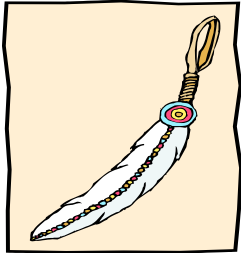


October 2020 | IPAC Subcommittee Meeting Resources

- Agenda
- Meeting Minutes
- Consumer Directed Employer Brochure
- ODHH Flyer
- DDA Overview
- DDA Case Cost Report
- DDA Intake and Eligibility
- DDA Waiver
- ALTSA Budget Proposals
- IPAC - Tribal Leaders Social Services Council | 9-10-2020
- IPAC - Tribal Leader Social Services Council Diagram-9-10-2020
- EVV Updates
- Transportation Broker Regions
- LTSS Trust Tribal Participation Commission Initial Report DRAFT



AL TSA/DDA/BHA IPAC SUBCOMMITTEE MEETING

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

Updated Agenda

October 13, 2020 from 9 a.m. – noon

No In-Person Locations available.

Please register for IPAC Subcommittee AL TSA/BHA/DDA on October 13, 2020
starting at 9:00 AM PST at:

<https://attendee.gotowebinar.com/register/7982740694599152141>

After registering, you will receive a confirmation email containing information about joining the webinar.

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call
- Tribal Leaders Social Services Council

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing
- Tribal Initiative Updates:
 - Squaxin Island Tribe
 - Nisqually Tribe
 - Makah Tribe
 - Lummi Nation
 - American Indian Community Center
 - Fall Tribal Summit – Feedback and details

- Office of Deaf and Hard of Hearing Updates & Virtual Zoom meetings – Suzanne Mannella
- Long-Term Services & Supports Trust Act- Workgroup discussion and recommendations
- Adult Protective Services Check-In – APS staff
- Electronic Visit Verification – Alec Graham – updates and changes
- Non-emergency Transportation Brokers (NEMT map)(handout only)
- Biennial Budget Proposal (handout only)
 - For additional details on the AL TSA budget request, <https://www.ofm.wa.gov/budget>

Developmental Disabilities Administration – Justin Chan

- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- Intake and Eligibility Information
- Caseload and Cost Report
- Waiver Amendments
- Next 2021 Community Summit
- Click here to view [COVID-19 Updates](#)
- Contract with DDA:
 - Community residential providers are contracted statewide with the DDA to provide residential services to adult clients. Services include:
 - Supported Living
 - State Operated Living Alternatives
 - Group Training Homes or Group Homes
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 - To receive services an individual must be:
 - At least 18 year of age
 - Eligible and enrolled in DDA services and Medicaid
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 - Assessed by DDA as needing services in a supported living setting
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 - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
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- For Federal Express: ALTA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
- [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)
 - Community Guide and Engagement
 - Positive Behavioral Support and Consultation
 - Environmental Accessibility Adaptations
 - Etc...
- [Developmental Disabilities Administration Eligibility](#) – To be found eligible as a client of DDA, a person must:
 - Be a Washington State resident;
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 - Have evidence of substantial limitations.

The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

- a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
- other condition of an individual found by the secretary to be closely related to an intellectual disability; or
- to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”
- [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
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 - [Consent \(14-012\)](#)
 - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
 - [Washington State Voter Registration](#) for applicants age 18 or older
 - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
 - Educational records
 - Psychological records
 - Medical records
- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration – Teva Weissman

- COVID-19 Updates
- BHA Liaison update

- Trueblood Updates
- BHA would like to continue with meetings and set up chances to work with Tribes through web platforms. Please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.

Closing

Agenda Items for next meeting:

- Medicaid Transformation Roundtable #2 – 9 a.m.
- Tribal Initiative Updates:
 - Squaxin Island Tribe
 - Nisqually Tribe
 - Makah Tribe
 - Lummi Nation
 - American Indian Community Center
- Adult Protective Services Check-In – APS staff

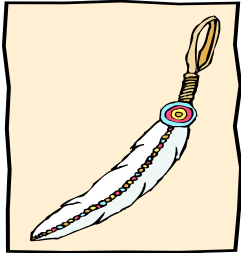
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AL TSA/DDA/BHA IPAC SUBCOMMITTEE MINUTES

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Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

Updated Agenda

October 13, 2020 from 9 a.m. – noon

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Present	Attendee	Role		Present	Attendee	Role
X	Ann Dahl	AL TSA Tribal Initiative Project Manager		X	Teva Weissman	DSHS BHA Acting Tribal Liaison
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North		X	Marie Natrall	DSHS OIP Region Manager 3 South
X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison		X	Marietta Bobba	DSHS AL TSA Tribal Administrator/Tribal Liaison
X	Jeremy Monson	Jamestown S’Klallam Tribe Elders Program		X	Charlene Meneely	Quileute Tribe Interim Human Services Director
X	Doralee Sanchez	Lummi Nation		X	Nikki Finkbonner	Lummi Nation
X	Tim Collins	DSHS Office of Indian Policy		X	Cindy Gamble	American Indian Health Commission

X	Ashlee Delaney	WA ESD		X	Nicole Earls	HCA
X	Amanda Wilkes	Interpreter		X	Aaron Medlock	Interpreter
X	Suzanne Mannella	ALTSA ODHH		X	Debbie Anderson	ALTSA
X	Marilyn Scott	Upper Skagit Tribe		X	Ann Campbell	Dept of Commerce
X	Andrea Meewes Sanchez	ALTSA		X	Kathy Morgan	ALTSA APS
X	Loni Greninger	Jamestown S'Klallam Tribe		X	Sam Cooke	ALTSA
X	Tyrone Friday	Nisqually Tribe		X	Paula Hughes	ALTSA APS
X	Ben Veighte	ALTSA		X	Alec Graham	ALTSA
X	Janet Gone	DSHS OIP		X	Ashley Hesse	Indigenous Pact
X	Janet Benham	WA ESD		X	Raina Peone	HCA

- Tribal Leaders Social Services Council – Tim Collins, DSHS OIP.

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing: Upper Skagit tribe is working with the Wisdom Keepers Conference and the Portland Area Health Board to recruit elders who can become mentors for future behavioral health programming in the tribal community. A 2-day virtual meeting is being offered the end of this week. If interested in learning more about behavioral health aide program or participate as a mentor with community students you are welcome to attend. A flyer will be sent to OIP for distribution.
- Tribal Initiative Updates:
 - Squaxin Island Tribe: no report
 - Nisqually Tribe: COVID-19: one previous case, 1 active case in last few days. The tribal initiative is continuing to move forward and working with AIHC consultants. We are working on another survey with tribal staff and will be meeting with the Elders program director to decide how to distribute, possibly through the elder lunch program. A Tribal Council report will be prepared later this month and a complete report will be provided to the Council in January 2021. They are researching how to enroll more tribal elders in Medicaid. The Tribe will open up new health clinic in late spring/early summer 2021. Ground broke for the elders department building recently. Each project will take about 18 months. The Adult Day program is finalizing an MOU with the Yelm Senior Center for meals and then the contract with the local AAA will be operational. Short-term rehabilitation program is also in the planning stages for the Healing House.
 - Makah Tribe: no report
 - Lummi Nation: The tribe is working on a resolution for a Health Home program and then implement through a contract with a lead agency. Tribe had virtual meeting with Northwest Regional Council in September to discuss.

- American Indian Community Center: no report
- Fall Tribal Summit – 205 people registered. 11 recorded sessions to be on website soon, including closed captioning. Decisions about virtual or live meetings for the 2021 spring and fall summits will begin in early 2021. The link for the recorded sessions is <https://www.dshs.wa.gov/altsa/altsa-tribal-affairs>. You will find the recordings - under Meetings & Events/Fall Summit.
- Office of Deaf and Hard of Hearing Updates & Virtual Zoom meetings – Suzanne Mannella, the ODHH community outreach program manager and tribal facilitator. ODHH has a new project with a zoom account to set up a network with tribal members who are deaf and hard of hearing. Anyone interested in learning more can contact ODHH to help set up the network for zoom. If you know any tribal members who are deaf and hard of hearing, please refer them to contact ODHH. The goal is to keep each other in contact with one another, share information, and have opportunities to interact. There are many ODHH programs including telephone equipment services. It provides different telephone equipment so persons can make calls. The equipment ranges from TTY, Captioned Telephones to iPads and iPhones. The technology is available through an application that will ask about needs and preferences for anyone age 4 and older. The iPads and iPhones have apps available to help assist with communication such as speech to text, and captioning text. ODHH has regional service centers (6) in WA, Seattle, Tacoma, Vancouver, Spokane, Tri-cities. Each location has a Client Advocate to help with filling out TED applications to get equipment. They can provide 1:1 help if needed for assistance with finding housing, case management, and communication support for improved communication access. A number of virtual community events are posted on ODHH calendar of events to attend social opportunities. ODHH focuses on providing access with communication, networking and virtual meeting platform technical assistance that can help navigate through the system. Contact ODHH for more information for resources such as virtual ASL sign language classes, etc. Contact information is available in the attached handout and on the website.
- Long-Term Services & Supports Trust Act- The LTSS Trust Act Commission asked AL TSA to create a workgroup to discuss and make recommendations as a result of barriers to tribal employers participating in the Trust. The options the workgroup discussed are included in the handout. There are approximately 31,000 individuals employed by tribes that cannot access the trust without legislative amendments.
- Adult Protective Services Check-In - APS continues to go out for face to face high risk cases. Concerns about reaching out to tribal points of contact has lessened with the assistance of OIP. A placemat on financial abuse has been well-received by tribes. If tribes are interested in having placements contact AL TSA.
- Electronic Visit Verification (EVV) – Alec Graham. AL TSA and DDA will meet the federal statute that requires data to be collected in personal care services: provider/client, start/end times and location. Implementation date has moved from 2019 to 2020 and Washington received an exception to move the implementation date to January 1st, 2021. Penalties to the Medicaid program will be applied if WA doesn't implement by deadline. Home care agencies will implement by January 1, 2021. That's on target. One step is collection of data elements when care is being delivered. The aide will need to clock in/clock out with an EVV compliant device. The home care agency will submit claims that include EVV data. The state will aggregate the data on a statewide level. State will delay aggregation element to a later date due to Provider One challenges. EVV for home care agencies will be implemented on November 1, 2020, some are already implemented. There will be a hold harmless period in Nov-Dec to work out system issues. Staggered implementation time frame and other details will be released soon to home care agencies. Agencies and AAAs continue to be a part of the development process for EVV. Originally Individual Providers (IPs) would start when CDE implemented but the CDE timelines have been delayed. The current IPOne payment system by PPL will be used to implement until CDE comes on-line. It's expected to go live in December 2020. Providers that live with their clients are

exempt from EVV. Faxed timesheets won't be accepted unless you are a live-in provider. The CURES Act requires electronic visit verification so paper timesheets will no longer be accepted. A free smart phone app is available for download. It only tracks location when the worker clocks in/clocks out. Those without a smart phone will use an IVR option to call in from a phone and code in the information. If none of these methods are available, the IP can call in to the system. More detailed information will be available in late October-early November for providers, including training dates (12-14 training dates from November 2020-January 2021, during the week and on weekends). Trainings will be available in multiple languages and 1:1 training is available if needed. All in-home clients will also get a letter about what is happening and why it has to happen.

- Non-emergency Transportation Brokers (NEMT map)(handout only)
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Developmental Disabilities Administration – Justin Chan

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 - Intake and Eligibility Information – see email attachment
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 - Next 2021 Community Summit: April-June (8-10 virtual sessions)
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- Assessed by DDA as needing services in a supported living setting
- [Interested in Becoming a Certified Supported Living Provider?](#) Follow the steps below:
 - Apply for a business license
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 - Educational records
 - Psychological records
 - Medical records

- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration – Teva Weissman

- COVID-19 Updates
 - Governor’s mandate released last Friday, authorizing the use of the BHA “Safe Start” plan for 24/7 facilities to bring facilities back into normal operations using a phased system that mirrors the phases that each county is in.
- BHA Liaison update
 - BHA Liaison recruitment is active and recruitment posting will be available through October 18th
- Trueblood Updates
 - General Advisory committee update provided, semi-annual report submitted Sept 30th. Report details current status across DSHS and HCA efforts to implement the trueblood settlement agreement; details COVID-19 delays. Next report due March 31st 2021.
- BHA would like to continue with meetings and set up chances to work with Tribes through web platforms. Please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.

Closing

Agenda Items for next meeting:

- Medicaid Transformation Roundtable #2 – 9 a.m.
- Consumer Direct WA introductions & discussion
- Tribal Initiative Updates: Squaxin Island Tribe, Nisqually Tribe, Makah Tribe, Lummi Nation, American Indian Community Center
- Adult Protective Services Check-In – APS staff

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New Employer for Individual Providers



How will this benefit IPs?

- More options for recording hours worked (mobile device, computer connected to the internet, telephone call or in-home device)
- Assistance with payment, training and credentialing
- Face-to-face assistance
- Assigned Service Coordinators
- Growth and retention of workforce

Where can I get more information?

Stay Informed about the CDE Project
www.dshs.wa.gov/altsa/cde

- Sign up to receive Consumer Directed Employer updates by email.
- Sign up to attend a monthly informational webinar or stakeholder meeting.
- Review the latest Materials & Resources.

Contact Us

Email:
CDE@dshs.wa.gov

Web:
www.dshs.wa.gov/altsa/cde



Consumer Directed Employer

What is happening?

In 2021, Consumer Direct Washington (CDWA), a private company, will become the Consumer Directed Employer (CDE) in Washington State. CDWA will be the employer of all the Individual Providers (IPs) who care for clients receiving services from the Department of Social and Health Services (DSHS).

Who will this affect?

This will affect IPs who are contracted with DSHS and clients who receive a service from an IP.



What will change?

- IPs will be employees of the CDE and will no longer contract with DSHS.
- Authorizations will be made to the CDE instead of IPs.
- The CDE will issue payment to IPs.
- Clients and IPs will contact the CDE with IP-related questions.
- Client responsibility will be paid directly to the CDE.
- Clients will work with the CDE and IP on assignment of authorized hours.
- The CDE's system will support Electronic Visit Verification (EVV).
- Paydays will be every other week.
- The CDE will have an issue resolution process for clients and IPs.

What will stay the same?

- Clients are the managing employer and determine who provides care and when services are scheduled.
- Work week and overtime limits
- Case manager assessing benefit level and authorizing services
- DOH credentialing, training and background check requirements
- Rate of pay and benefits

What are the next steps?

1. Keep your personal information current in IPOne, including mailing and email address.
2. Stay current with training and background checks.
3. If not already receiving electronic payments, sign up for electronic funds transfer (EFT) to your bank account or choose to receive an ALINE Pay debit card.
4. Attend CDE webinars to stay up to date.
5. Stay connected to know when changes will occur.



Office of Deaf and Hard of Hearing

Serving the Deaf, DeafBlind, DeafPlus, Hard of Hearing and Late Deafened Community

Why We Are Here

ODHH ensures that community members are able to have full and equitable access to public services. ODHH provides the community with the information, skills and tools needed to achieve effective communication access. ODHH promotes independence, breaks down communication barriers, enhances access and provides opportunities to this very small, marginalized and underserved community.

Our History

In 1979, DSHS established the “Deaf Services Coordinator” position with the intention of serving the Deaf population of Washington State. Over the past forty years, this single position has evolved into the Office of the Deaf and Hard of Hearing, a division with its own staff of 15 people and a budget of over \$5 million, serving all individuals with hearing loss in Washington State.

Who We Are

ODHH serves as a multifaceted program that provides accessibility, resources, and services to community members throughout Washington State, in collaboration with Aging and Long-Term Support Administration (AL TSA) within the Department of Social and Health Services (DSHS).

Who We Serve

ODHH services are available to people of any age who are deaf, deafblind, hard of hearing, and late deafened to ensure equal communication access promoting self-sufficiency. ODHH also serves in a consultation and advisory role to all state agencies that support community members with hearing loss.

What We Do

Since 1979, ODHH has expanded to include these services: interpreter contracts, information and resources, assistive communication technology, telecommunication relay services, telecommunication equipment distribution, trainings and presentations for community members, social and health services (including seven regional service centers), and communication access modalities and education trainings for service providers.

Learn more about ODHH and our work at
www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing

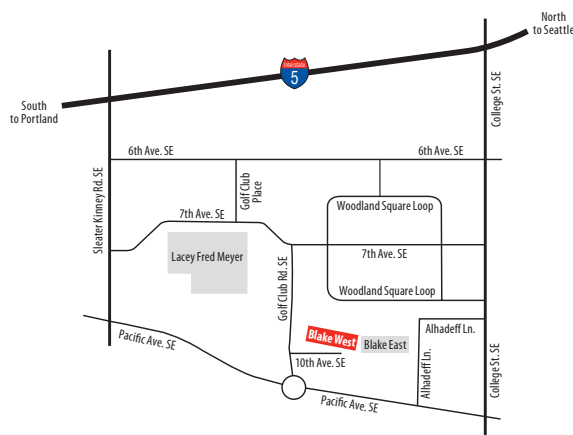
ODHH General Contact Information

800-422-7930
360-725-3450
360-725-3456 Fax
360-339-7382 Videophone
odhh@dshs.wa.gov Email



Where We Are Located

Aging and Long-Term Support Administration
Blake West Bldg. ■ 4450 - 10th Avenue SE ■ Lacey, WA 98503



ODHH Contacts

Director	Voice / VP	Email
Deborah O'Willow	360-529-5754	Deborah.Owillow@dshs.wa.gov
ODHH Program Managers		
Steven Peck <i>Assistive Communication Technology Telecommunication Relay Services</i>	360-339-7762	Steven.Peck@dshs.wa.gov
Vacant <i>Hard of Hearing Consultation and Resources</i>	360-464-4642	cametrequest@dshs.wa.gov
Suzanne Mannella <i>Community Outreach</i>	360-915-5816	Suzanne.Mannella@dshs.wa.gov
Berle Ross <i>Sign Language Interpreter Contracts and Resources</i>	360-339-4559	Berle.Ross@dshs.wa.gov
Claudia Foy <i>Social and Human Services</i>	360-339-4902	Claudia.Foy@dshs.wa.gov
Kelly Robison <i>Telecommunication Equipment Distribution</i>	360-339-7755 360-725-3453 V	Kelly.Robison@dshs.wa.gov
Di Cinney <i>Training and Presentation</i>	360-338-6024	Diane.Cinney@dshs.wa.gov

ODHH Programs and Services

Hard of Hearing Consultation and Resources	<ul style="list-style-type: none"> – Trainings for Service Providers – Individuals with hearing loss 	<ul style="list-style-type: none"> • Residential Care Services • Nursing Homes • Senior Centers • DSHS 	<ul style="list-style-type: none"> • Area Agencies on Aging • Hearing Loss Resources • Home and Community Services
Communication Technology	<ul style="list-style-type: none"> – Assistive Technology and Equipment 	<ul style="list-style-type: none"> • Assistive Communication Technology • Telecommunication Relay Services 	<ul style="list-style-type: none"> • Telecommunication Equipment Distribution
Community Outreach	<ul style="list-style-type: none"> – Connections 	<ul style="list-style-type: none"> • Sponsorships • Information and Referral • Teens 	<ul style="list-style-type: none"> • Tribal Liaison • E-news • Senior Citizens
Sign Language Interpreter Contracts and Resources	<ul style="list-style-type: none"> – Contracts – Trainings – Resources 	<ul style="list-style-type: none"> • Sign Language Interpreters • Court Certifications • Qualified Deaf Interpreters • DeafBlind Interpreting • Interpreter knowledge and skills training • Certified Deaf Interpreters 	<ul style="list-style-type: none"> • Mental Health Interpreting • American Sign Language Proficiently Interview for Dual Language • Interpreter Resources • Interpreter Rates • Video Remote Interpreting
Social and Human Services	<ul style="list-style-type: none"> – Regional Service Centers – Client Advocacy 	<ul style="list-style-type: none"> • HSDC – Bellingham • HSDC – Seattle • HSDC – Tacoma • DeafBlind Service Center • Olympia • Spokane 	<ul style="list-style-type: none"> • Tilikum – Vancouver • Tilikum – Yakima Valley Region • Tilikum – TriCities • Support Service Providers • Communication Facilitators
Trainings and Presentations	<ul style="list-style-type: none"> – Trainings for Community Members and Stakeholders 	<ul style="list-style-type: none"> • Pro-Tactile Communication • Communication Facilitator • Advocacy/Self Advocacy • Board Training • Consumer Advocacy • Skill Development 	<ul style="list-style-type: none"> • Leadership • Legislative Education and Training • Support Service Provider Training • Educational Interpreting

Programs and Services Overview

Each year more than 4,200 DDA employees provide services and supports to clients with developmental and intellectual disabilities.

