

Developmental Disabilities Administration 2019 Caseload and Cost Report

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Developmental Disabilities Administration

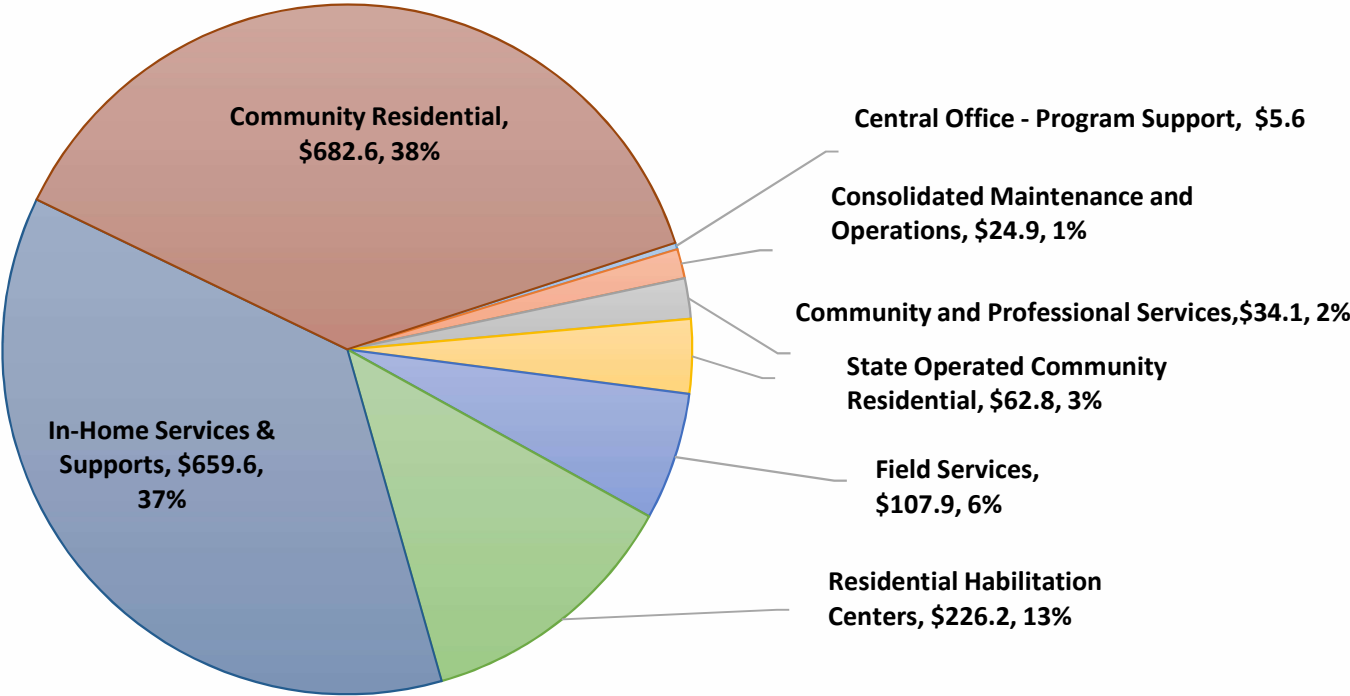
Mission

The mission of DDA is to transform lives by providing support and fostering partnerships that empower people to live the lives they want. To accomplish this, we strive to develop and implement public policies promoting individual worth, self-respect, and dignity such that each individual is valued as a contributing member of the community.

