

Developmental Disabilities Administration

040 - M2 - DC - RESPITE PERSONAL CARE

Agency Submittal: 11-2017-19-YR Agency Req

Budget Period: 2017-19

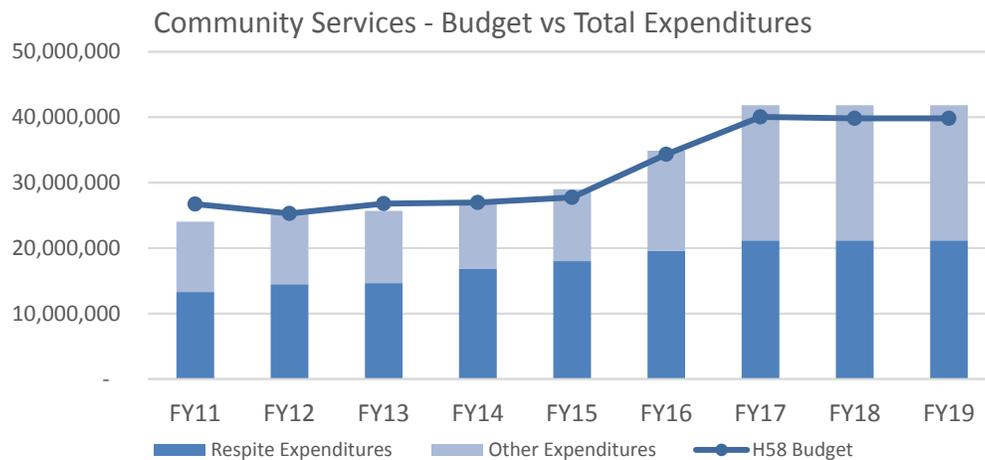
SUMMARY

Respite care is an entitlement under several Developmental Disabilities Administration (DDA) Medicaid waiver programs. This service is not currently included in the caseload forecast even though clients on waivers have a right to these services and costs have been increasing. Respite hours provided by Individual Providers (IPs) are now eligible for overtime pay; therefore, they must move to the caseload forecast as these costs are paid as personal care. DDA requests \$4,022,000 (\$2,012,000 GF-State) for a one-time backfill to correct the historical over expenditure of respite care to set the base budget for the forecast process.

PROBLEM STATEMENT

In-home respite care is a service that allows family members caring for a person with a developmental disability to have a break from their caregiving responsibilities by having a paid caregiver come to their home to provide personal care services. Respite care costs are in the DDA community services budget and they are not currently part of the caseload forecast. Over the years, the number of waiver clients eligible for respite care and the use of respite has increased without a corresponding budget increase. This has created an over expenditure in respite services; for the 2017-19 Biennium, the respite care overspend is estimated to be approximately \$4 million Total Funds.

Due to new requirements imposed by the federal Fair Labor Standards Act (FLSA) related to overtime and travel time for IPs, the costs of respite care are projected to increase more quickly. When the 2016 Legislature passed ESSB 1725, it defined how overtime costs for personal care and respite care provided by IPs would be authorized. The decision to include respite care along with personal care is going to exacerbate the existing overspending in the community services budget unit, which has the funding for respite care.



DSHS VISION

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION

To transform lives

DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

PROPOSED SOLUTION

The proposed solution is to make a one-time adjustment to the base budget for respite care. This would create a budget base that adjusts the appropriate funding in relation to the use of respite care hours as identified in the caseload forecast.

EXPECTED RESULTS

Adding these services to the forecast process will ensure adequate funding is available to cover the cost of in-home respite care going forward. The goal of the forecasting process is to match available funding with actual caseload counts and costs, which includes both increases and decreases.

STAKEHOLDER IMPACT

There is no known opposition to this request. Client service levels will remain unchanged and clients will not experience any interruption in services. The Caseload Forecast Council (CFC) will have some extra workload required with this request, but does not oppose this change.