DDA offers a continuum of supports that offer safe, high-quality residential, community, and employment services with an approximate \$3.7 billion biennial budget (FY19-21).



Programs and Services

- Case management
- Community residential services
- Employment and community access
- Home and community-based Service waivers
- Individual and family services
- Personal care services
- Residential habilitation centers
- State-operated community residential programs
- Person-centered service planning

For more information about DSHS' DDA programs and services, see the [2020 Developmental Disabilities Administration Caseload and Cost Report](#).

Evelyn Perez
Assistant Secretary
(360) 407-1564
Evelyn.Perez@dshs.wa.gov
<https://www.dshs.wa.gov/dda/>

As of September 1, 2020, DDA served more than 49,500 individuals and:

- served **462** clients with self-identified tribal affiliation.
- more than **20,000** clients received a Home and Community Based Services waiver.
- employment, day supports, and child development services were provided to **16,000** clients.
- serves **542** long-term stay residents at one of the four residential habilitation centers.

September 1, 2020

Developmental Disabilities Administration 2020 Caseload and Cost Report October 1, 2020

Agency Contact: Beth Krehbiel

Phone: 360-407-1556

Email: Beth.Krehbiel@dshs.wa.gov

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4	2019-21 Operating Budget	21	DDA Home and Community-Based Services Waiver enrollment by fiscal year
5	How has the DDA biennial budget changed over time?	22	Enhanced Case Management Caseload
6	Developmental Disabilities Administration Eligibility	23	Average monthly caseload and costs
7	Initial eligibility determinations by fiscal year	24	DDA clients receiving State Supplementary Payments in lieu of the Individual and Family Services Waiver
8	Total eligibility determinations by fiscal year	25	Clients receiving Voluntary Placement Services (VPS) by fiscal year
9	Applications by race and ethnicity	26	DDA State Operated Living Alternative caseload activity and costs
10	Eligibility determinations by fiscal year and age group	27	Average Daily Cost by residential setting
11	Percent of eligibility determinations by gender and fiscal year	28	Clients receiving supported employment services by wage status
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13	Number of persons enrolled by fiscal year and caseload type	30	Weekly average client support hours, paid work hours and wages
14	Number of individuals enrolled by fiscal year and age group	31	Clients receiving employment and day program services by county
15	Where do DDA clients reside?	32	How has the budget and the number of individuals residing at Residential Habilitation Centers (RHCs) changed over time?
16	Children and adults enrolled by county	33	Planned and emergent short-term stays at RHCs by fiscal year
17	Medicaid, CHIP, and/or food benefit coverage by age group	34	Number of FTEs expended at each RHC by fiscal year
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Developmental Disabilities Administration

Mission

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Vision

Supporting individuals to live in, contribute to, and participate in their communities;

Continually improving supports to families of both children and adults;

Individualizing supports that will empower individuals with developmental disabilities to realize their greatest potential;

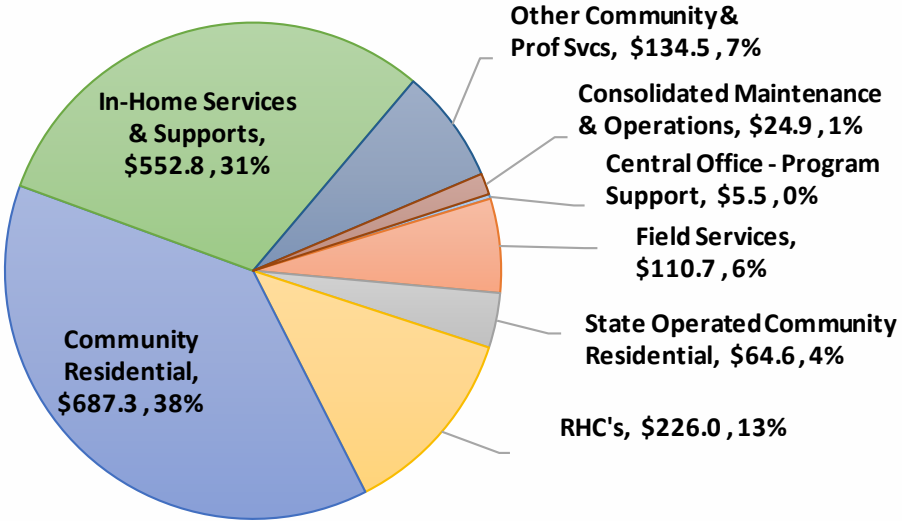
Building support plans based on the needs and the strengths of the individual and the family; and

Engaging individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports.

Values

- Inclusion • Status and Contribution • Relationships
- Power and Choice • Health and Safety •
- Competence

DDA 2019-21 Operating Budget



2019-21 DDA Budget

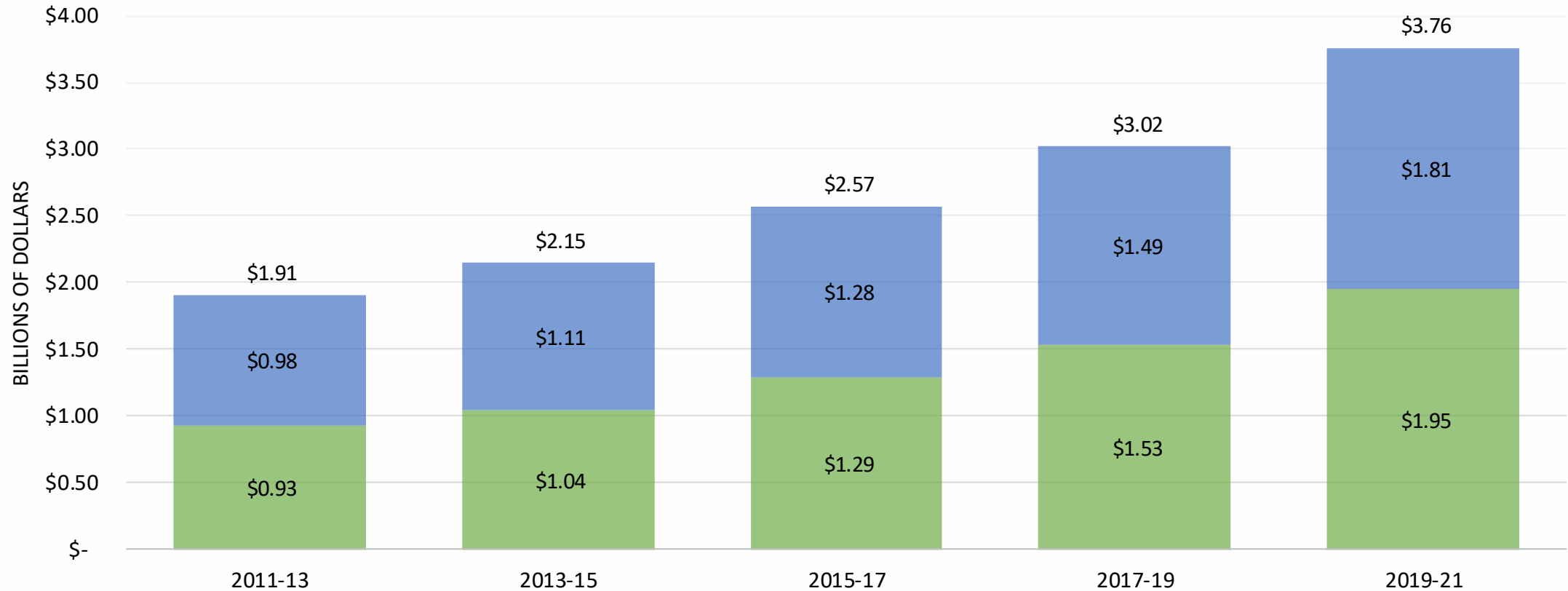
- General Fund State Total: \$1.8 Billion (48.1%)
- Federal/Other Funds Total: \$1.9 Billion (51.9%)
- Total DDA Budget: \$3.8 Billion (100%)

Fund Category	State Funds (millions)	FTE	Clients*
Central Office - Program Support	\$ 5.5	22.7	
Field Services	\$ 110.7	882.4	
State-Operated Community Residential	\$ 64.6	727.3	246
RHC (includes short-term stay)	\$ 226.0	2,455.6	630
Community Residential	\$ 687.3		4,586
In-Home Services & Supports	\$ 552.8		21,668
Other Community & Prof Services	\$ 134.5		
Consolidated Maintenance & Operations	\$ 24.9	193.1	

Total \$ 1,806.3 4,281.0 27,130

* Client counts are the estimated number of unduplicated clients who receive paid services in each fund category.

How has the DDA biennial budget changed over time?



The General Fund-State portion of the DDA budget has grown an average of 15.3% every biennium since 2011-13.

Developmental Disabilities Administration Eligibility

A person with intellectual and developmental disabilities must first be determined eligible to be a client of the DDA before an assessment can be conducted to determine if the person is functionally and financially eligible for the service requested.

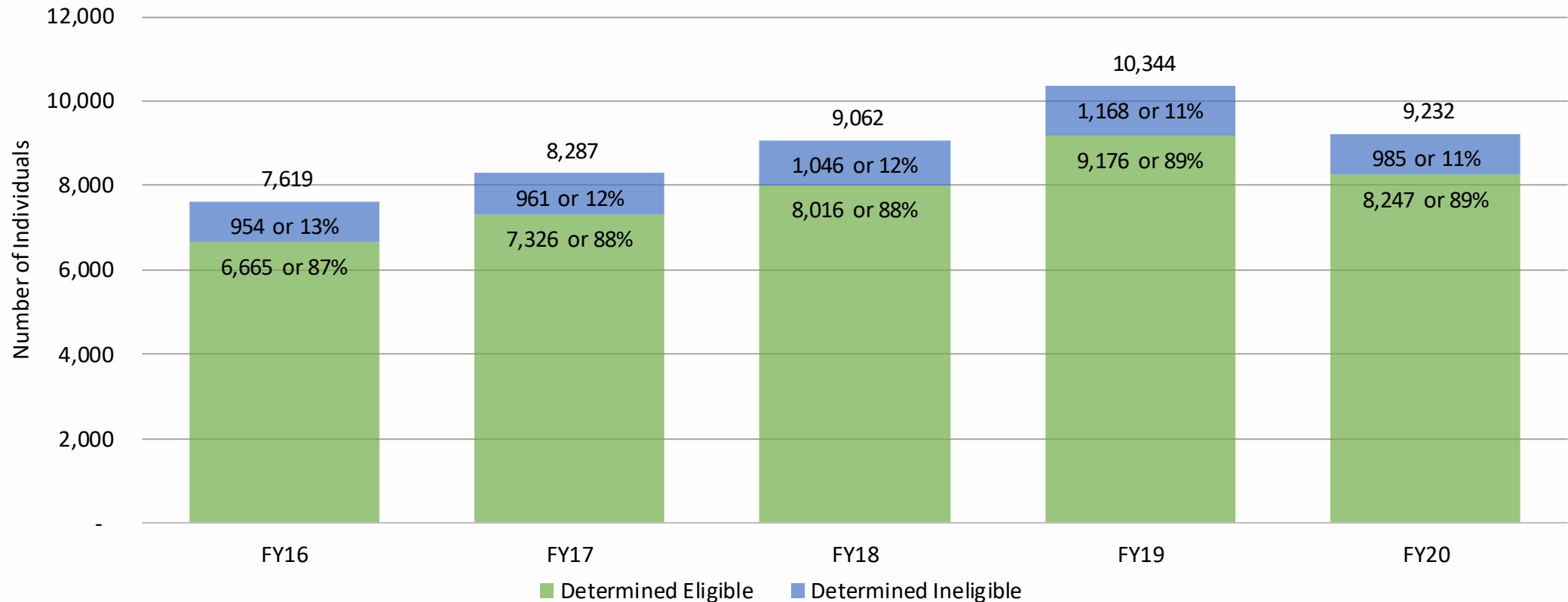
To be found eligible as a client of DDA, a person must:

- Be a Washington State resident;
- Have evidence of a qualifying developmental disability that began before age 18; and
- Have evidence of substantial limitations.

The Revised Code of Washington 71A.10.020(5) defines a developmental disability as:

“a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”

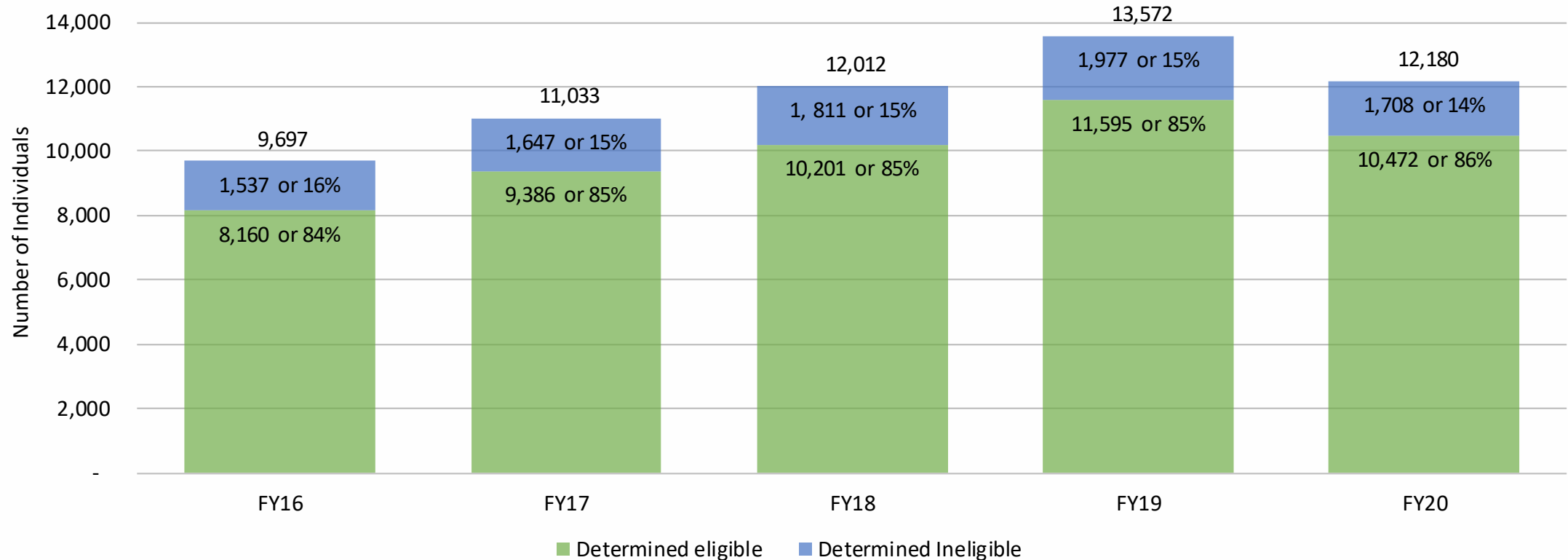
Initial eligibility determinations by fiscal year



The number of initial eligibility applications decreased by 10.75% from FY19 to FY20, which is a significant change from the previous year when initial applications had increase by 14%.

Total eligibility determinations by fiscal year

Includes all application types: Initial, Review, and Re-application.

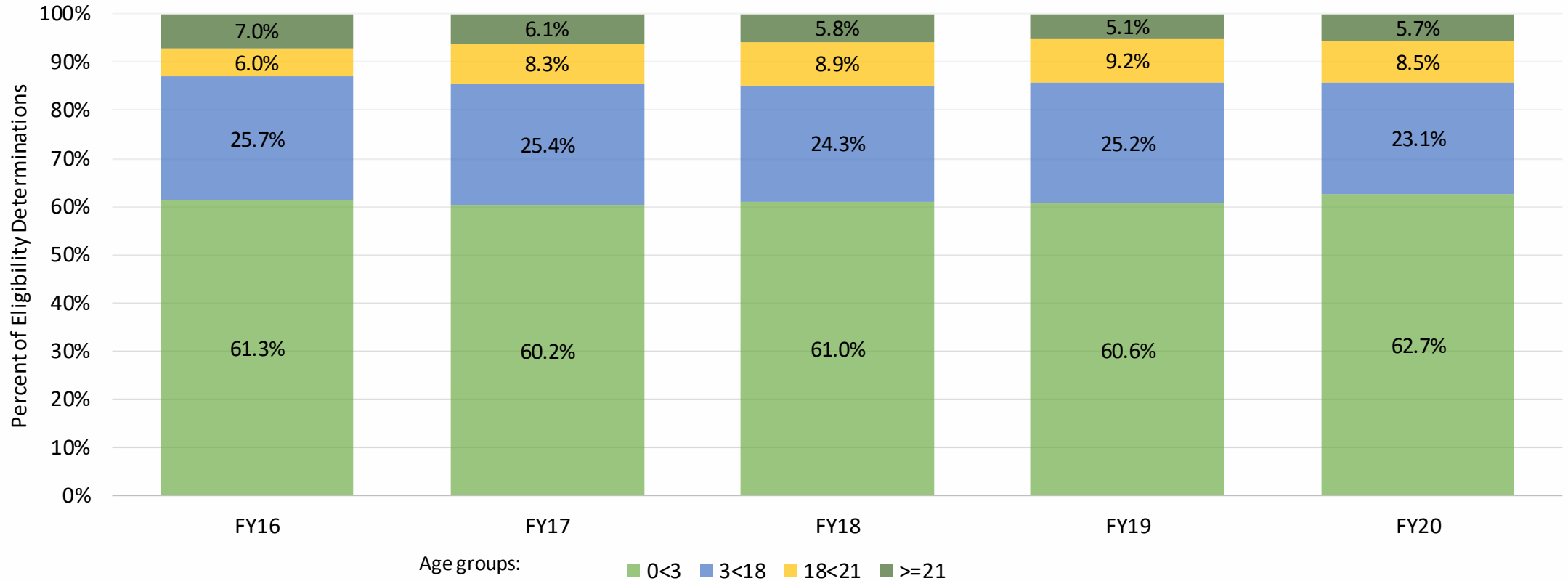


The number of eligibility applications decreased by 10.25% from FY19 to FY20, which is a significant change from the previous year when initial applications had increase by 13%. An average of 85% of applications are determined eligible and 15% determined ineligible.

