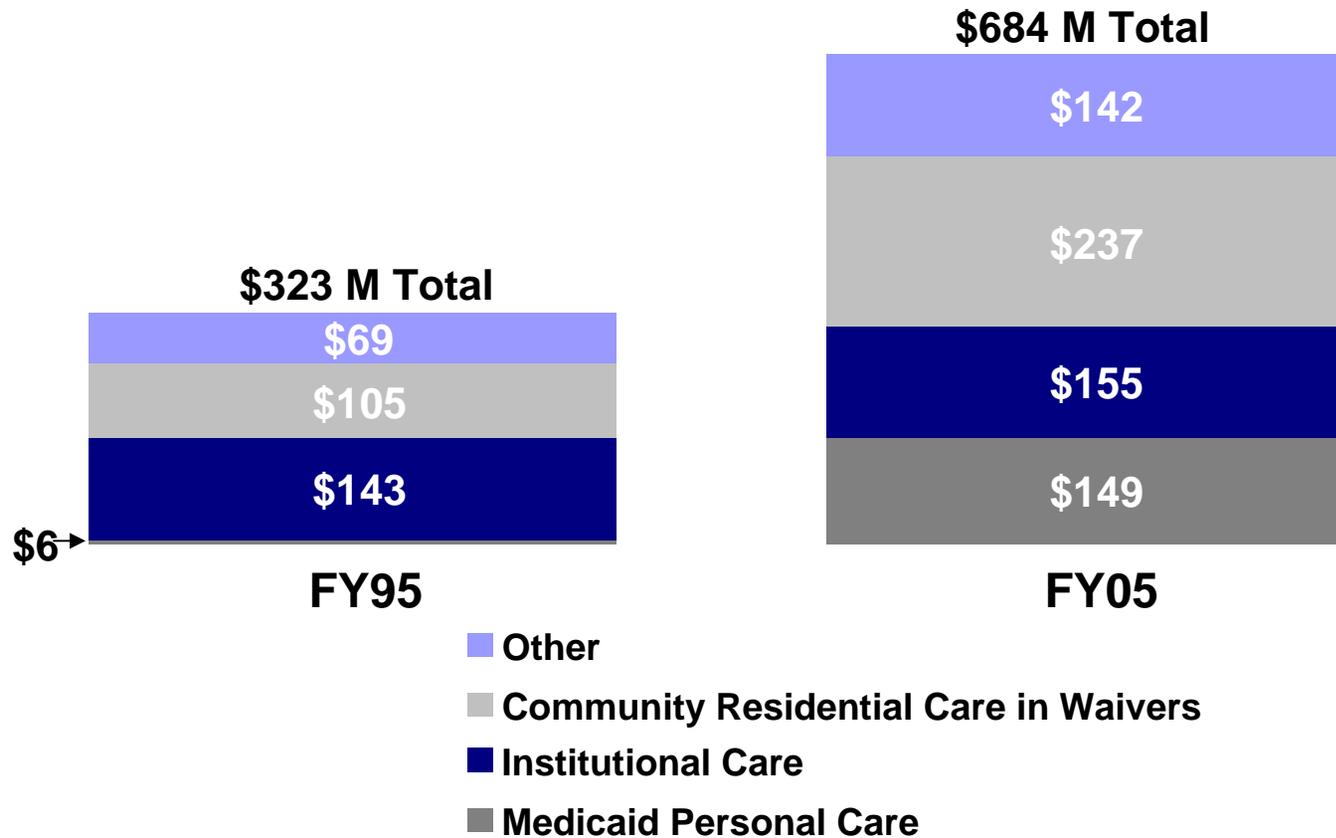
● Over the last ten years, the largest growth in services delivered is the Medicaid Personal Care entitlement.

DDD Services Provided in FY95 and FY05 (people may receive more than one service)



- Entitlements & Medicaid waivers make up the majority of DDD expenditures and have grown significantly in the last ten years.