Guiding Values

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

DDA 2019-21 Operating Budget



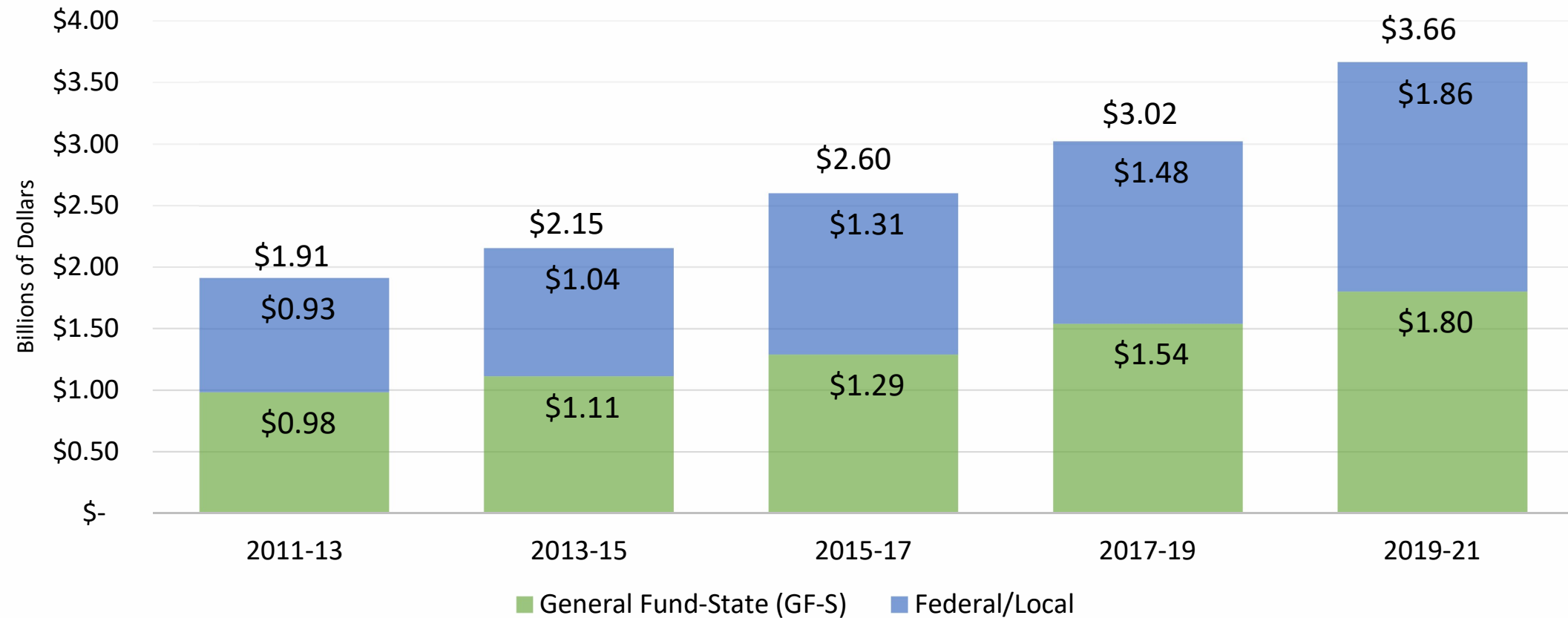
2019-21 DDA Budget

- General Fund State Total: \$1.8 Billion (48.7%)
- Federal/Other Funds Total: \$1.86 Billion (50.8%)
- Total DDA Budget: \$3.66 Billion (100%)

Fund Category	State Funds (millions)	FTE	*Clients (estimate)
Central Office - Program Support	\$ 5.6	22.7	-
Consolidated Maintenance and Operations	\$ 24.9	193.1	-
Community and Professional Services	\$ 34.1	-	-
State Operated Community Residential	\$ 62.8	707.45	239
Field Services	\$ 107.9	856.3	-
Residential Habilitation Centers (RHC)	\$ 226.2	2,455.55	700
In-Home Services and Supports (Personal Care, HCBS Waivers, SSP, Child Development Services, Supported Employment and Day Programs)	\$ 659.6	-	20,528
Community Residential	\$ 682.6	-	4,741
Totals	\$ 1,803.7	4235.1	26,208

* 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 16.4% 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.