Eligibility determinations by race and ethnicity

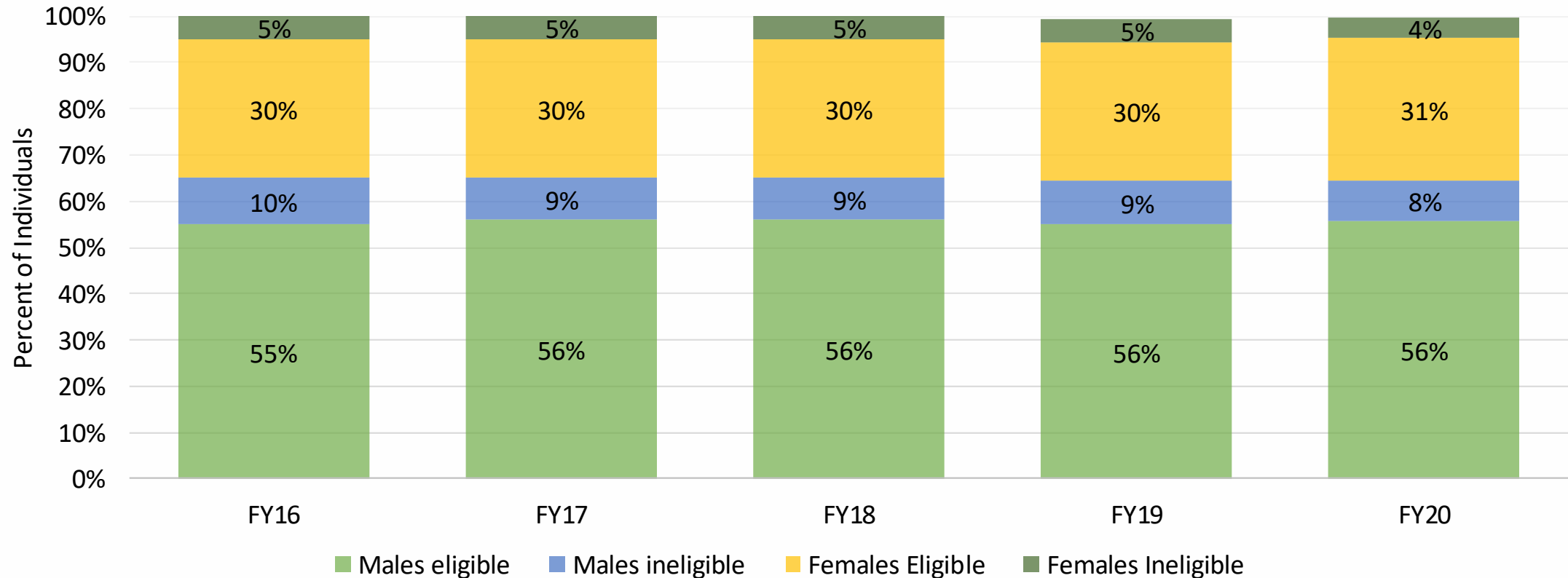
	FY16		FY17		FY18		FY19		FY20	
	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible
American or Alaska Native	1.3%	0.3%	1.3%	0.4%	1.2%	0.4%	1.0%	0.3%	1.1%	0.4%
Asian	5.9%	0.8%	5.7%	0.6%	6.7%	0.6%	5.9%	0.6%	7.4%	0.6%
Black or African American	4.4%	1.1%	4.5%	1.0%	5.3%	1.0%	4.0%	0.7%	5.2%	0.7%
Native Hawaiian/Other Pacific Islander	1.3%	0.1%	1.4%	0.2%	1.0%	0.1%	1.0%	0.1%	1.3%	0.1%
Unreported	10.4%	1.0%	11.1%	1.2%	10.8%	1.1%	8.0%	3.2%	10.6%	1.1%
White	55.5%	10.5%	55.5%	9.9%	54.1%	10.1%	45.3%	6.4%	54.3%	8.9%
Two or More Races	6.4%	1.1%	6.4%	0.9%	6.5%	1.0%	19.8%	3.8%	7.3%	1.1%
Totals	85.2%	14.9%	85.9%	14.2%	85.6%	14.3%	84.9%	15.1%	87.2%	12.8%
Hispanic or Latino	19.3%	2.6%	18.5%	2.5%	17.8%	2.5%	16.0%	2.2%	19.3%	2.3%

Eligibility determinations by fiscal year and age group



Eligibility determinations increased for the 0<3 age group and decreased for the 3 < 18 and 18 < 21 age groups since the previous year.

Percent of eligibility determinations by gender and fiscal year



Eligible applications on average have been 65% males and 35% females since 2016.

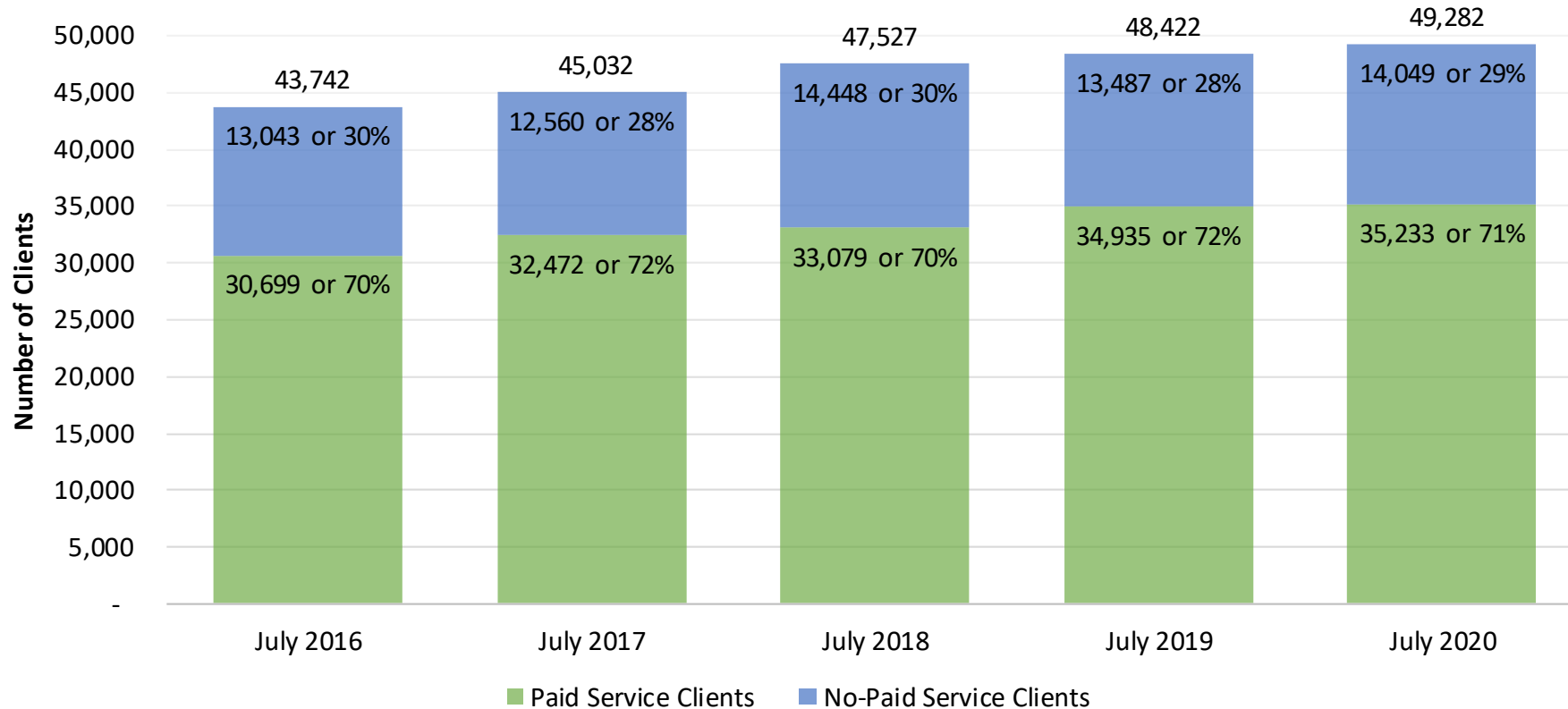
Eligibility determinations by condition and fiscal year

	FY16	FY17	FY18	FY19	FY20	5 Yr. Avg
Developmental Delay	78.6%	78.4%	78.9%	79.6%	80.0%	79.1%
Intellectual Disability	8.1%	7.3%	7.1%	7.0%	6.2%	7.1%
Autism	5.8%	6.1%	5.9%	6.2%	6.6%	6.1%
Two or more disabilities	2.4%	2.7%	2.9%	2.2%	2.6%	2.6%
Cerebral Palsy	2.0%	2.3%	2.3%	1.9%	1.8%	2.1%
Another Neurological or Other Condition	2.0%	2.6%	2.2%	2.5%	2.1%	2.3%
Epilepsy	0.6%	0.5%	0.6%	0.5%	0.6%	0.6%
Medically Intensive Children's Program*	0.4%	0.1%	0.2%	0.1%	0.0%	0.2%

The distribution of eligibility conditions has remained steady since 2015 with a slight growth in the category of Autism.

*As of August 13, 2018, clinical eligibility for the Medically Intensive Children's Program is no longer a separate eligibility category.

Number of persons enrolled by fiscal year and caseload type



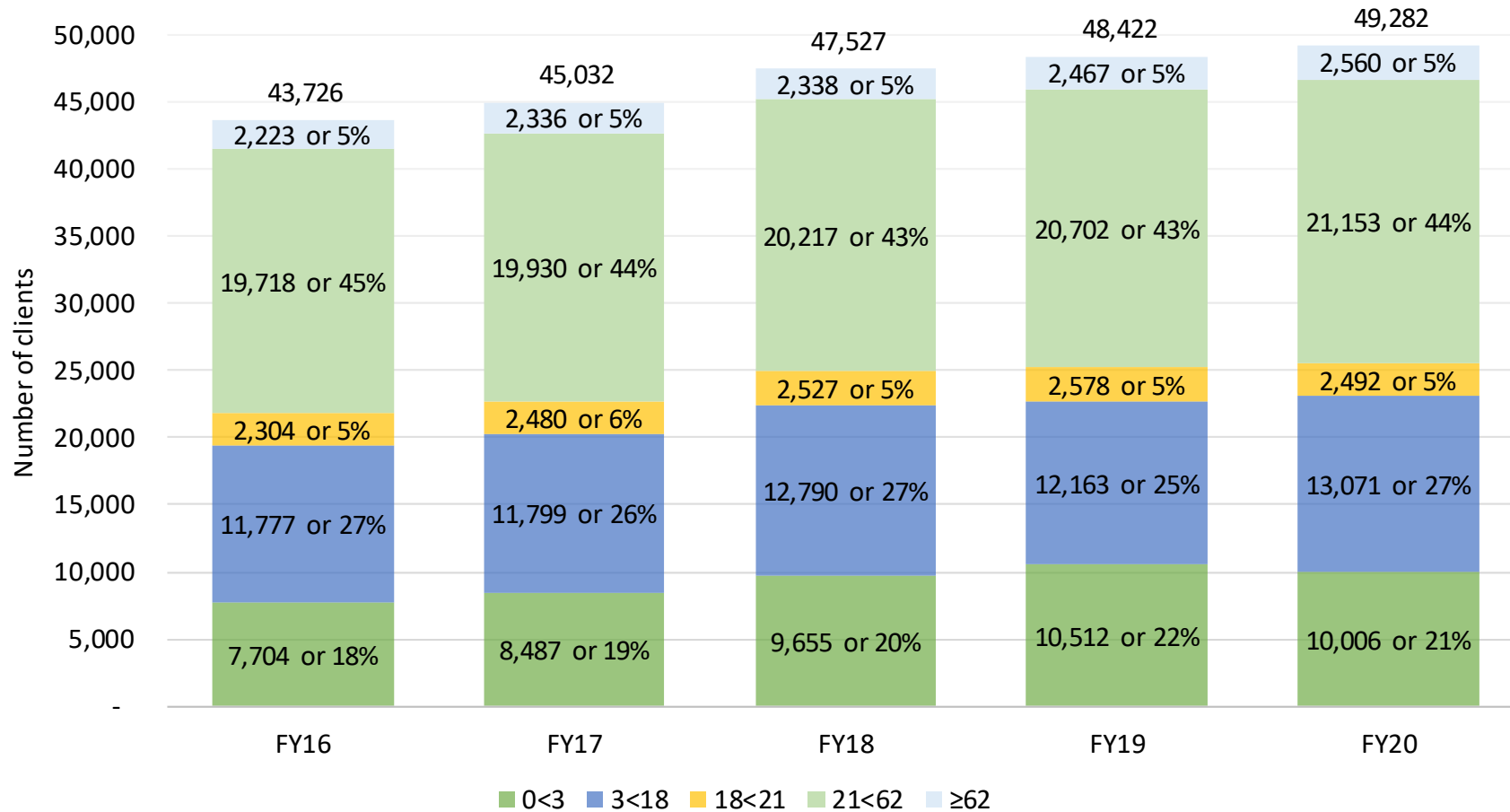
The 2014 legislature created the Individual and Family Services Waiver with funding for 4,000 individuals and 1,000 individuals on the Basic Plus waiver.

Since July 2016

- The DDA caseload has grown at an average annual rate of 3%.
- The paid services caseload has increased by 4,534 clients or 15%.
- The no-paid services caseload has increased by 1,006 clients or 7.7%.

DDA’s caseload is divided into two types called “Paid” and “No-Paid.” Clients approved to receive a paid service are assigned to the paid services caseload and clients who are not approved to receive a paid service are assigned to the no-paid services caseload.

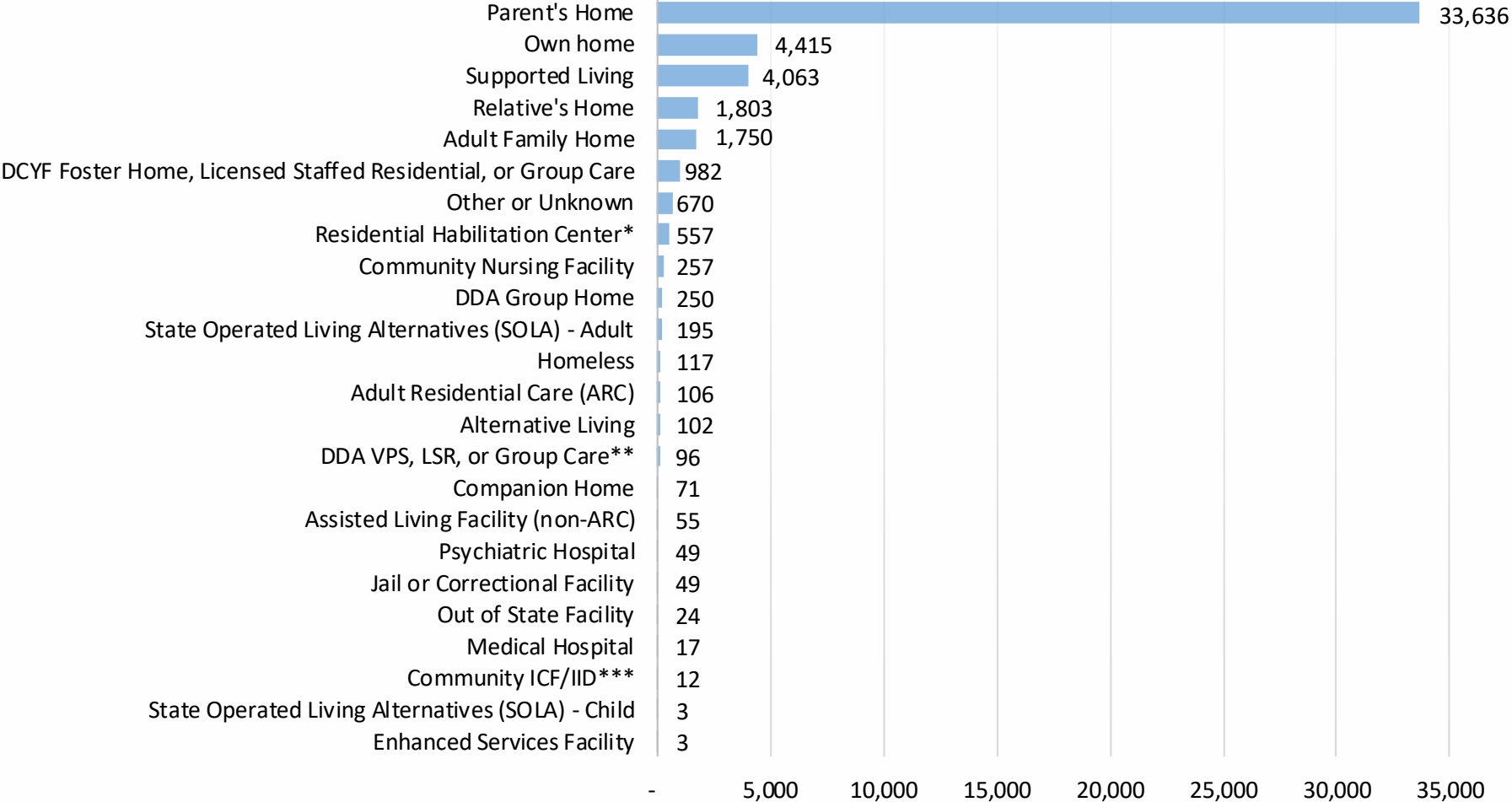
DDA clients by fiscal year and age group



Summary

- Caseload counts reflect number of individuals enrolled as clients of DDA by age group on the last day of the fiscal year.
- Average annual growth rate of DDA caseload is 3%.
- Since FY16, the average annual growth rate for each age group is:
 - 0<3 = 29.9%
 - 3<18 = 11.0%
 - 18<21 = 8.2%
 - 21<62 = 7.3%
 - ≥62 = 15.2%

Where do DDA clients reside?