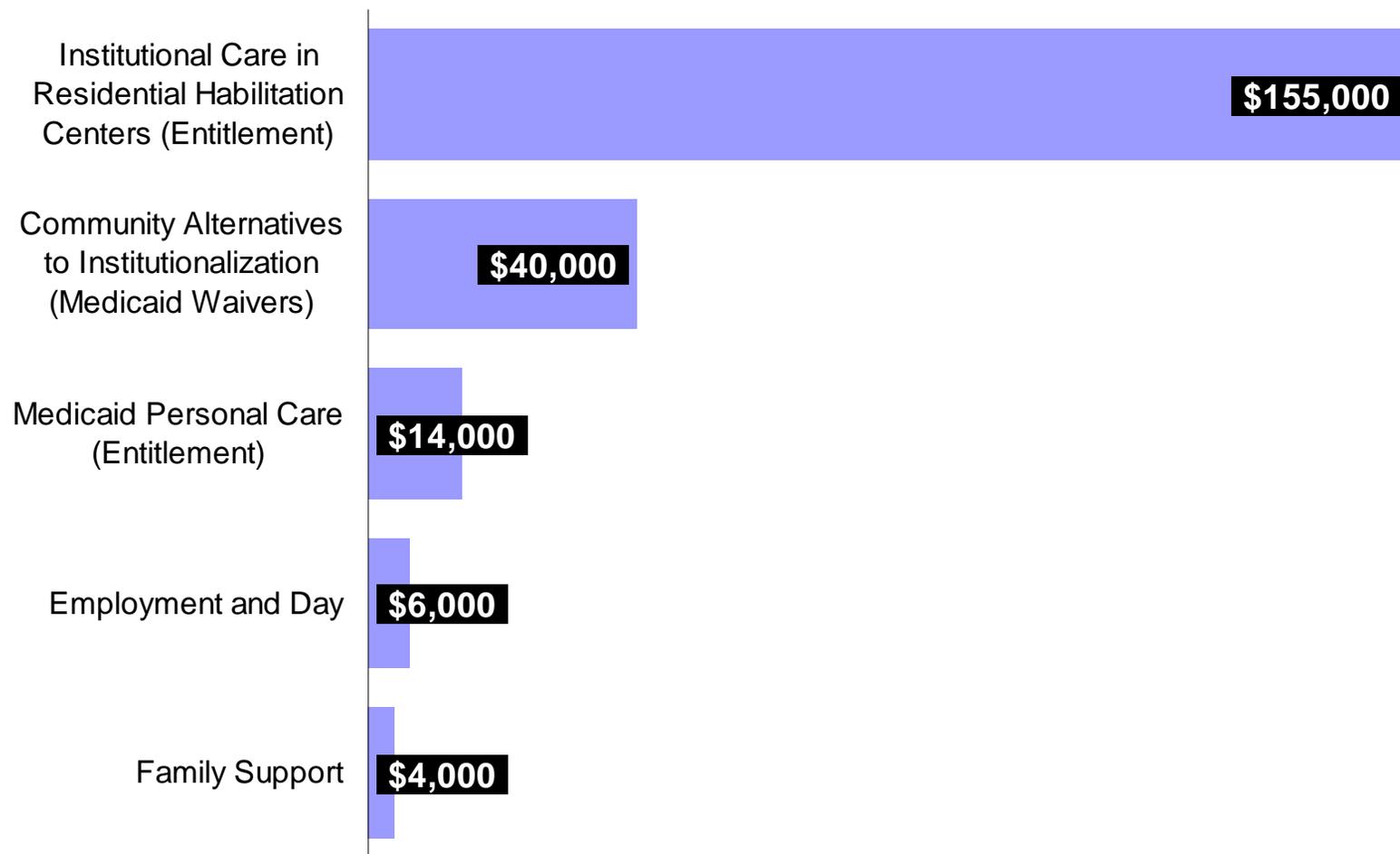
DDD Service Expenditures in FY95 and FY05
(Total \$ in Millions)



Source: LEAP Data.

● Entitlements and Medicaid waivers have the highest costs per person.

Approximate Annual Costs Per Person, FY05





What does it mean that some people are waiting for services?



What you might believe about how a person acquires DDD services:

One-stop Shopping:

1. Intake—be determined to have a developmental disability.
2. Assessment—Get assessed *at intake* so service needs are understood.
3. Meet criteria like other parts of DSHS, including income, severity of service needs.
4. Expectation that services will be provided and funding available.
5. Service Needs Met: Provider arranged, service begins.

Beliefs: If funding unavailable, it is temporary. Go on wait list until it is available, as attrition will free up funding.

In the meantime, service needs and eligibility of wait list are understood by DDD.



The actual path to receiving services is very different.

1. **Intake and Eligibility:** be determined to have a developmental disability*. Service needs, other eligibility info is **not** collected. Occurred years ago for many existing clients.

Reality #1: People are called clients when they don't receive paid services, creating expectations, and in contrast to other parts of DSHS.

Reality #2: We have a "wait list" we know very little about.

2. **Assessment:** Must be done in person's home, takes 2-3 hours.

Reality #3: Clients in crisis or with obvious entitlement eligibility are the ones assessed first.

DDD is making efforts to assess the "wait list" but this will take years.