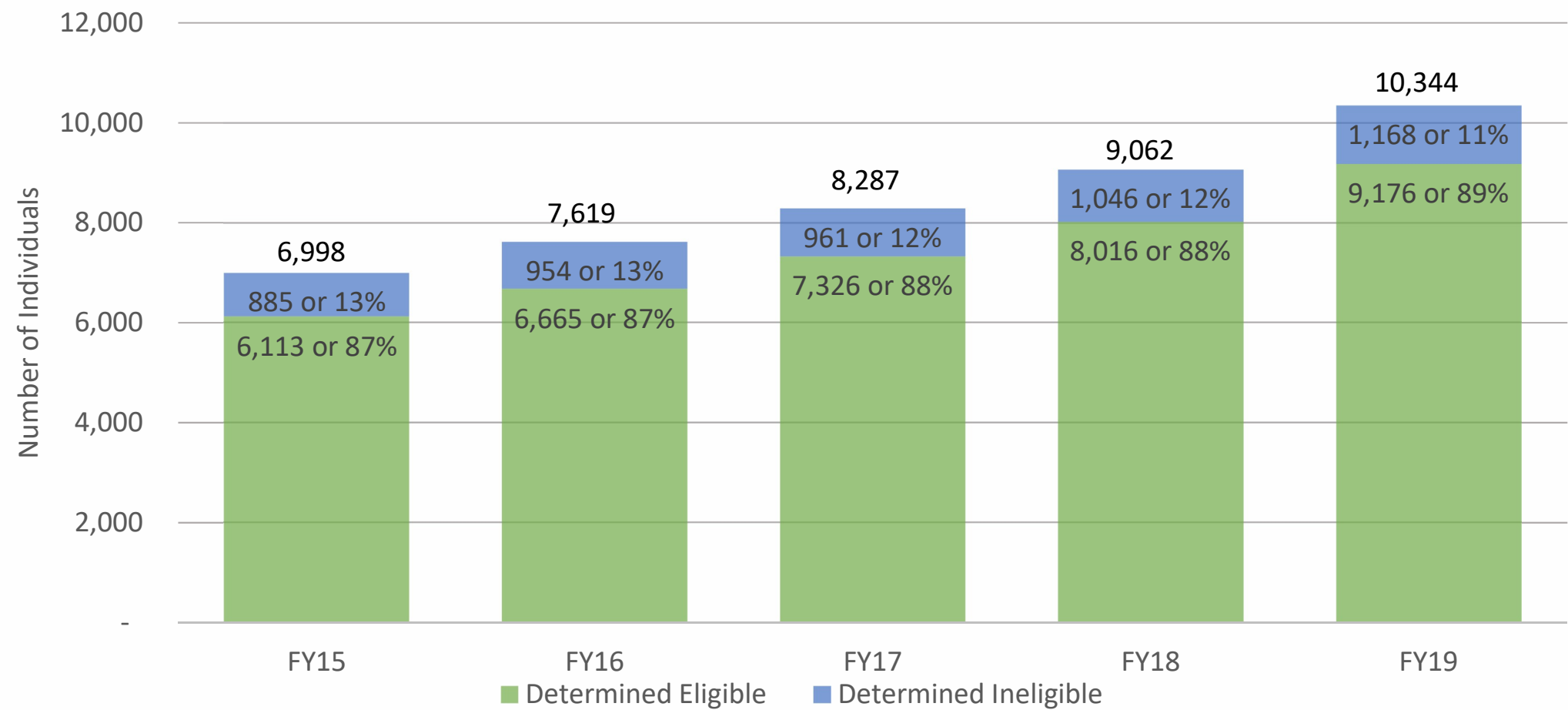
To be found eligible as a client of DDA, a person must:

- 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:

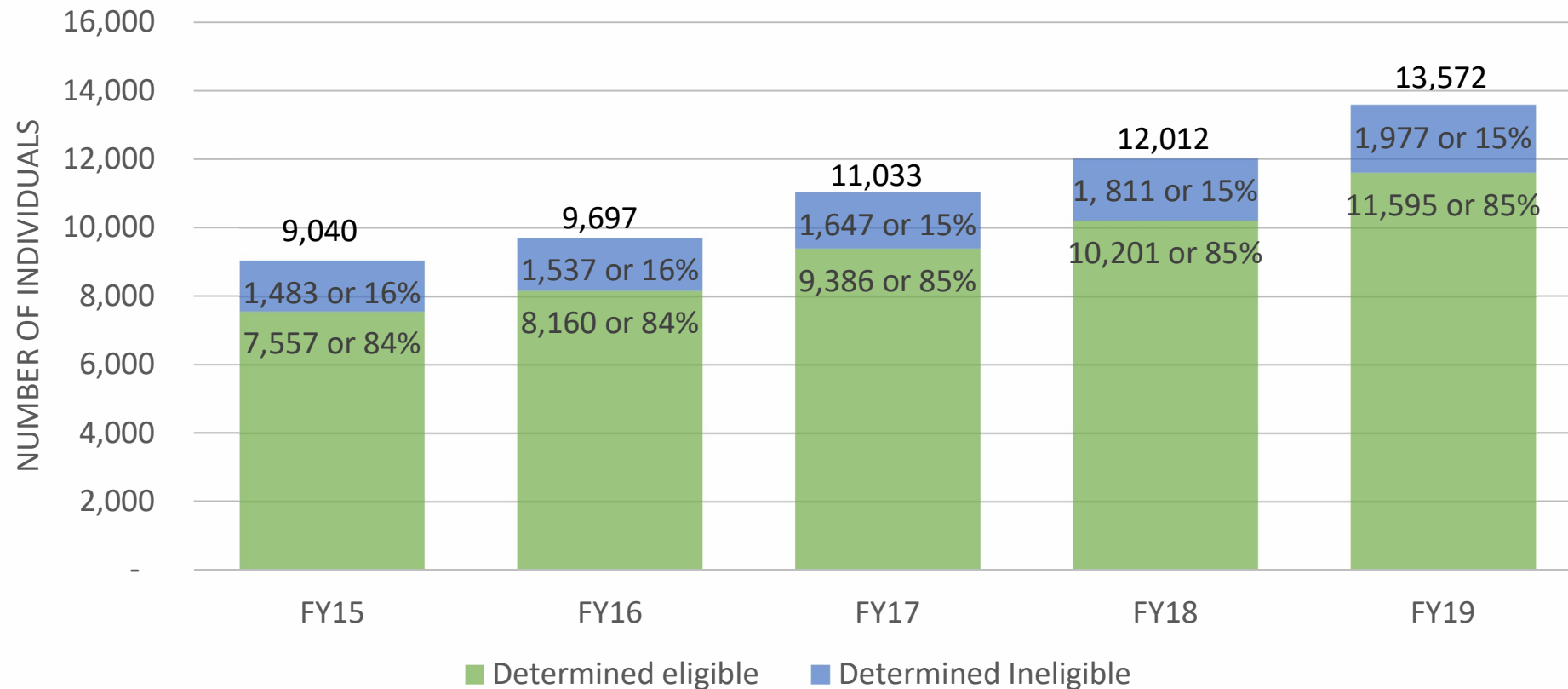
“a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual 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 eligibility applications increased by 14% from FY18 to FY19, which is higher than the average annual increase since FY15 of 10%.