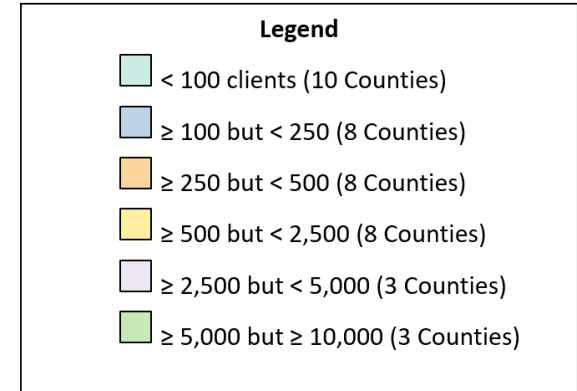
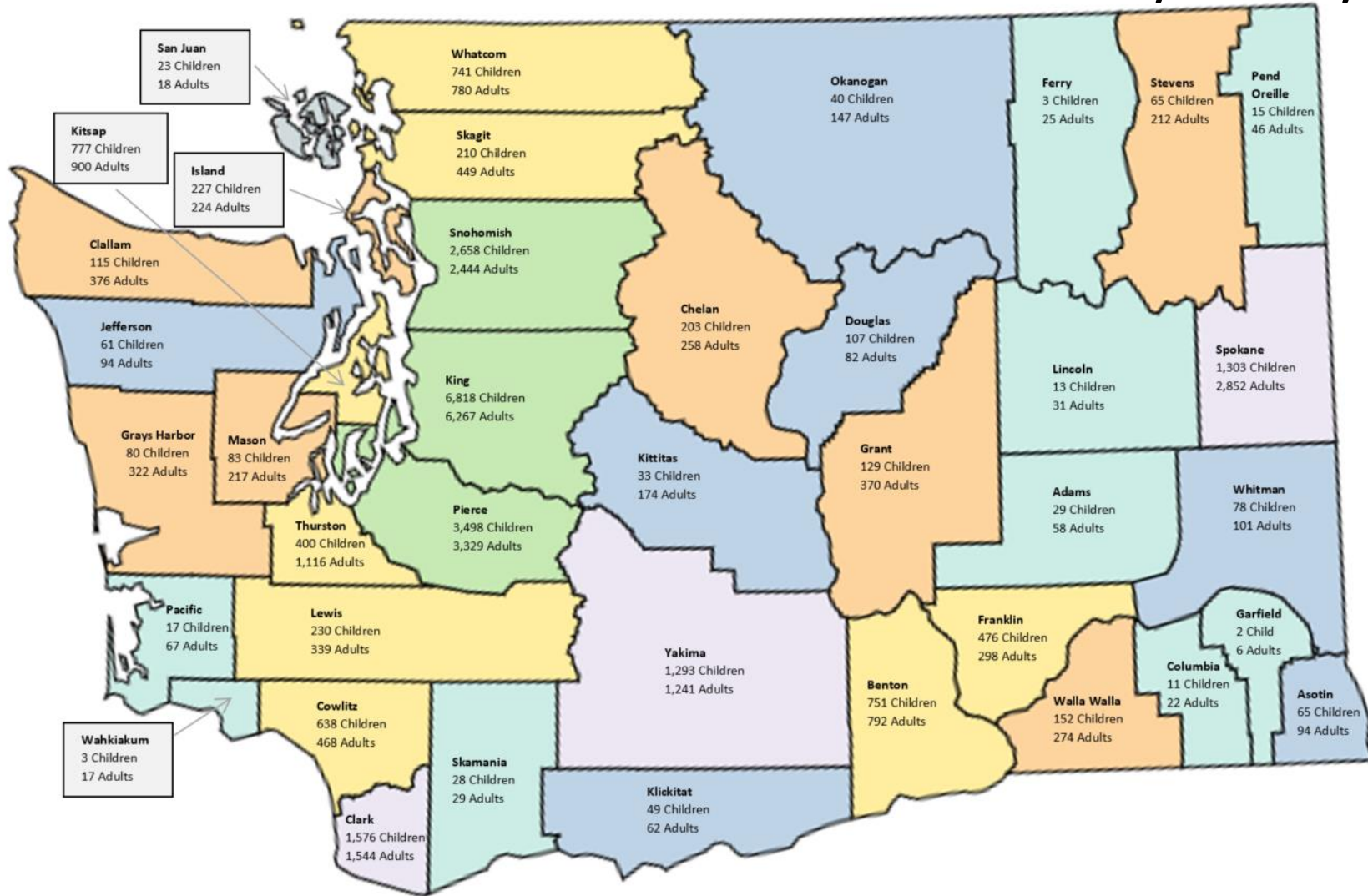
49,282 DDA clients are enrolled as clients of DDA.

Of the 35,439 or 72% of clients receiving care and support from a parent or relative:

- 24,509 clients receive a DDA paid service from DDA
- 10,930 clients do not receive a paid service from DDA
- 21,323 clients are under the age of 18
- 13,376 clients are age 18 or older
- 248 clients are over age 62 and reside with a parent

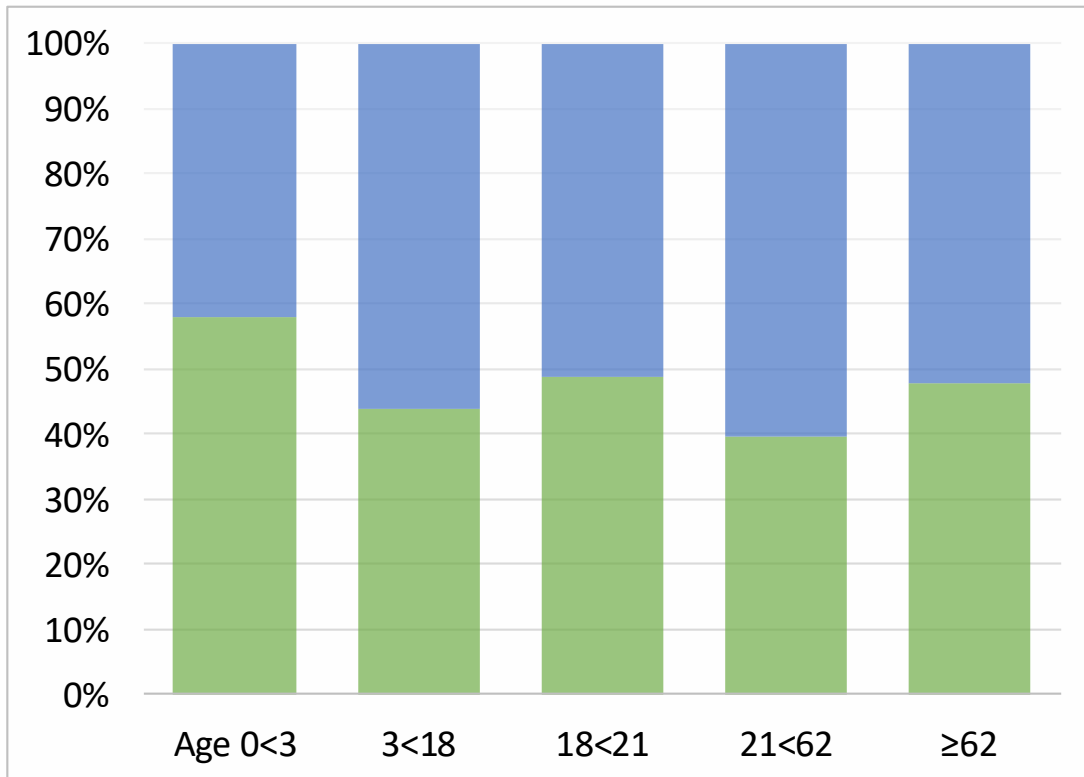
* RHC includes State Operated Nursing Facility and State Operated ICF/IID
 ** VPS means Voluntary Placement Services and LSR means Licensed Staffed Residential
 *** ICF/IID means Intermediate Care Facility for Individuals with Intellectual Disabilities

Children and adults enrolled by county

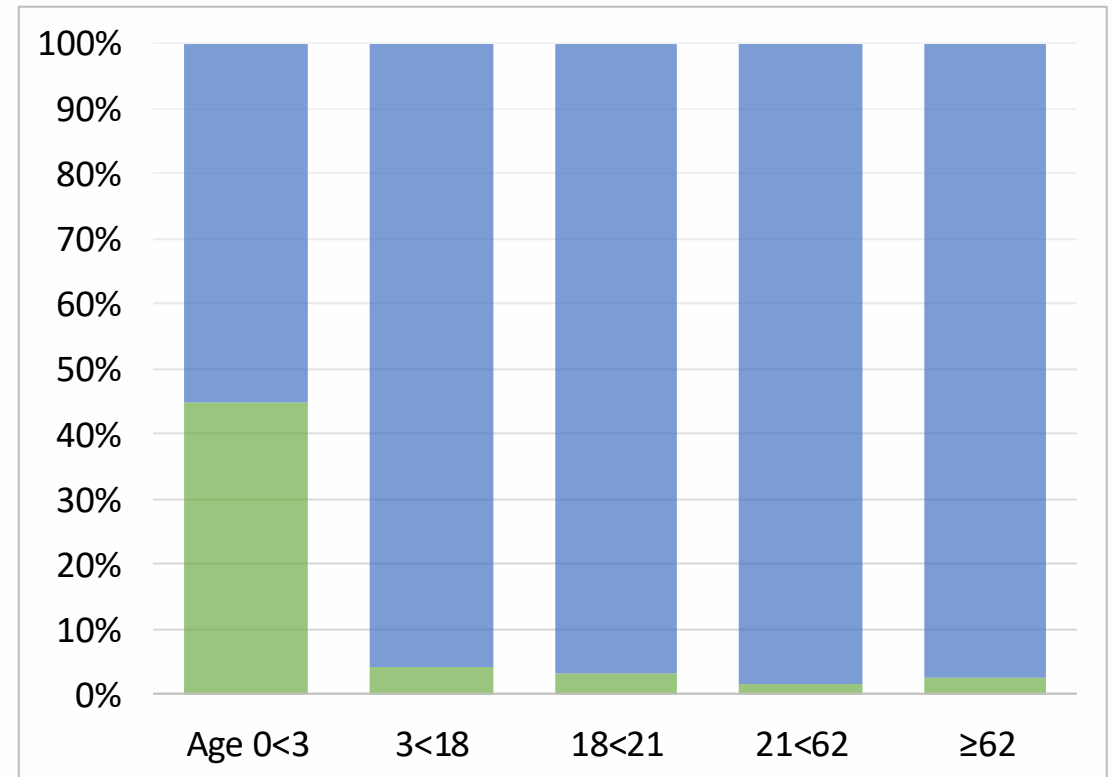


Medicaid, CHIP, and/or food benefit coverage by age group

No Paid Caseload

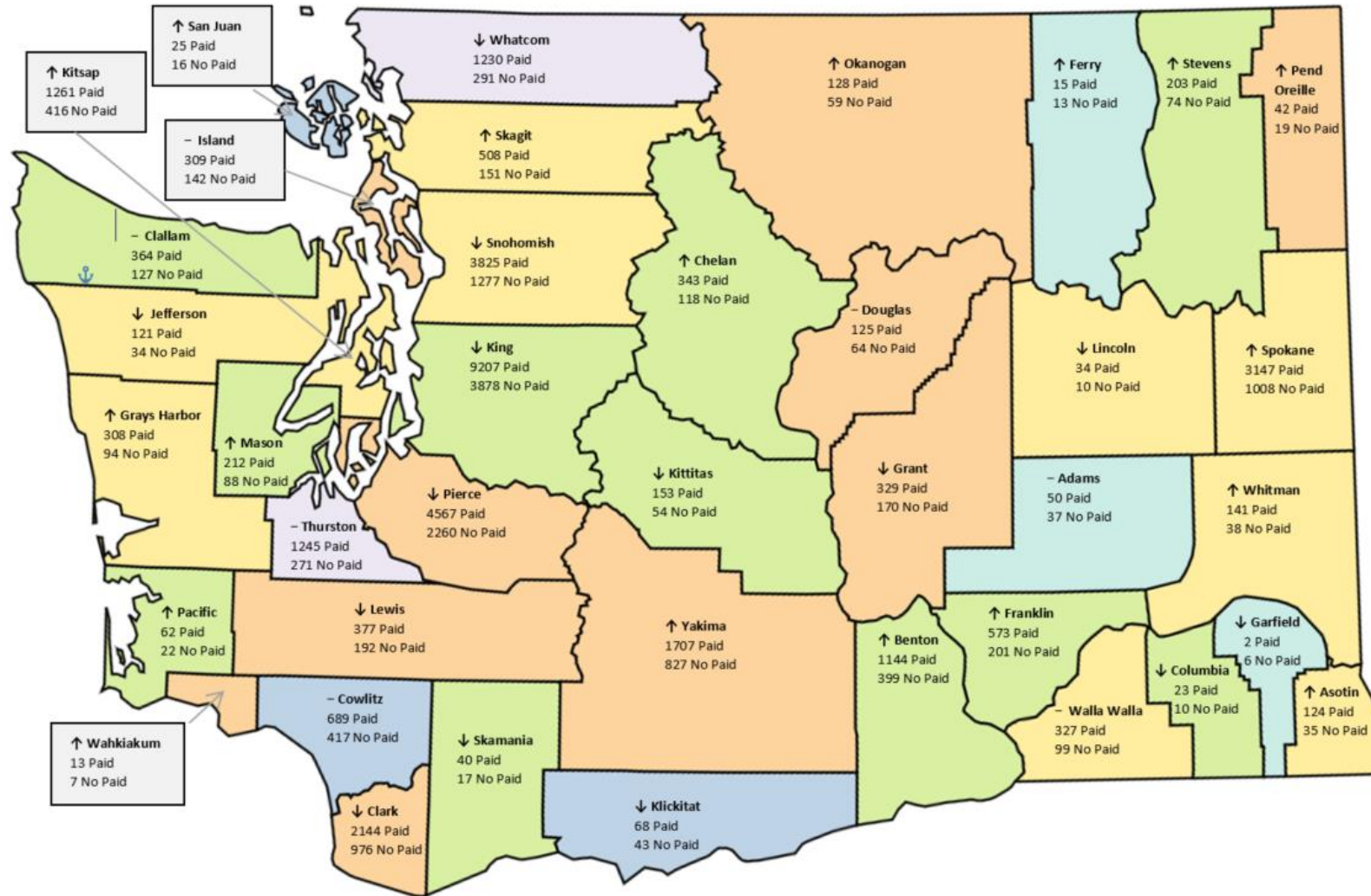


Paid Caseload



- Enrolled in Medicaid, CHIP or Food Benefit
- Not Enrolled in Medicaid, CHIP or Food Benefit

Enrollment by county and caseload type



Legend

Percentage of clients on Paid Caseload

- ≥ 80% (2 Counties)
- ≥ 75% but < 80% (10 Counties)
- ≥ 70% but < 75% (11 Counties)
- ≥ 65% but < 70% (10 Counties)
- ≥ 60% but < 65% (3 Counties)
- < 60% (3 Counties)

Change in Paid services caseload from last year:

- ↑ Increased
- ↓ Decreased
- No change

FY19 Caseload by race/ethnicity and caseload type

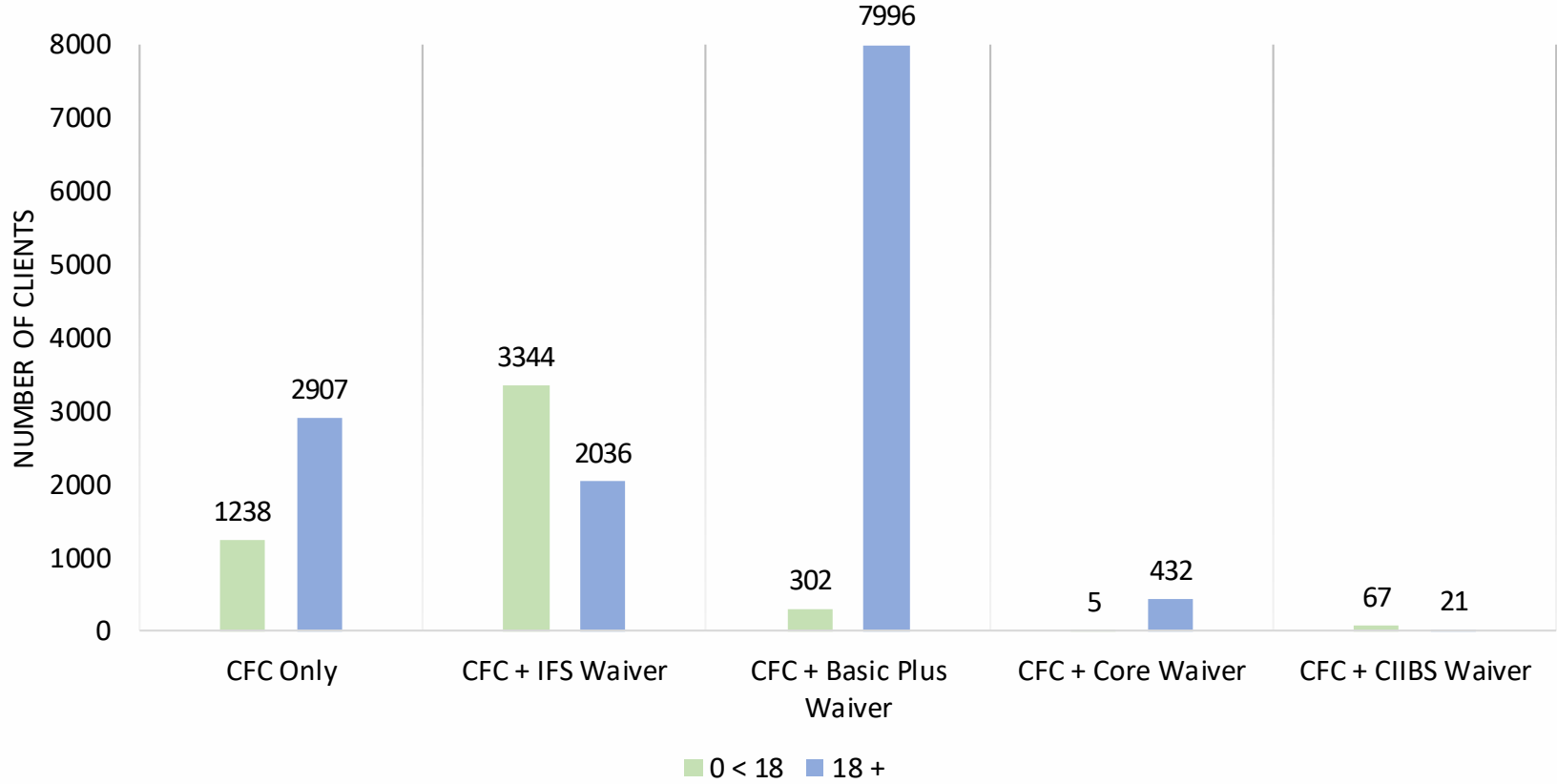
	Paid Caseload		No-Paid Caseload		Total	WA State **	United States***
	Female	Male	Female	Male			
American or Alaska Native	0.6%	0.9%	0.3%	0.4%	2.2%	1.8%	1.3%
Asian	1.7%	2.9%	0.6%	1.2%	6.3%	9.0%	5.9%
Black or African American	1.5%	2.6%	0.6%	1.1%	5.9%	4.2%	13.4%
Native Hawaiian/Other Pacific Islander	0.3%	0.5%	0.2%	0.2%	1.3%	0.8%	0.2%
White	21.0%	32.2%	7.5%	12.0%	72.8%	79.1%	76.3%
Two or More Races	1.2%	2.0%	0.6%	1.1%	4.8%	5.2%	2.8%
Unreported	1.5%	2.5%	0.9%	1.5%	6.4%	0.0%	0.0%
Totals	27.8%	43.7%	10.9%	17.6%	100%	100.0%	100.0%
Hispanic or Latino Ethnicity*	3.7%	6.3%	1.9%	3.2%	15.1%	13.0%	18.5%

* A person of Hispanic or Latino origin can be of any race

** Data source: [Washington State Office of Financial Management, Forecasting and Research Division - 2019](#)

*** Data Source: [United States Census Bureau – July 1, 2019 estimate](#)

Community First Choice (CFC) by waiver type



CFC 1915(k) is a state plan program offering a variety of services to support individuals living in home and community based settings. Services are delivered to children and adults in their own home, an adult family home, or an assisted living facility.