*Being determined to have a developmental disability and becoming a "client" of DDD doesn't create an entitlement for an assessment or for services.



(actual path to services continued)

- 3. Meet Eligibility within Funding Constraints:** Be assessed as high need, then determine if program funding available.
(For entitlements, only eligibility standards apply.*)

Reality # 4: Clients with “Medium” and “low” needs generally do not receive services, and create another type of “wait list.” Some clients with “high needs” also have to wait.

- 4. Availability of Provider:** a suitable provider must be found and arrangements made.

Reality # 5: for some services, providers are difficult to find. Consumer may have few choices or may experience delays.

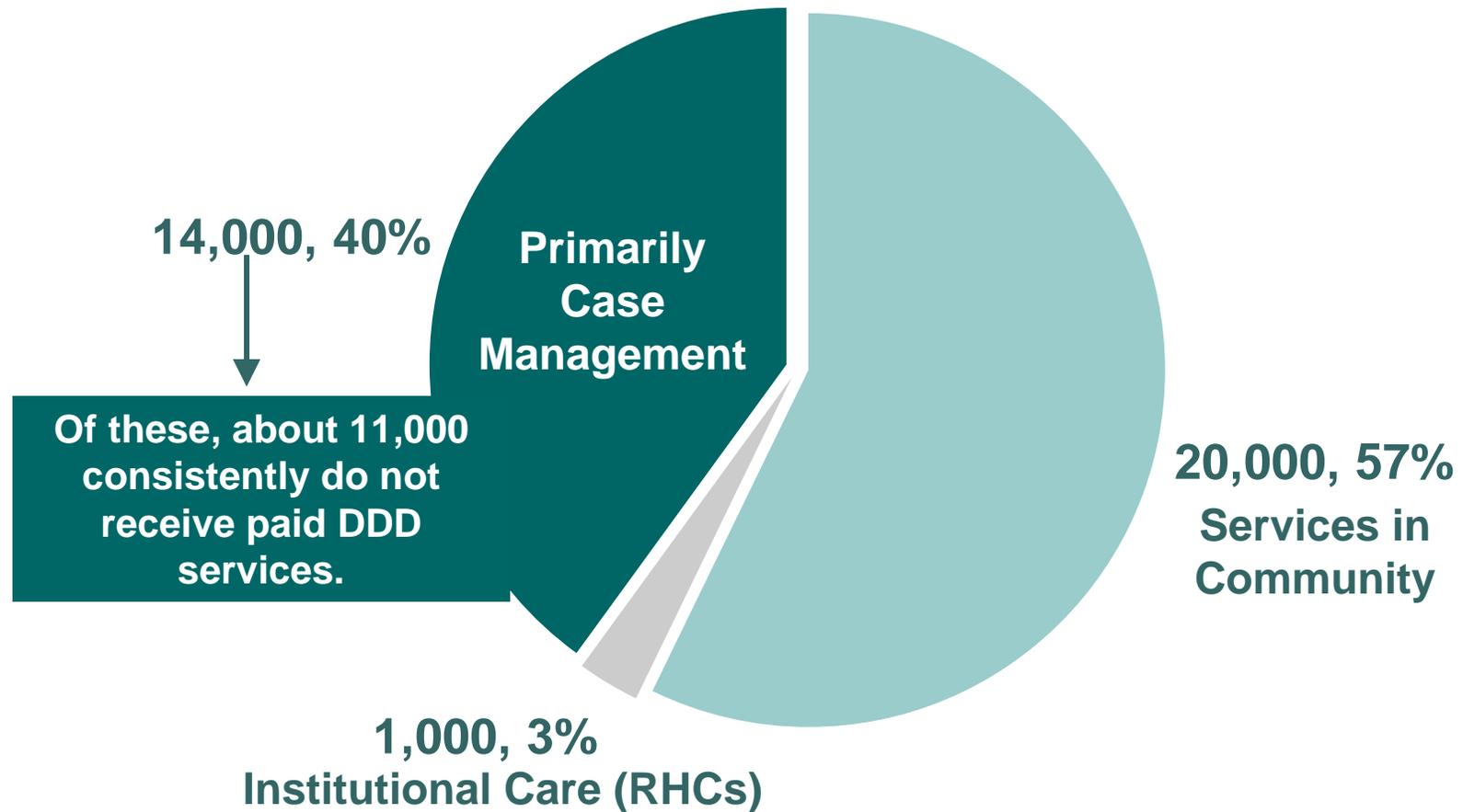
*Medicaid Personal Care has functional and income requirements.