Total eligibility determinations by fiscal year



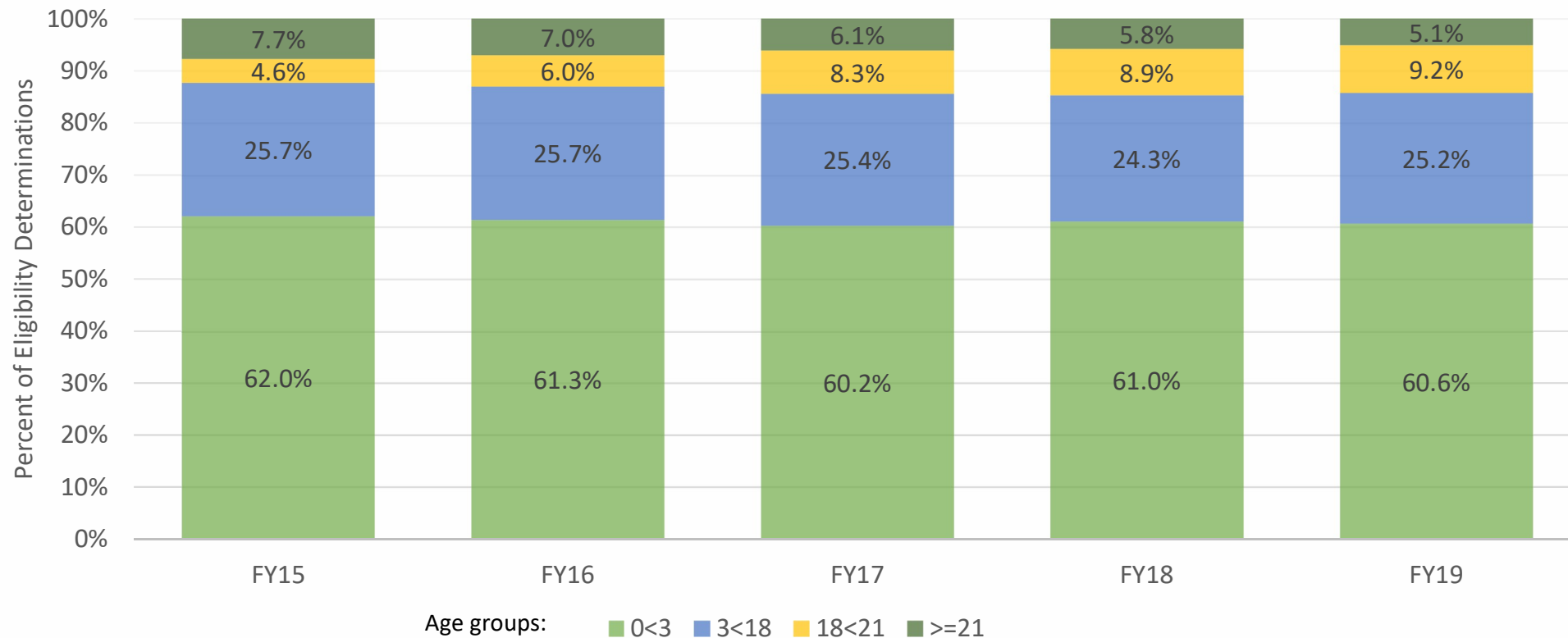
- Includes all application types: initial, review, and re-application.
- Eligibility determinations have increased at an average annual rate of 11.9%.
- About 84% of all applications are determined eligible and 16% determined ineligible.