Waivers 1915(c) are capped programs which offer targeted services to children and adults in a variety of home and community based settings.

- 18,348 clients receive CFC services.
- 4,956 children receive CFC services. This is an increase of 5.2% since last year.
- 13,392 adults receive CFC services. This is an increase of 3.3% since last year.

DDA Home and Community-Based Services Waiver enrollment by fiscal year

	FY16			FY17			FY18			FY19			FY20		
	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total
Individual and Family Services (IFS)	1924	539	2463	3774	1856	5630	4049	2073	6122	4038	2180	6218	4126	2181	6307
Basic Plus	462	7575	8037	402	7974	8376	423	8434	8857	381	8711	9092	343	9144	9487
Core	100	4472	4572	82	4471	4553	81	4489	4570	76	4515	4591	69	4526	4595
Community Protection	0	415	415	0	411	411	0	407	407	0	407	407	0	408	408
Children's In-home Intensive Behavioral Supports	73	26	99	65	29	94	52	19	71	65	18	83	68	21	89
Totals	2559	13027	15586	4323	14741	19064	4605	15422	20027	4560	15831	20391	4606	16280	20886

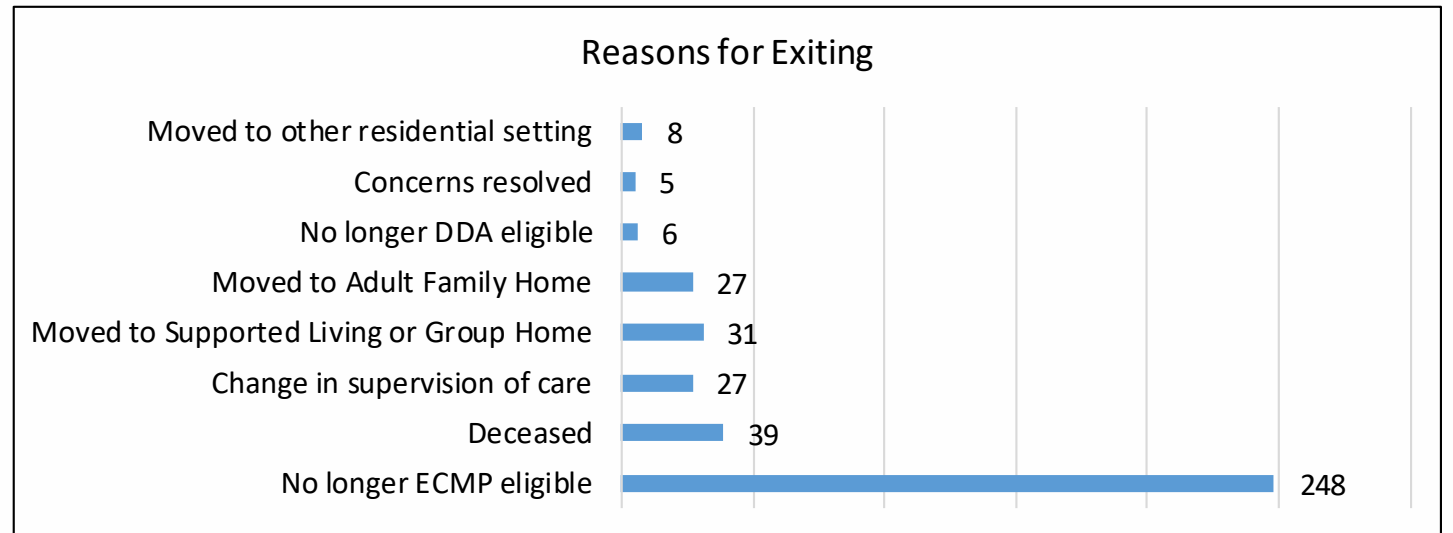
Legislative appropriations have supported an average annual growth rate of 7.9% to DDA's Home and Community Based Service (HCBS) waivers since FY16.

Enhanced Case Management Caseload

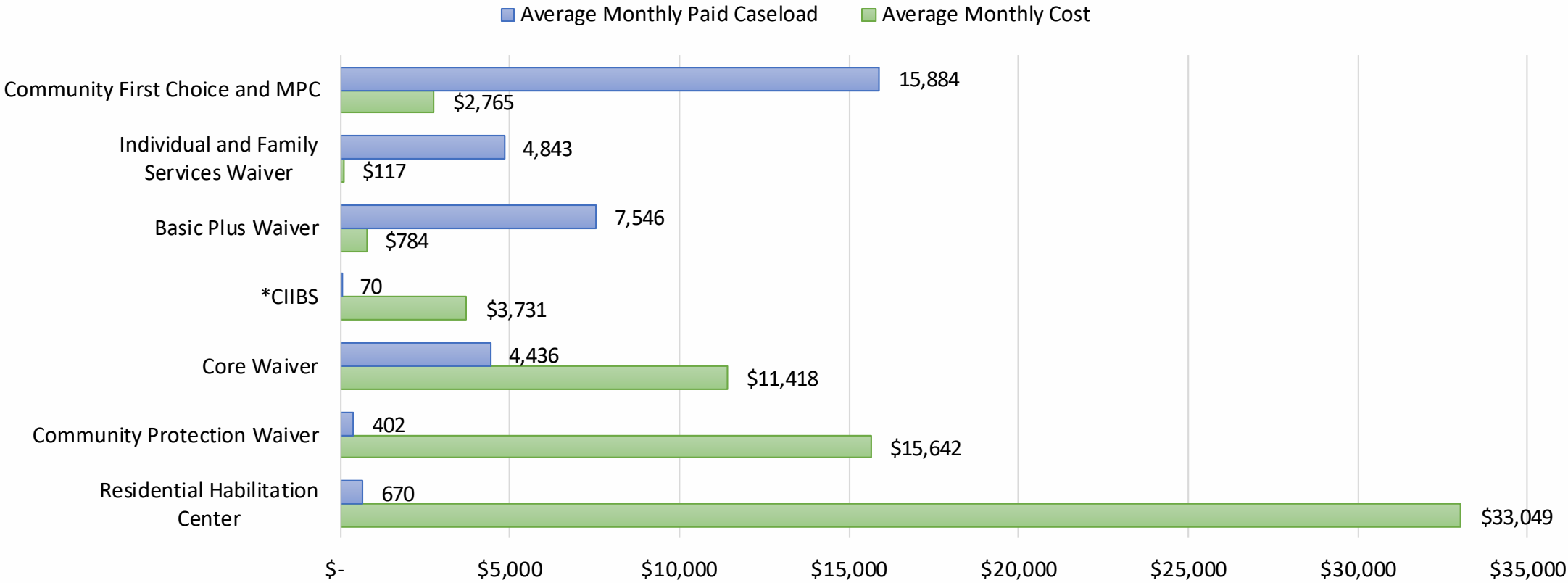
The 2016 Legislature created and funded the Enhanced Case Management Program for clients who may be at high risk for abuse or neglect. These specialized caseloads are 1:40 client/case manager ratio and the case manager visits the client at least once every four months to:

- Ensure quality of care and health and safety needs are met
- Assist the client, family, and providers with access to available resources
- Promote community integration through paid and non-paid supports
- Promote a person-centered, holistic approach to services

	Region 1	Region 2	Region 3	Statewide
Capacity	200	205	284	689
Enrolled as of 7/2020	199	188	269	656
Served since 9/2016	305	301	440	1046

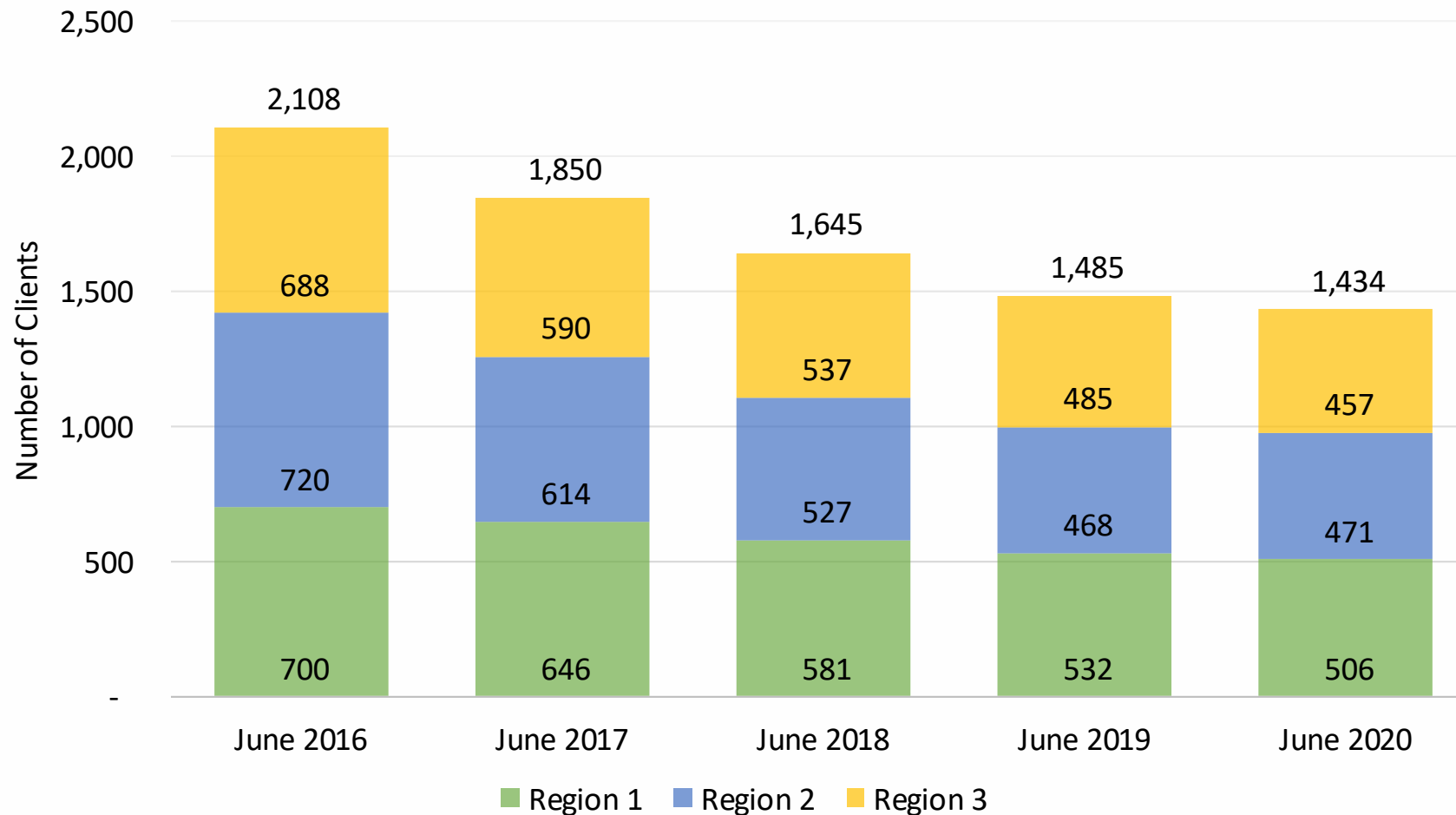


FY20 Average monthly caseload and costs



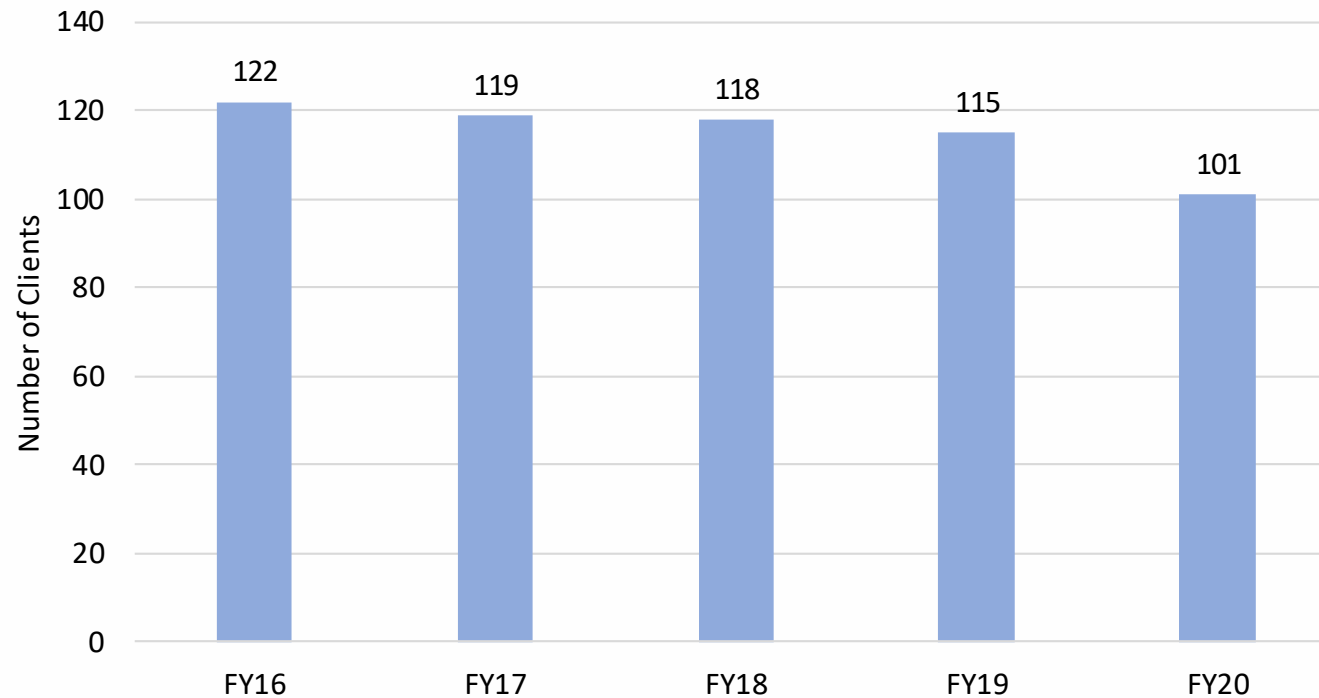
Note: Residential Habilitation Center includes both long-term and short-term admissions.

DDA clients receiving State Supplementary Payments in lieu of the Individual and Family Services Waiver



Supplemental Security Income (SSI) State Supplementary Payments is a monthly cash disbursement offered by the states to low-income individuals to supplement one's federal unearned income. In 2020, 1,434 individuals received State Supplementary Payments in lieu of the Individual and Family Services waiver. Payments are based on assessed need and range from \$100 to \$300 a month.

Clients enrolled in DDA Out-of-home services for children



DDA offers an array of services to a child residing in a licensed setting outside of the family home.

Based upon the child’s disability, parents/legal guardians may request out-of-home placement. Parents retain custody of their child and work in partnership with a licensed provider in a shared parenting model.

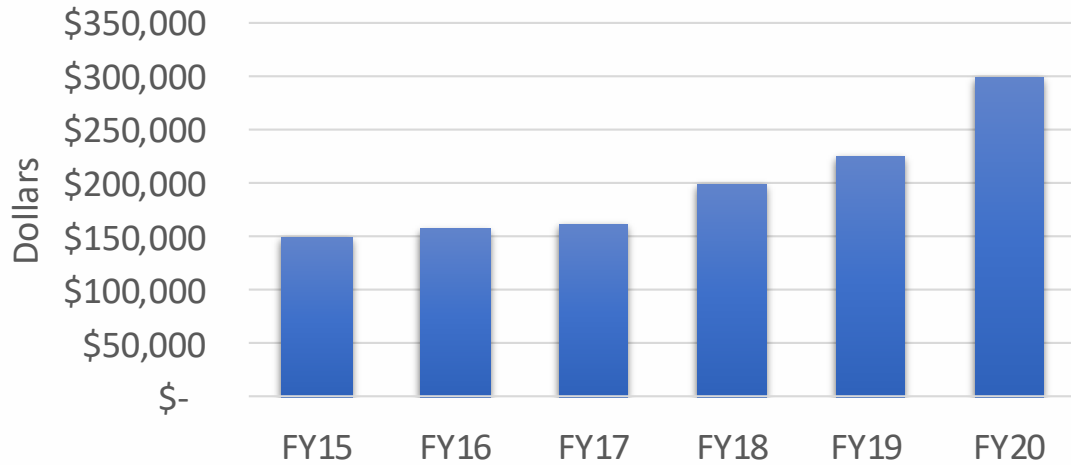
The majority of clients who are approved for DDA Out-of-home services for children receive these services in a licensed staffed residential program. Other settings include State Operated Living Alternatives and Child Foster Homes.

DDA State Operated Living Alternative caseload activity and costs

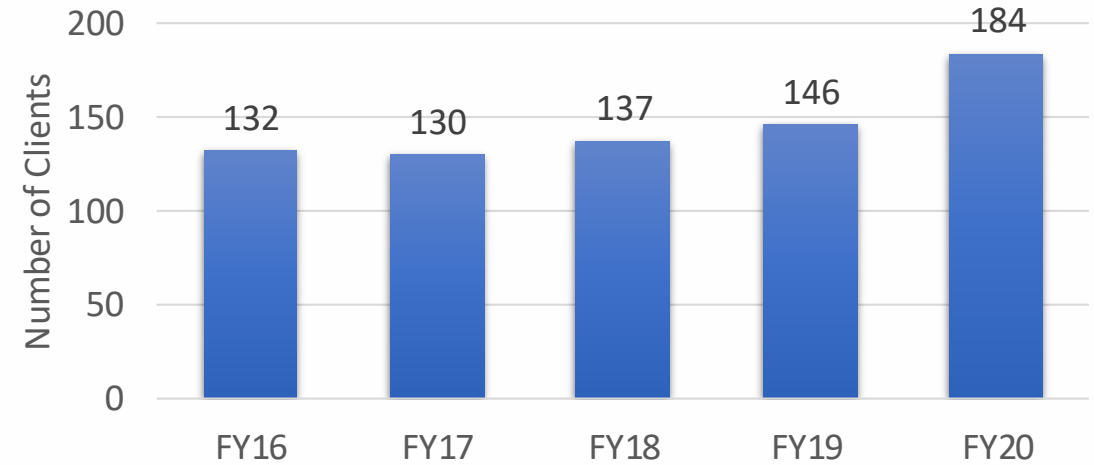
State Operated Living Alternative (SOLA) offers 24-hour supported living services operated by DDA state employees.