Institutional care has service requirements and admissions criteria.

If these are met, state must provide the service. Federal waiver programs have specific eligibility, but are not entitlements. Income restrictions apply to adults.

- How many people receive services, and how
- many are “waiting for services”?

FY06: 35,000 Enrolled DDD Clients



What do we know about the 11,000 people who aren't receiving paid DDD services?

DDD undertook an assessment process for no-paid services clients beginning in September, 2005 (mini-assessments).

- 5,000 families with kids under 18 are on Family Support Wait List.
- 5,400 (50%) are eligible for Medical Assistance, compared to 80% for DDD's total clients.
- 2,600 have received an assessment. Of those, over 200 are now receiving Medicaid Personal Care, and another 400 may receive it.
- DDD prioritized assessments for those requesting them or those calling to request services or in response to standard mailings.
- Some clients contacted refused to do assessment as it did not guarantee services or they weren't interested in DDD services.

Because this group of 2,600 is self-selected, we cannot generalize their results to the 11,000.

● | To sum up, de facto policy for DDD services is
● | currently:
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- **People can become “clients” of DDD due to their disability, without regard to need or other criteria.**
- **Not everyone will receive services. Most services aren’t entitlements.**
- **Services are prioritized for those who are in crisis or who qualify for entitlements.**
- **Families are heavily relied upon to provide supports.**
- **To the extent funding is made available by the Legislature, services can be offered to additional people.**



Where do you go from here?

- The Governor's budget adds nearly \$70 M GF-S for DDD, about half of which is for increased services.

	GF-S \$ in M Governor
Policy Increases for DDD Services	\$36
Utilization Costs for Waivers with Residential (Maintenance Level)	\$8
Home Care Worker (MPC) Collective Bargaining and Agency Parity (DDD Portion)	\$20
Boarding Home & Adult Family Home Rate Increase (DDD Portion)	\$5
Grand Total	\$69
Total % increase over 2005-07 Budget	9%


The Governor proposes increasing a variety of services, but prioritizes Medicaid Personal Care & waiver services.

Major Policy Increases	GF-S \$ in M	
	Governor	Agency
1. Waivers for Public Safety	\$3	\$8
2. Waivers for Crisis, Immediate Need	\$5	\$10
3. Waivers for Aging Caregivers	\$0	\$4
4. Community Residential (Waiver) Vendor Rate Increase	\$9	\$0
5. Move from No Paid Services to Medicaid Personal Care	\$11	\$4
6. Employment and Day Services	\$5	\$7
7. Family Support & Respite	\$2	\$2
8. Case Resource Manager Needs	\$1	\$9
Total	\$36	\$45
% increase over 2005-07 Budget	5%	6%

- | Key Questions for Legislature: what potential policies do you want to make?

What are Legislature's priorities?

i.e. Keeping family caregivers from “burning out”?
Providing employment opportunities for adults with DD?
Tending to basic care needs?
Quality of service?

1. **Re-define how a person becomes a “client”?**
2. **Speed assessment process?**
3. **Create new entitlements?**
4. **Base family support partly on income? If not, how to prioritize?**
5. **Determine a reasonable level of waiver growth?**
6. **Try pilots for new service options?**
7. **Decide on level of reimbursement for vendors?**



Appendix

Governor's 2007-09 Budget Proposal for DDD

Total Dollars, selected items

\$ in M

Policy Items	Governor		Agency	
	GF-S	Total	GF-S	Total
Community-Based Waivers--Public Safety	\$3	\$6	\$8	\$17
Community-Based Waivers---Crisis, Immediate Need	\$5	\$9	\$10	\$19
Community-Based Waivers--Aging Caregivers	\$0	\$0	\$4	\$8
Community Residential (Waiver) Vendor Rate Increase	\$9	\$19	\$0	\$0
Employment and Day Services	\$5	\$7	\$7	\$10
Family Support & Respite	\$2	\$3	\$2	\$3
Move from No Paid Services to Medicaid Personal Care	\$11	\$23	\$4	\$7
Case Resource Manager Needs	\$1	\$2	\$9	\$14
Total	\$36	\$70	\$45	\$78

Other Significant Items	GF-S	Total
Higher Utilization Costs for Waivers with Residential Supports (Maintenance Level)	\$8	\$30
Home Care Worker (MPC) Collective Bargaining and Agency Parity (DDD Portion)	\$20	\$41
Boarding Home & Adult Family Home Rate Increase (DDD Portion)	\$5	\$11
Total	\$33	\$82



Washington's Institutional Population at DDD Residential Habilitation Centers (RHCs) (1966-2007)