Agency Contact: Bryan Way, (360) 902-7769

Program Contact: Debbie Roberts, (360) 725-3452

OTHER CONNECTIONS

Performance Outcomes/Important Connections

1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

Goal 4: Healthy & Safe Communities - Safe People - Help keep people safe in their homes, on their jobs, and in their communities.

2. The decision package meets the following DSHS' strategic objectives:

2.1: Increase access to home and community-based services.

3. Identify other important connections or impacts below. (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

a) Regional/County impacts? No

b) Other local government impacts? No

c) Tribal government impacts? No

d) Other state agency impacts?
Caseload Forecast Council (see above in Stakeholder Impacts)

e) Responds to specific task force, report, mandate or executive order?
Compliance with ESSHB 1725 as passed in the 2016 session of the Legislature.

f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No

g) Facility/workplace needs or impacts? No

h) Capital budget impacts? No

i) Is change required to existing statutes, rules or contracts? No

j) Is the request related to litigation? No

k) Is the request related to Puget Sound recovery? No

l) Other important connections? N/A

040 - M2 - DC - Respite Personal Care

4. Please provide a detailed discussion of connections/impacts identified above.

After the 2016 Legislative session, the House, Senate and Office of Financial Management (OFM) requested that the Department request that respite service hours and expenditures be added to the caseload forecast. The table below shows how costs have changed.

Fiscal Year	Budget for Other Comm Services	Respite Expenditures	Other Expenditures	Annual Amount Needed
2011	26,726,000	13,292,000	10,737,000	2,697,000
2012	25,280,200	14,487,000	10,973,000	(179,800)
2013	26,781,000	14,662,000	11,021,000	1,098,000
2014	26,960,000	16,806,000	10,336,000	(182,000)
2015	27,733,000	18,011,000	10,992,000	(1,270,000)
2016	34,321,000	19,573,000	15,301,000	(553,000)
2017 Est.	40,026,000	21,165,000	20,661,000	(1,800,000)
2018 Est.	39,815,000	21,165,000	20,661,000	(2,011,000)
2019 Est.	39,815,000	21,165,000	20,661,000	(2,011,000)

Alternatives/Consequences/Other

5. What alternatives were explored by the agency, and why was this alternative chosen?

The alternative is to continue to overspend for respite care services, and allow the overspending to worsen as overtime for IPs increases costs increases. DSHS has worked with representatives from the OFM and both legislative bodies on a solution to this problem.

6. How has or can the agency address the issue or need within its current appropriation level?

DDA has continued to overspend the community services budget unit (H58) for years and attempted to cover the cost from other budget areas. This has not really been a feasible option and has worsened with the advent of IP overtime costs.

7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?

040 - M2 - DC - Respite Personal Care

- No**
- Yes (Include an IT Addendum)**

Fiscal Detail**040 - M2 - DC - Respite Personal Care**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	1,006,000	1,006,000	1,006,000	1,006,000
001-C General Fund-Medicaid	1,005,000	1,005,000	1,005,000	1,005,000
Total Cost	2,011,000	2,011,000	2,011,000	2,011,000
Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	0.0	0.0	0.0	0.0

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 040				
D070 Other Community Programs	0	0	0	0
No measures submitted for package				

Object Detail

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
N Grants, Benefits, and Client Services	2,011,000	2,011,000	2,011,000	2,011,000
Total Objects	2,011,000	2,011,000	2,011,000	2,011,000

DSHS Source Detail**Overall Funding**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Fund 001-1, General Fund-State				
Sources Title				
0011 General Fund State	1,006,000	1,006,000	1,006,000	1,006,000
Total for Fund 001-1	1,006,000	1,006,000	1,006,000	1,006,000
Fund 001-C, General Fund-Medicaid				
Sources Title				
19TA Title XIX Assistance (FMAP)	1,005,000	1,005,000	1,005,000	1,005,000
Total for Fund 001-C	1,005,000	1,005,000	1,005,000	1,005,000
Total Overall Funding	2,011,000	2,011,000	2,011,000	2,011,000