- Supports include: maintaining the home, paying bills, preparing meals, assistance with personal tasks, shopping, going into the community, etc.
- Individuals pay their own rent, food, and other personal expenses.
- Capacity for this service is limited and is based on availability of funding appropriated by the Legislature.

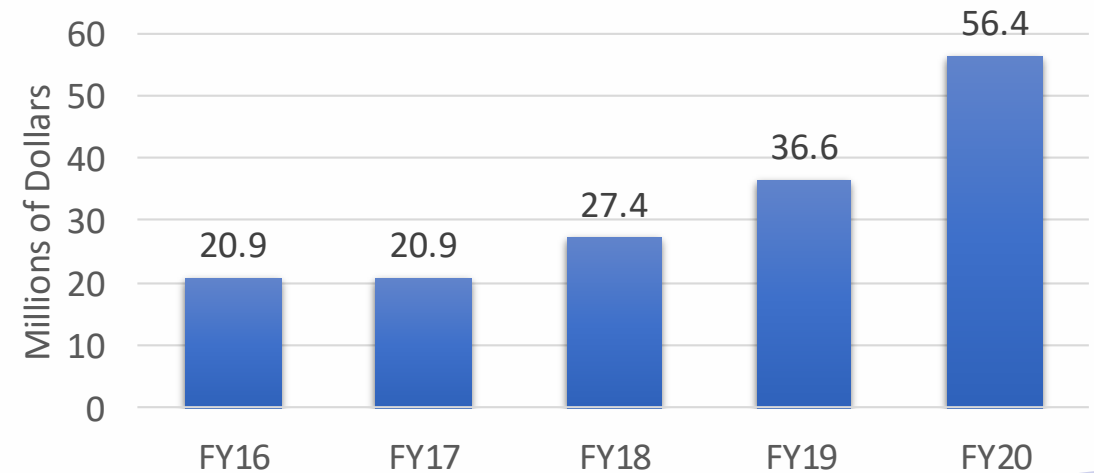
Average Annual Cost Per Client



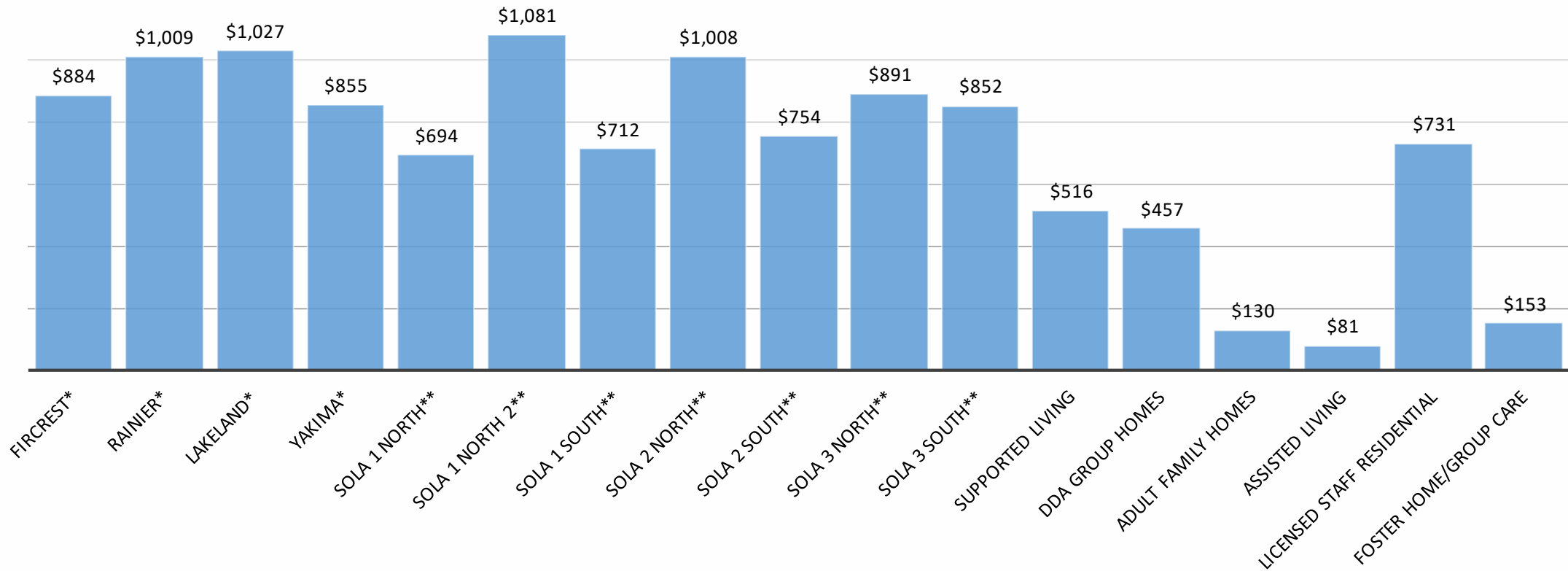
Average SOLA Census by Fiscal Year



Annual SOLA Program Expenditures



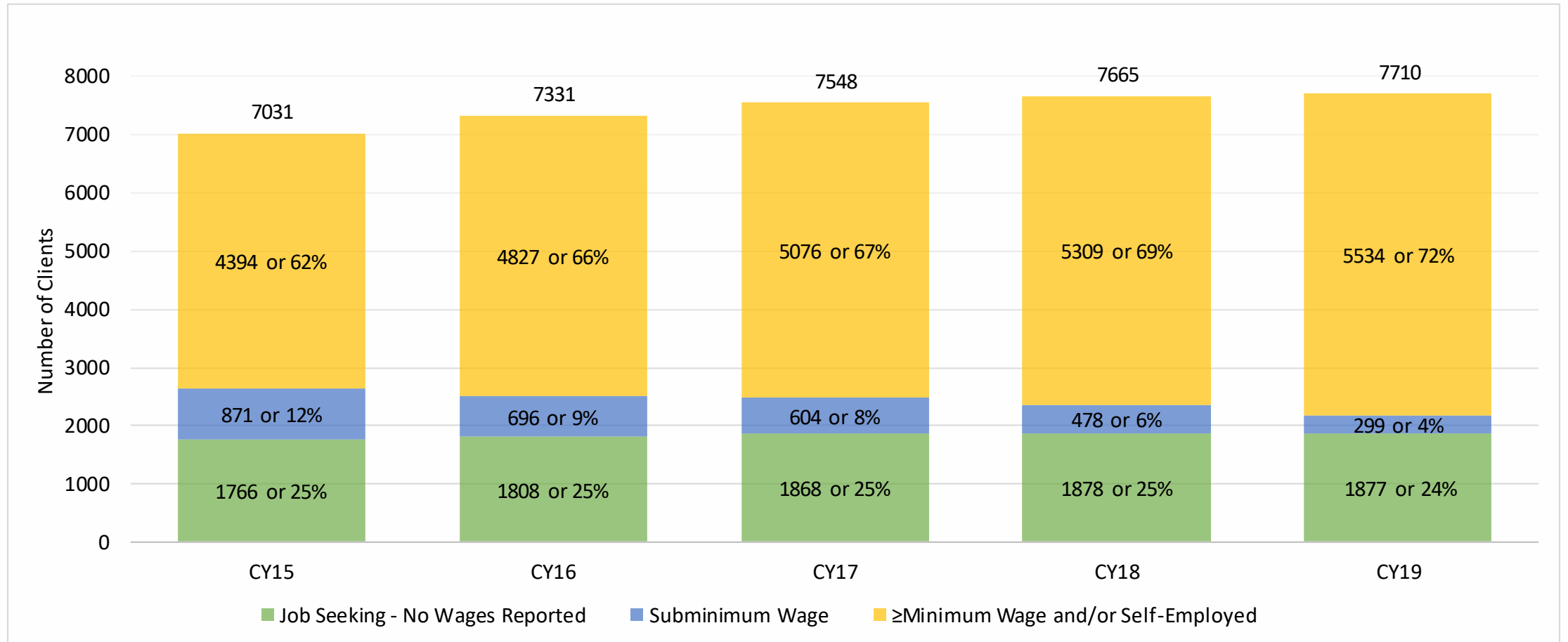
FY20 Average Daily Cost by Residential Setting



*RHC Average daily costs do not include capital costs associated with maintenance and upkeep of facilities.

**SOLA is in the midst of major expansion as clients are being rapidly moved from RHCs and State Hospital settings to this program. FY19 produced two new SOLA sub-regions, 2N and 3S. There was a new 1N Spokane location referred to as 1N2.

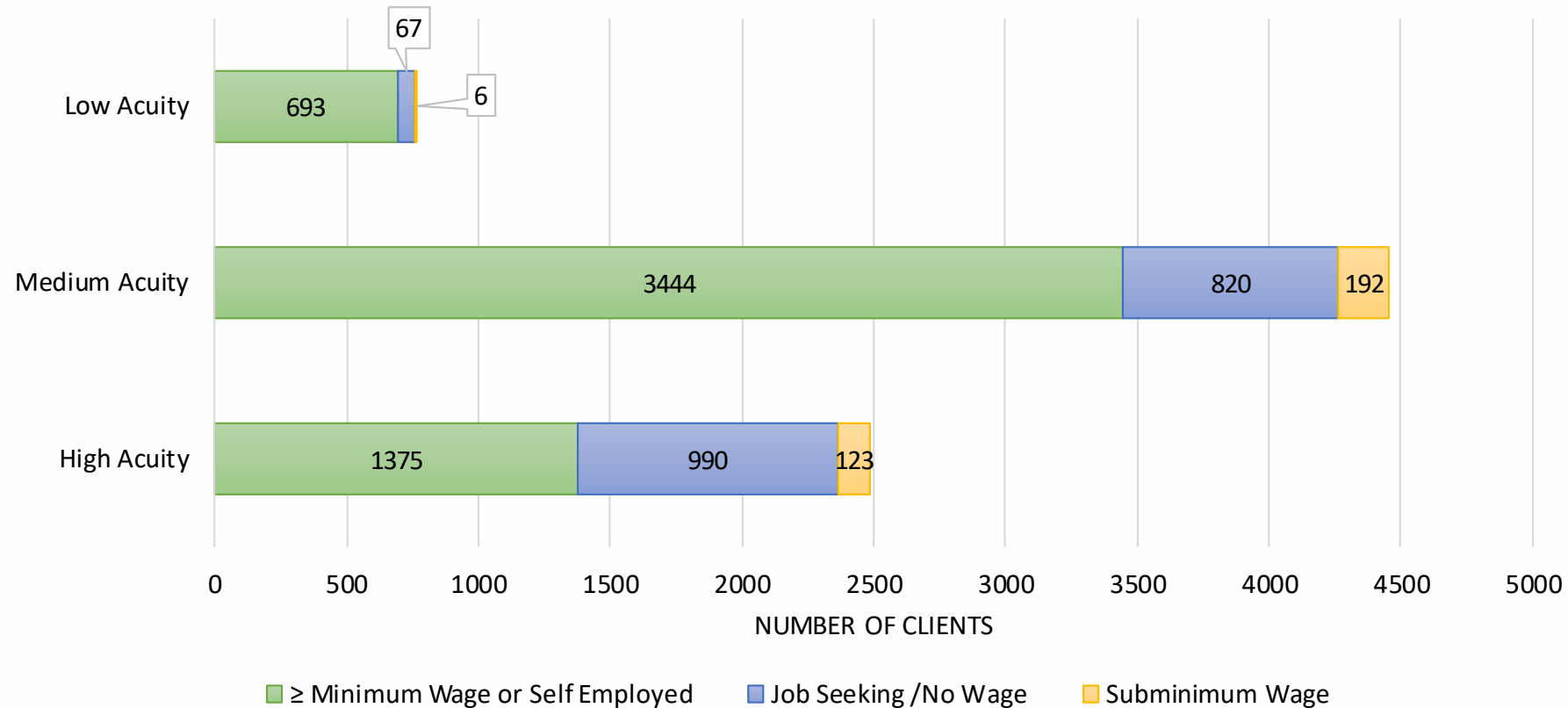
Clients receiving supported employment by wage status



Employment services are the services of Individual Employment and Group Supported Employment.

Employment Services by Wage Status and Acuity Level

Calendar Year 2019



Of those who are assessed as high acuity:

- 55% are earning at least minimum wage or are self employed
- 40% are job seeking or do not have wages, and
- 5% are earning less than minimum wage.

Note: Acuity data excludes Pre-Admission Screening and Resident Review (PASRR).

Calendar Year 2019 Weekly average client support hours, paid work hours and wages

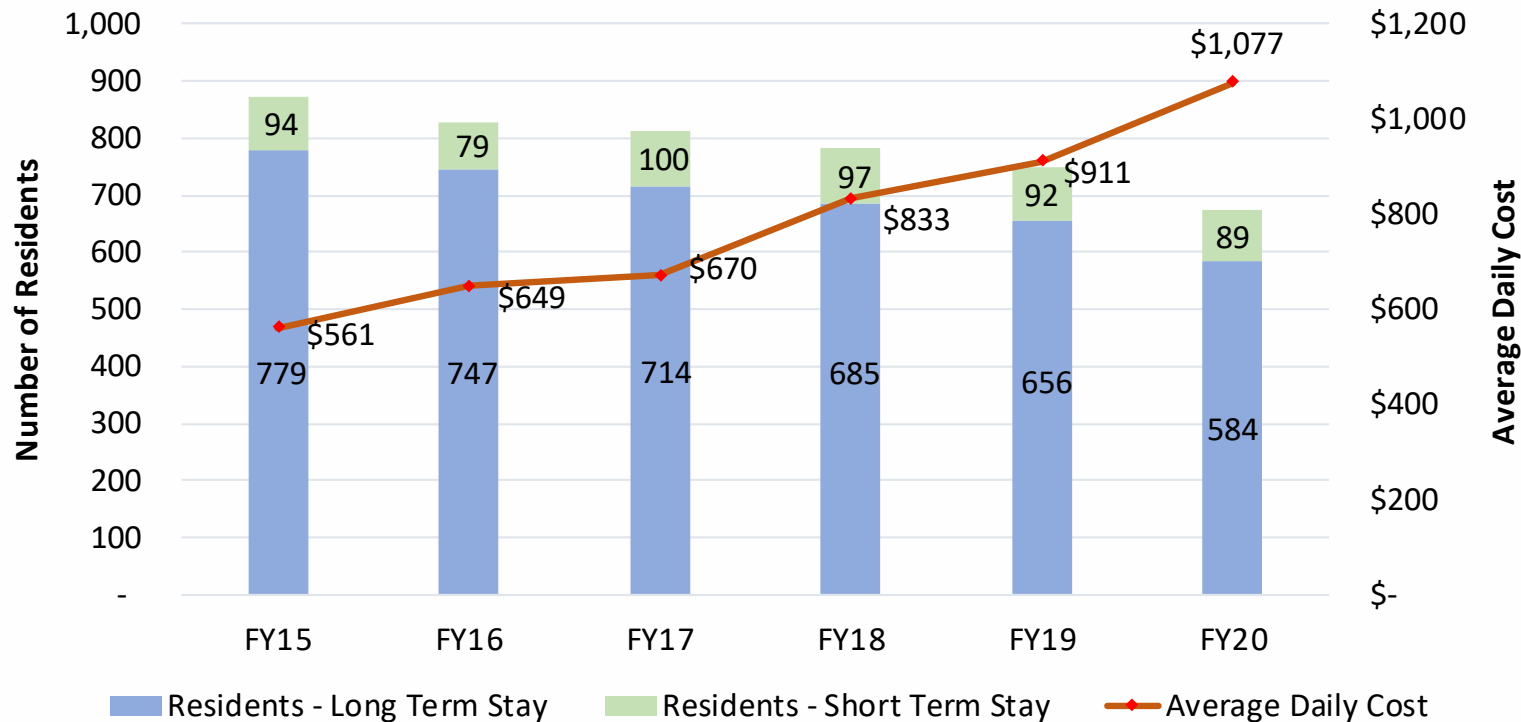
Service	Average Number of Client Support Hours Per Week	Average Number of Client Work Hours Per Week	Average Client Wages Per Week
Individual Employment	2.5	10	\$138.00
Group Supported Employment	2.2	8.5	\$75.50
Community Inclusion	2.75	N/A	N/A

Clients receiving employment and day program services by county

County	Group Supported Employment	Individual Employment	Community Inclusion	Total
Adams	1	6	2	9
Asotin	16	11	6	33
Benton	44	86	48	178
Chelan	8	63	47	118
Clallam		95	36	131
Clark		440	82	522
Columbia		3	5	8
Cowlitz		105	51	156
Douglas	3	16	14	33
Ferry		3	3	6
Franklin	16	22	9	47
Garfield		1		1
Grant	12	39	27	78
Grays Harbor		83	8	91
Island		77	9	86
Jefferson	4	22	9	35
King	19	2206	299	2524
Kitsap		292	35	327
Kittitas	2	36	32	70
Klickitat		1		1

County	Group Supported Employment	Individual Employment	Community Inclusion	Total
Lewis		55	37	92
Lincoln		8	4	12
Mason		66	9	75
Okanogan		18	8	26
Pacific		21		21
Pend Oreille		6	1	7
Pierce	63	723	129	915
San Juan		7		7
Skagit	7	164	41	212
Skamania		13		13
Snohomish		844	131	975
Spokane	46	518	258	822
Stevens		50	15	65
Thurston		420	55	475
Wahkiakum		3		3
Walla Walla	9	49	44	102
Whatcom	42	315	31	388
Whitman	19	23	2	44
Yakima	47	88	118	253
Grand Totals	358	6998	1605	8961

How has the budget and the number of individuals residing at Residential Habilitation Centers (RHCs) changed over time?



Since FY 2014:

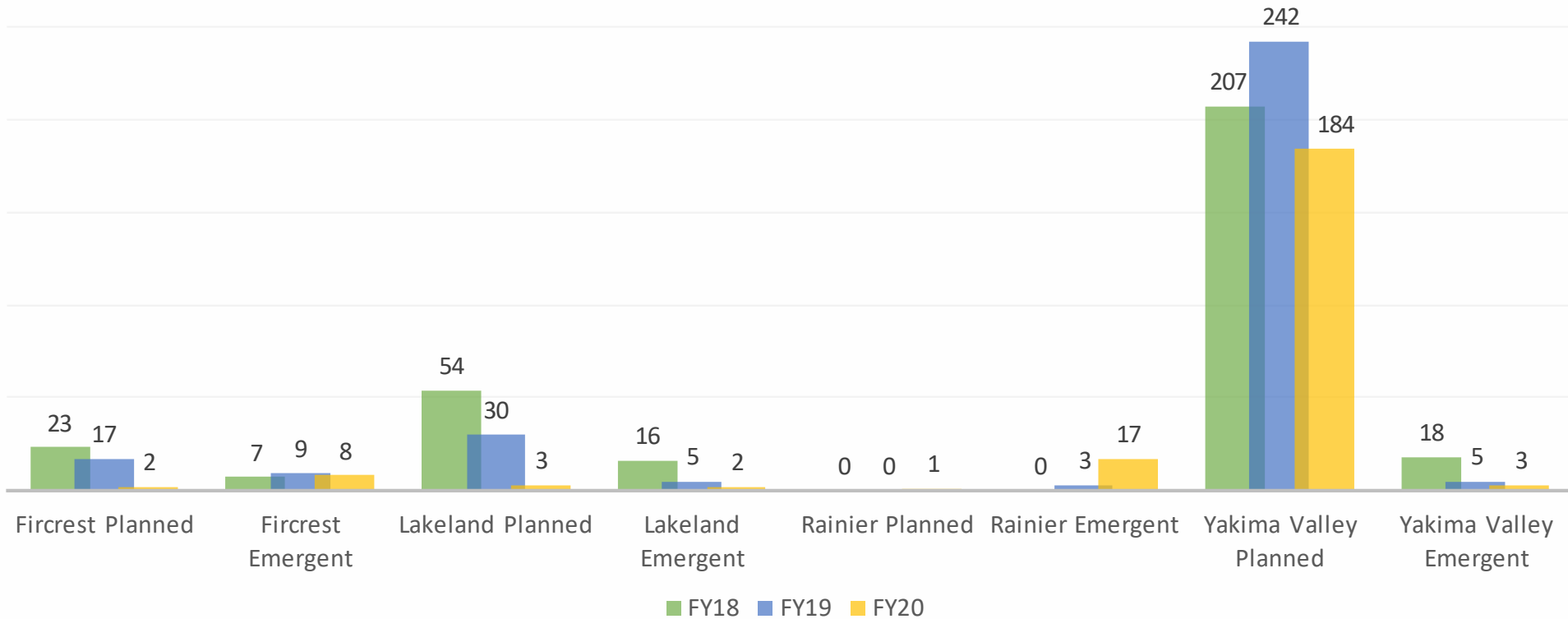
The number of long-term stay residents has decreased by 3.7% per year.

The number of planned or emergent short-term stay residents has increased by 6.6% per year.

The average daily rate has increased 10.8% per year.

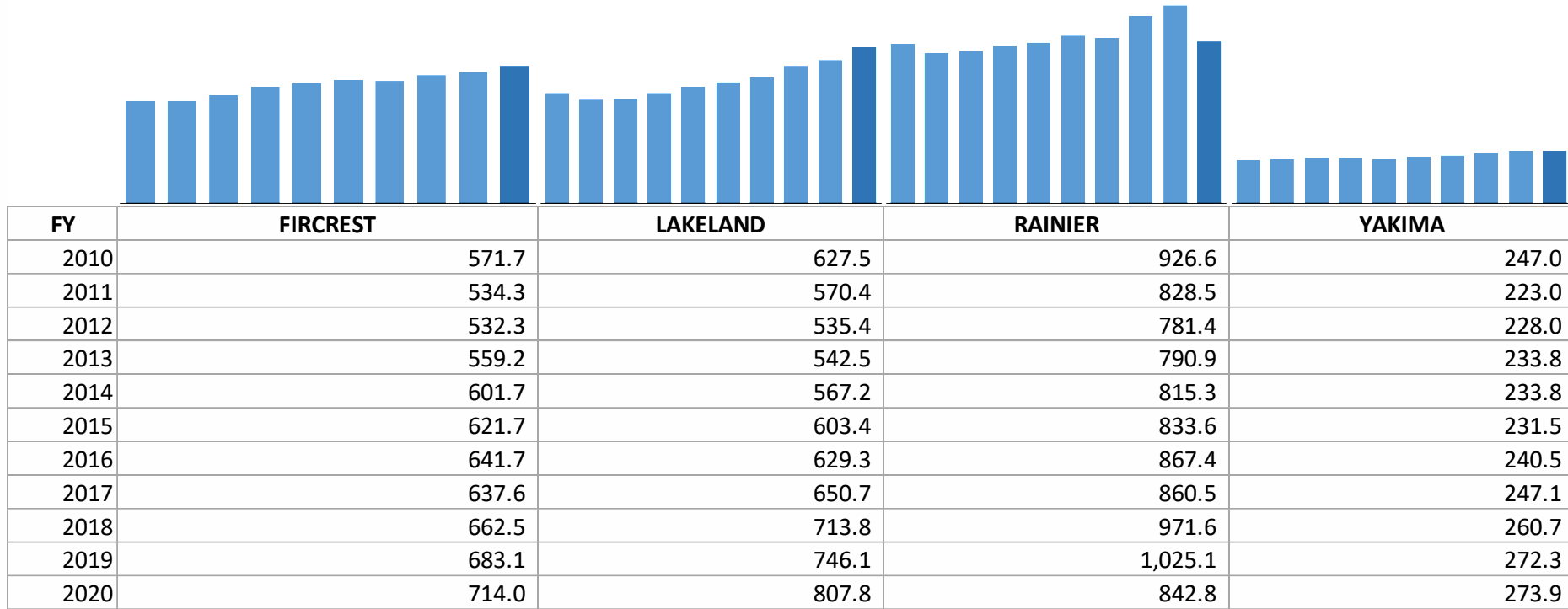
Note: Resident counts in this chart assume the RHC bed was occupied for the entire fiscal year. It does not reflect the actual number of clients who received short-term stay services in RHC for the same period. For example, if 12 residents on short-term stay reside at the RHC for one month each for consecutive months during the fiscal year, the chart displays them as one resident for the fiscal year.

Planned and emergent short-term stays at RHCs by fiscal year



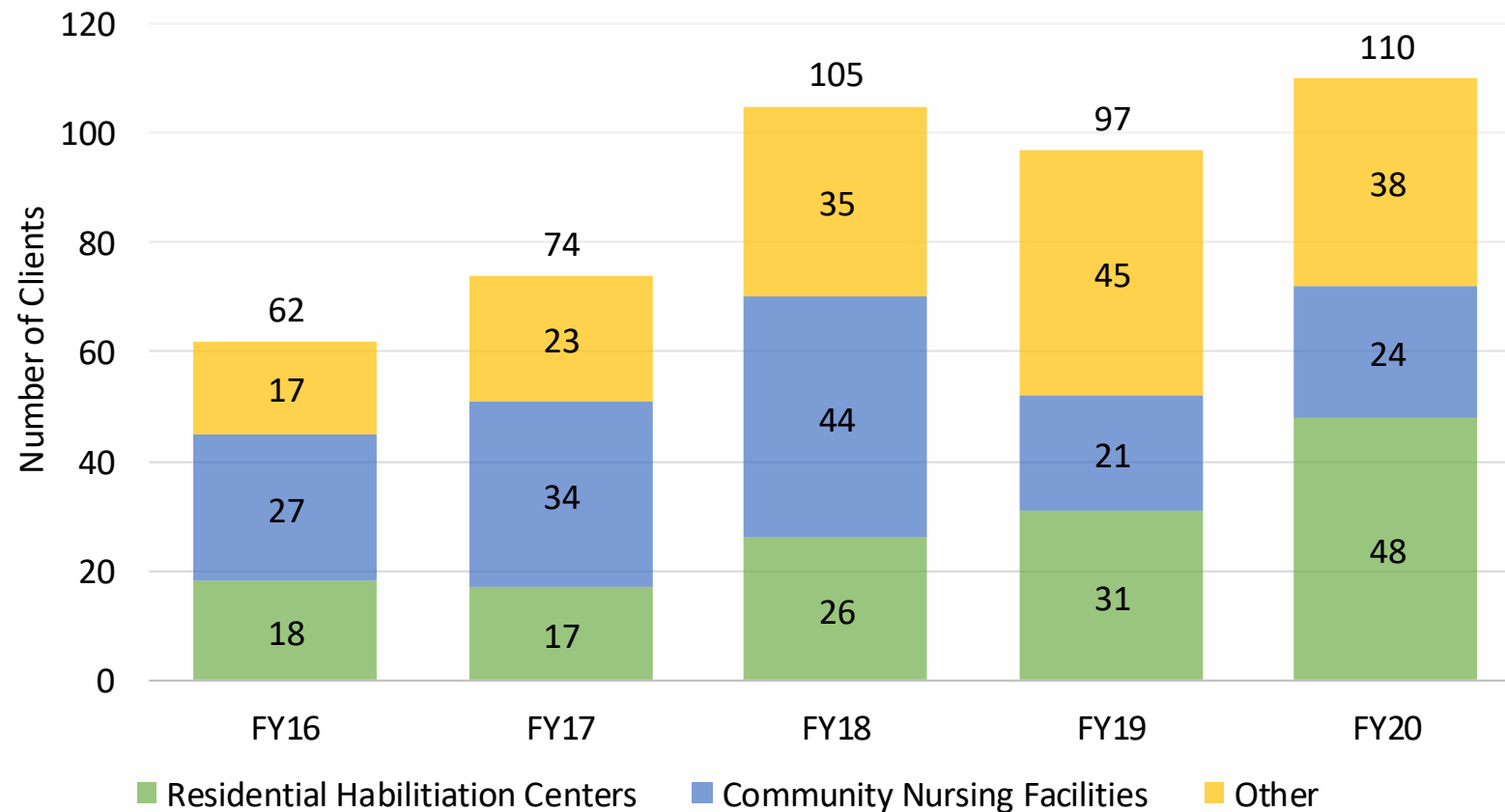
- Planned means a short-term stay with client having predetermined admission and discharge dates. Typically, a client approved for planned respite does not exceed 30 days in a calendar year.
- Emergent means a short-term stay where a client is in crisis and community resources are not currently available to help support the individual’s immediate health and welfare needs.

Number of FTEs expended at each RHC by fiscal year



Note: Expended FTEs include amounts associated with Consolidated Maintenance Operations and Consolidated Service and Support.

DDA clients moving to the community via Roads to Community Living (RCL)



The RCL grant funded through the Centers for Medicare and Medicaid Services provides an enhanced federal matching rate of 75%. The enhanced rate is available during the first 12 months after a person moves out of an institution to a qualified community setting.

RCL offers additional services to support a successful transition to community services. Additional RCL services include: person-centered planning, assistive technology, training for families and staff, and environmental modifications.

Developmental Disabilities Administration Contacts

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Unit Manager, Communications, Legislative and Performance	Luisa.Parada-Estrada@dshs.wa.gov

COVID-19 Impacts on DDA Intake and Eligibility

Below is how many individuals with tribal affiliation were DDA-eligible in 2020 compared to 2019. No significant impacts to tribal member applicants exist even though overall DDA applications decreased during the pandemic. The first step to receiving DDA services is applying for a determination of DDA eligibility. To learn the basic criteria and steps for determining DDA eligibility, click [here: https://informingfamilies.org/topic/dda-services/](https://informingfamilies.org/topic/dda-services/). **Note* Tribal affiliation is self-reported and may not be accurate. The numbers below indicate DDA eligibility applications, not service requests. Requesting services is a separate step that eligible DDA clients may or may not pursue. Waiver services are requested for.*

- **31** individuals with tribal affiliation were DDA-eligible from January to August 2019
- **32** individuals with tribal affiliation were DDA-eligible from January to August 2020

Total Decisions and Eligible Decisions for all DDA clients:

- **Monthly eligibility data for August 2020:**
 - **↓26%** Total Decisions – 821 compared to 1113 in Aug. 2019
 - **↓27%** Eligible Decisions – 688 compared to 949 in Aug. 2019
- **Monthly eligibility data for July 2020:**
 - **↓36%** Total Decisions – 809 compared to 1273 in July 2019
 - **↓35%** Total Eligible – 679 compared to 1039 in July 2019

Monthly Trends in Total Decisions for all DDA clients:

- **46%** decrease in total decisions in June 2020 compared to June 2019
- **40%** decrease in total decisions in May 2020 compared to May 2019
- **34%** decrease in total decisions in April 2020 compared to April 2019
- March stayed relatively stable showing a **2% increase** in total decisions in March 2020 compared to March 2019.

DDA Waiver Amendments Approved

Dear Tribal Leaders:

The Department of Social and Health Services' (DSHS) Developmental Disabilities Administration (DDA) received approval for amendments for five waivers funded by the Centers for Medicare and Medicaid Services (CMS). Affected waivers include:

- Individual and Family Services (IFS)
- Basic Plus
- Core
- Community Protection
- Children's Intensive In-Home Behavioral Support (CIIBS)

DSHS and Health Care Authority amended the waivers with a revised effective date of October 1, 2020. The amendment changes include:

1. Adding the following new services:
 - Specialized Habilitation: Support services for clients to learn or maintain a range of life skills, to the IFS, Basic Plus, non-residential Core and CIIBS waivers
 - Music therapy and equine therapy, to the CIIBS waiver
 - Community Engagement to the Basic Plus and Core waivers
 - Therapeutic adaptations to the IFS, Basic Plus and CIIBS waivers
2. Renaming and redefining Behavioral Health Stabilization services in all waivers to include:
 - Stabilization Services – Staff/family consultation services (existing service)
 - Stabilization Services – Specialized habilitation (new service)
 - Stabilization Services – Crisis diversion bed (existing service)
3. Revising the following service in the Basic Plus, Core and Community Protection waivers:
 - Chemical extermination of bed bugs to become extermination of bed bugs

Transforming Lives

4. Closing new enrollment for youth age 20 and younger; and phasing out Positive Behavior support and consultation from Basic Plus, Core, Individual and Family Services and Children's Intensive In-Home Behavioral Support waivers for adult clients age 21 and older. The replacement service is Specialized Habilitation, in addition to Medicaid state plan behavioral support services through managed care organizations (MCOs) or Medicaid fee-for-service)
5. Revising the service provider requirements for:
 - Group training homes
6. Restructuring CIIBS waiver fund categories for improved budget tracking
7. Removing the following services:
 - Community guide from Basic Plus and Core waivers (replaced by Community engagement)
 - Specialized psychiatric services from all waivers (service is available under the Medicaid state plan)
 - Skilled nursing (except nurse delegation) for youth age 20 and younger from all waivers (service is available under the Medicaid state plan)
 - Personal care from Basic Plus waiver (service is available on the Community First Choice program)
 - Prevocational services from the Basic Plus, Core and Community Protection waivers (all clients previously receiving services have already transitioned to other services)
 - Behavioral health stabilization services – positive behavior support and consultation (replacement services include Stabilization services – specialized habilitation and Stabilization services – staff/family consultation services)
 - Behavioral health stabilization services – specialized psychiatric services (service is available under the Medicaid state plan)
8. Adjusting technical language
9. Revising performance measures

10. Revising estimates for state plan utilization and expenditures
11. Revising estimates for waiver service utilization and expenditures
12. Revising post-eligibility treatment of income language for CIIBS waiver

All affected waiver participants currently receiving services that will be removed or phased out, will be transitioned to an appropriate Medicaid state plan or other waiver services during a transition process.

- Individuals currently receiving community guide will be auto enrolled to community engagement with the same provider and same number of service hours
- Specialized psychiatric services and behavioral health stabilization services such as specialized psychiatric and positive behavior support will end on September 30
- Clients receiving behavioral health stabilization services such as specialized psychiatric and positive behavior support, will transition to state-only funding supports during a three-month transition period

DDA will post the approved waiver amendments on the [DSHS website](#).



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

September 16, 2020

Dear Tribal Leader,

Today, Department of Social and Health Services (DSHS) Secretary, Cheryl Strange, announced the submission of the DSHS proposed budget to the Office of Financial Management (OFM) which included ALTSA's budget proposal.

The COVID-19 pandemic has had a dramatic impact on the way in which we all support clients in need of long-term services and supports. It has also significantly impacted state revenues. This has forced budget prioritization resulting in difficult choices in both investments and reduction options.

In developing our budget priorities, ALTSA followed a few key principles that align with our Mission, Vision and Values:

1. Ensure that our clients with the greatest need continue to receive services;
2. Continue our priority of safety and protection of vulnerable adults;
3. Preserve our services to the greatest extent possible;
4. Preserve our workforce by proposing furloughs and implementing hiring, travel and purchasing freezes to avoid complete job loss.

Understanding the proposed budget and our priorities:

The agency submits two types of proposals for the next biennium's budget: budget requests and reductions. ALTSA budget requests include funding or savings for things like new programs and services or a change in the way existing services are delivered, some of which may require a change in statute. Reduction options are done at the direction of the Office of Financial Management in order to illustrate a 15 percent reduction in General Fund-State expenditures across all state agencies.

ALTSA Budget Requests:

COVID-19 Funding: Includes Infection Control and Client Services, In-home Provider Personal Protective Equipment (PPE), and the Transitional Care Center of Seattle, a DSHS-owned nursing home targeted for acute hospital long length of stay transitions. (\$119.0M Total Funds; \$61.5M GF-State; 105.9 FTE)

Nursing Facility Rate Methodology: adds the temporary rate changes that the 2020 Legislature made to the rate statute, adding an inflation factor to costs reported by nursing homes, and changing the rebasing from every other year to annually. (\$22.9M Total Funds; \$11.5M GF-State)

Behavioral Health Transitions: Increases Specialized Dementia and Behavior Specialty Program beds to continue client transitions from state hospitals to AL TSA community settings. (\$16.9M Total Funds; \$8.4M GF-State; 11.1 FTE)

Convert MTD to Medicaid State Plan: The five year Medicaid Transformation Demonstration waiver ends December 2021. Having demonstrated that the Medicaid Alternative Care and Tailored Supports for Older Adults programs save money by addressing the increased demand for services in a way that provides more options for clients/family caregivers while also managing costs across populations, AL TSA requests funding continued services to support at risk individuals and family caregivers serving loved ones to delay and divert entry into more intensive Medicaid services. (\$81.4M Total Funds; \$40.7M GF-State; 36.6 FTE)

Managed Care Organizations Medicaid Personal Care: Request for the cost of personal care for clients whose need for personal care is due to their psychiatric disability. These services are currently approved by the Managed Care Organizations (MCO) contracted by the Health Care Authority (HCA). This will streamline the process of authorizing and paying for personal care. (\$14.0 Total Funds; \$13.6M GF-State; 3.0 FTE). It should be noted that the Health Care authority is also seeking funding for MCOs to provide long-term services and supports wrap around services to support individuals with significant behavioral health needs.

Reduction Options:

Furlough Savings: Continuation of the Governor's furloughs for specific job classifications, but assuming two furlough days per month. (-\$36.5M Total Funds; -\$17.6M GF-State)

General Wage Savings: Continuation of the Governor's modification of the 3% General Wage increase for EMS and WMS Positions. (-\$2.0M Total Funds; -\$1.0M GF-State)

Rental Subsidies: AL TSA will assist people who want to transition from nursing facilities more quickly by helping to cover the cost of rent for a limited time in their communities. The cost of in-home services, AL TSA staff, and the state-only rental subsidies is less than the GF-State portion of the nursing home Medicaid rate. (-\$22.5M Total Funds; -\$9.4M GF-State; 5.0 FTE)

Provider Rate Cuts: 2.4 percent rate cuts across the board for Medicaid providers, including in-home providers, nursing homes, adult family homes, adult day health, private duty nursing, enhanced service facilities and assisted living facilities. (-\$145.2M Total Funds; -\$66.6M GF-State)

Client Eligibility Cuts: This reduction option for temporary program eligibility changes would result in the loss of AL TSA services for over 12,000 people served in their own homes, community settings and nursing

homes, and a reduction in the Department of Social and Health Services (DSHS) and Area Agency on Aging (AAA) staff due to a smaller number of clients receiving services. (-\$805.3M Total Funds; -\$385.6M GF-State; -69.6 FTE)

Please remember that this is just the first step in our budget process. Using the information sent from DSHS and other agencies, the Governor will develop and submit a budget. Then the House and Senate will provide their budgets and from there a final conference budget will be negotiated and passed.

Thank you for the work you do to support individuals in Washington who are in need of long-term services and supports. For additional details on the AL TSA budget request, [click here](#).

Sincerely,



Bill Moss
Assistant Secretary
Aging and Long-Term Support Administration

DSHS: *Transforming Lives*

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Office of Indian Policy
PO Box 45105, Olympia WA 98504-5105

September 10, 2020

Department of Social and Health Services began providing services in the 1970s involving social services programming and programs within various administrations. Over time, pieces began peeling away to create other departments: Corrections; Commerce; Early Learning; Health Care Authority; Children, Youth & Families; and others. During the same time frame, Government to Government relationships with tribes unfolded at the request of tribes. The Indian Policy Advisory Committee (IPAC) to the Secretary of DSHS was created with delegates and alternate members from tribes being formally appointed by tribal governments to that body. DSHS implemented Administrative Policy 7.01 in 1987, and the first Centennial Accord meeting between the Governor's Office and tribal leaders took place in 1989. DSHS' policy is the method by which DSHS honors and measures the commitments to the Centennial Accord and RCW 43.376.

With the creation of HCA and movement of DBHR to HCA in 2018; and the creation of the Department of Children, Youth & Families at the same time, tribes realized that the way we had been doing business before would not work. Discussions around addressing the fracturing from so much movement were already in progress. The IPAC model was essentially modified and elevated in the newly developed Tribal Leaders Social Services Council to the Governor. The model was discussed and agreed to during the 2019 Centennial Accord. All agencies providing social services programming are part of this new structure working directly with tribal leaders and the Governor's Office. The GIHAC and AIHC are also participating within this structure. The existing committees' structures with DCYF, DSHS, and HCA continue to work on issues and needs involving social services. They continue to resolve those needs and issues within those bodies, unless the issues need to be elevated to a higher level of decision makers. The committees are going to be expanded to include issues and needs that are or could be related and involving other partners within state government. Further, issues that must be elevated (such as for legislative fixes) will be elevated to leaders so they can act at their level. A Legislative Committee will be in place at their level as well.

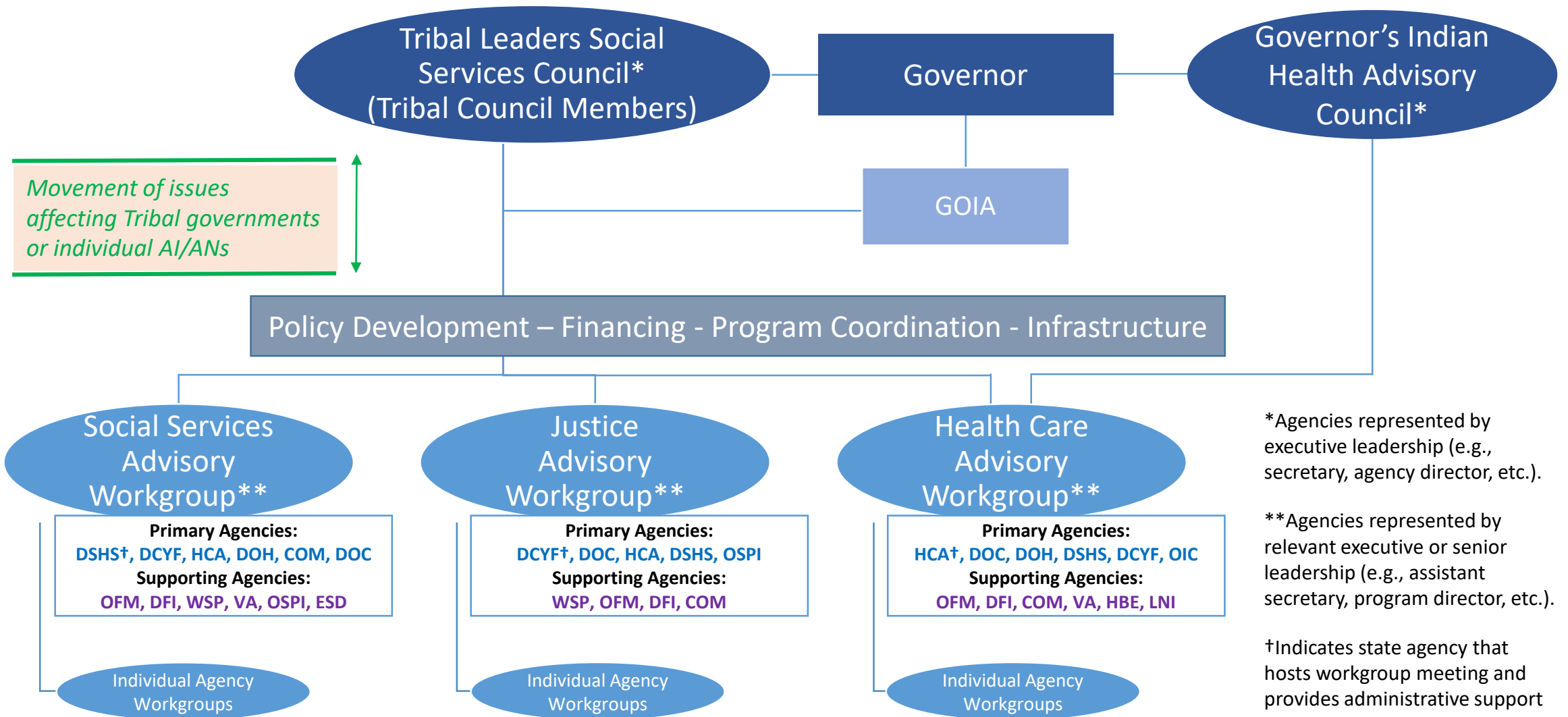
This is, briefly, the vision for this Council. There are more details if there are questions. Tribes are encouraged to continue participating in the developing and monitoring the work taking place as it will take years to perfect while it is in operation.

Respectfully,

Tim Collins [electronically signed]

Tim Collins
Senior Director

Cross-Agency Government-to-Government Framework for Social and Health Services



Movement of issues affecting Tribal governments or individual AI/ANs

*Agencies represented by executive leadership (e.g., secretary, agency director, etc.).

**Agencies represented by relevant executive or senior leadership (e.g., assistant secretary, program director, etc.).

†Indicates state agency that hosts workgroup meeting and provides administrative support to workgroup.

ABOUT

Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. States are required to have EVV systems in place for personal care services by January 1, 2020.

Washington State received a good faith exemption which extended the requirement of an EVV system in place for personal care services to January 1, 2021.

EVV is required for Home Care Agencies contracted to provide Medicaid services in Washington state. EVV will apply to providers who serve people receiving in-home personal care services from the Department of Social and Health Services, (DSHS) Aging and Long-Term Support Administration and the Developmental Disabilities Administration. Licensed residential services and supported living services are not required to comply with EVV requirements.

CONTACT INFORMATION

Email:
EVVQuestions@dshs.wa.gov

Website:
[Click Here](#)

EVV FOR HOME CARE AGENCIES

Due to the Covid-19 impact, in order to meet federal timeline and avoid significant penalties, the Home Care Agencies will locally collect and store their EVV data for monitoring and reporting purposes.



Home Care Agencies have their own vendors providing their EVV solution



DSHS has published the [WA EVV Implementation Guide for Home Care Agencies](#)



Submission of EVV data into ProviderOne will be a requirement in 2021; date to be announced in a forthcoming Management Bulletin

EVV FOR INDIVIDUAL PROVIDERS VIA IPOne

DSHS has initiated the process to start implementation of EVV for Individual Providers (IPs) in the IPOne system. DSHS remains committed to initiating the transition of IPs to the new Consumer Directed Employer by the legislatively required date of June 30, 2021.

CMS and DSHS finalized the direction regarding EVV for Live-In Provider Exemption (LIE)

- To be LIE eligible the provider and client must live together and cannot have a separate home where either reside
- The LIE provider would not have to use the Time4Care application to clock in and out and could continue to submit claims per pay period claiming hours worked in the IPOne portal or via fax

Non Live-In provider changes:

- Faxed timesheets will no longer be used/processed
- A new app for smartphones will be available for EVV-compliant claiming
- An IVR/telephone system will be available for IPs without access to smartphones



Communication packets will be mailed to all Providers providing the necessary information



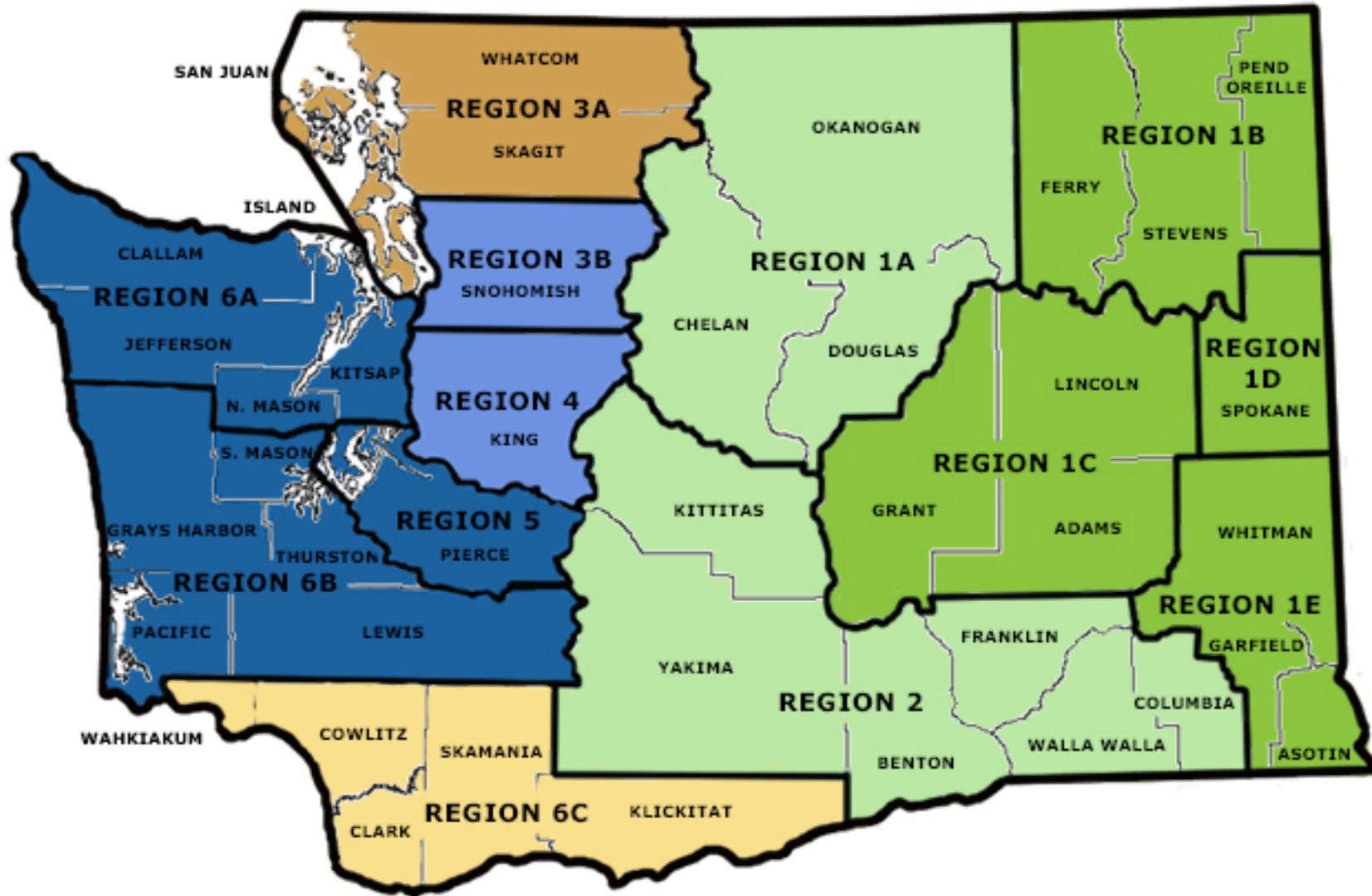
Training session schedules will be published



The planned Go-Live date for EVV is December 16, 2020

Transportation Broker Regions

Click on a region for broker website



- | | | |
|---|--|---|
|  Paratransit Services |  Northwest Regional Council |  People For People |
|  Hopelink |  Human Services Council |  Special Mobility Services |

TRIBAL PARTICIPATION IN THE LONG-TERM SERVICES AND SUPPORTS TRUST PROGRAM

Enacted in 2019, the LTSS Trust (RCW 50B.04) is a contributory long-term services and supports insurance program with a lifetime maximum benefit of \$36,500 for all eligible Washington employees. It is financed by an employee premium of 0.58 percent of wages (\$0.58 for every \$100 earned). Individuals who have met the Trust's work and contribution requirements (10 years with no more than a 5 year interruption, or 3 out of the last 6 years) and who are determined to need assistance with activities of daily living (ADL) may claim LTSS Trust benefits from approved providers. The Trust is a cross-agency project administered collaboratively by the Department of Social and Health Services, the Employment Security Department, the Health Care Authority, and the Office of the State Actuary. It is overseen by the 21-member LTSS Trust Commission.

On January 1, 2022, the Employment Security Department will begin collecting premiums from workers, and self-employed individuals can begin opting in. On January 1, 2025, the Department of Social and Health Services will begin paying benefits on behalf of eligible beneficiaries.

Under the current LTSS Trust statute, any tribal member who works for a Washington employer (or is self-employed and opts in) will pay premiums into the LTSS Trust like any Washingtonian worker and be able to receive benefits when needed.

“Employer” under the LTSS Trust law has the same definition used in Paid Family and Medical Leave (RCW 50A) and does not include Tribal governments. Tribal employers will not have a mechanism to participate under the current law. This means any employees of the tribes will not pay premiums nor have any access to LTSS Trust benefits. This includes tribal members and non-tribal members employed by any of the 29 federally recognized tribes in Washington. According to the Washington Indian and Gaming Association's 2019 report titled *The Economic & Community Benefits of Tribes in Washington*, there were nearly 31,000 individuals employed by tribal organizations in 2018.

The LTSS Trust Commission charged a workgroup to develop and evaluate considerations for pathways to tribal participation in the LTSS Trust. The working group met on Friday, October 9th and included DSHS and HCA Tribal Liaison staff, the American Indian Health Commission Director, the Governor's Office and ESD staff. Initial options were developed and explored, and ongoing discussions are expected to continue. Options will need to be vetted by the Employment Security Department.

POTENTIAL PATHWAYS FOR TRIBAL PARTICIPATION:

- **Option 1 - Tribal employer opt-in:** Revise the LTSS Trust statute to add a tribal employer opt-in provision that gives tribal employers the option to participate in the Trust. When a tribe opts-in, all of their employees will be covered. Tribal employers will withhold .58% from wages, and remit these premium payments to ESD. If a tribe does not opt-in, its employees will not have coverage.

- **Option 2 - Tribal employee permanent opt-in:** Revise the LTSS Trust statute to add an opt-in provision that gives employees of tribes a window of opportunity to permanently opt-in. These individuals would pay .58% of their wages as a premium toward the LTSS Trust, directly to ESD. Wages paid by the tribe would not be withheld. The Tribe would not have any administrative duties. There is not currently a mechanism in place for ESD to implement this option and there is no precedent in PFML.
- **Option 3 - Tribal employer opt-in, and tribal employee permanent opt-in for tribes that do not opt-in:** A combination of Option 1 and Option 2, that allows individual tribes to opt-in as employers, and individuals employees of the tribes to permanently opt-in if the tribe as an employer does not opt-in. When a tribe opts in, they withhold premiums and remit payment to ESD for all of their employees. When a tribe does not opt-in, individual employees have the opportunity to opt-in and remit premium payments directly to ESD.

PROS AND CONS

Option 1: Tribal employer opt-in

- Pros:
 - Provides a pathway for tribes to choose whether or not to participate
 - Easy to implement for the Employment Security Department as precedent exists with PFML
- Cons:
 - Individual employees of tribes do not have a choice to participate if their employer does not opt-in
 - Tribes need to determine a premium calculation based on .58% of wages, which may include treaty-based wages, and remit payment to ESD

Option 2: Tribal employee permanent opt-in

- Pros:
 - Provides a pathway for employees of tribes to opt-in independent of the decision of the tribal employer
- Cons:
 - Individual employees have to take action to participate, including remitting hours and wages quarterly, and pay their premium based on this to the Employment Security Department.
 - Increases administrative complexity for the Employment Security Department
 - There is not currently a mechanism in place for ESD to implement this option and there is no precedent in PFML

Option 3: Tribal employer opt-in, and tribal employee permanent opt-in for tribes that do not opt-in

- Pros:
 - Provides a pathway for tribes as employers to opt-in and employees of the tribes that choose not to participate to opt-in.

- Cons:
 - Increases administrative complexity for the Employment Security Department
 - Tribes that opt-in as employers need to determine a premium calculation based on .58% of wages, which may include treaty-based wages, and remit payment to ESD
 - If a tribal employer decides to opt-in after employees have permanently opted-in, increases administrative complexity for the tribe and ESD when the tribe opts-in
 - There is not currently a mechanism in place for ESD to implement this option and there is no precedent in PFML

Other considerations:

- Wages, including treaty-based wages, are the only source of premiums for the LTSS Trust. Premiums are calculated from .58% of wages. The Employment Security Department is unable to collect premiums from other fund sources.
- The way treaty wage income would be reported to the Employment Security Department for this program may affect other state programs that rely on ESD wage data for eligibility purposes.