Eligibility applications and determinations by race and ethnicity

Applications by race/ethnicity and fiscal year

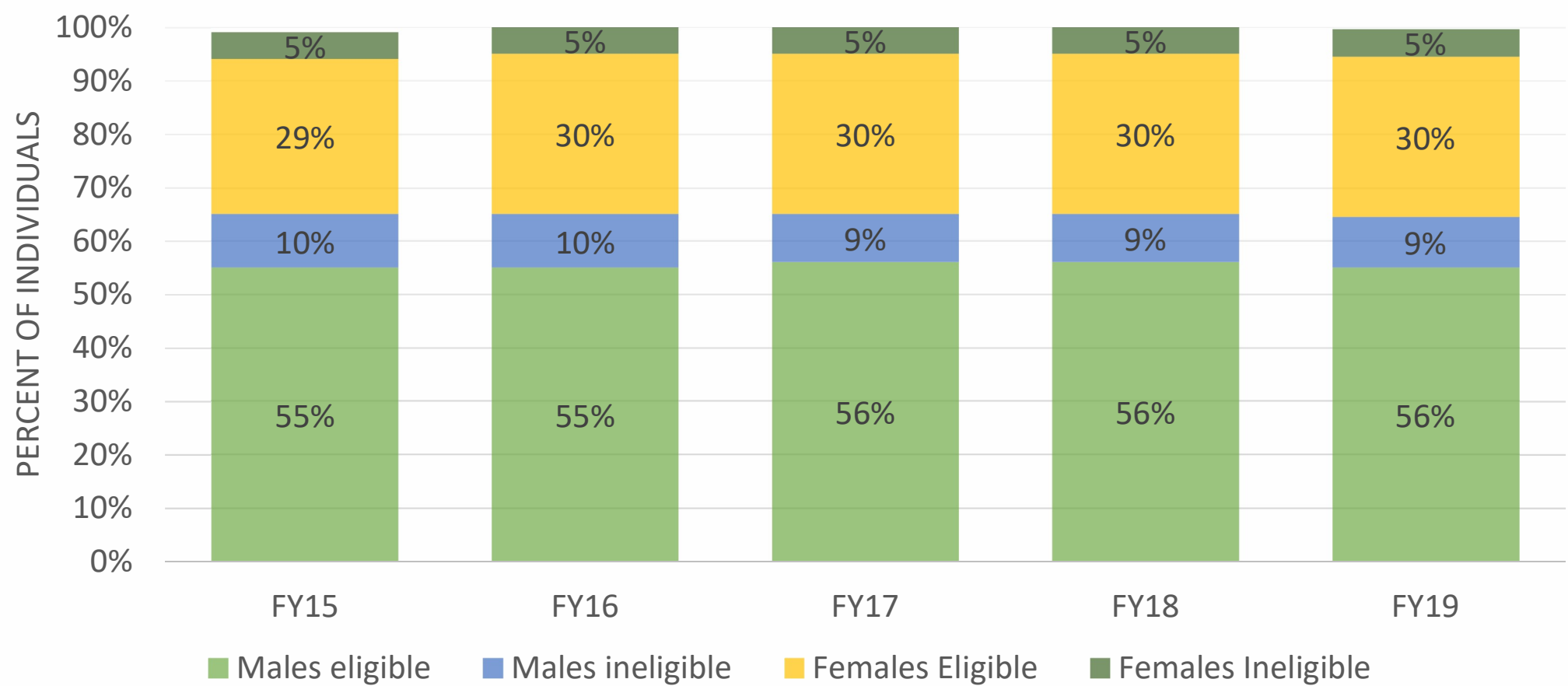
Ethnicity	FY15		FY16		FY17		FY18		FY19	
	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible	Eligible	Ineligible
American or Alaska Native	1.1%	0.4%	1.3%	0.3%	1.3%	0.4%	1.2%	0.4%	1.0%	0.3%
Asian	6.1%	0.7%	5.9%	0.8%	5.7%	0.6%	6.7%	0.6%	5.9%	0.6%
Black or African American	4.9%	1.3%	4.4%	1.1%	4.5%	1.0%	5.3%	1.0%	4.0%	0.7%
Native Hawaiian/Other Pacific Islander	1.0%	0.2%	1.3%	0.1%	1.4%	0.2%	1.0%	0.1%	1.0%	0.1%
Unreported	10.8%	1.2%	10.4%	1.0%	11.1%	1.2%	10.8%	1.1%	8.0%	3.2%
White	54.0%	10.8%	55.5%	10.5%	55.5%	9.9%	54.1%	10.1%	45.3%	6.4%
Two or More Races	6.6%	0.9%	6.4%	1.1%	6.4%	0.9%	6.5%	1.0%	19.8%	3.8%
Totals	84.5%	15.5%	85.2%	14.9%	85.9%	14.2%	85.6%	14.3%	84.9%	15.1%
Hispanic or Latino	17.2%	2.5%	19.3%	2.6%	18.5%	2.5%	17.8%	2.5%	16.0%	2.2%

Eligibility determinations by fiscal year and age group



- Eligibility determinations have remained steady since FY15 for the 0<3 and 3<18 age groups.
- Determinations for transition age applicants between 18 and 21 have increased every year since 2015.

Percent of eligibility determinations made by gender and fiscal year



Eligible applications on average have been 65% males and 35% females since 2015.

Eligibility determinations made by condition and fiscal year

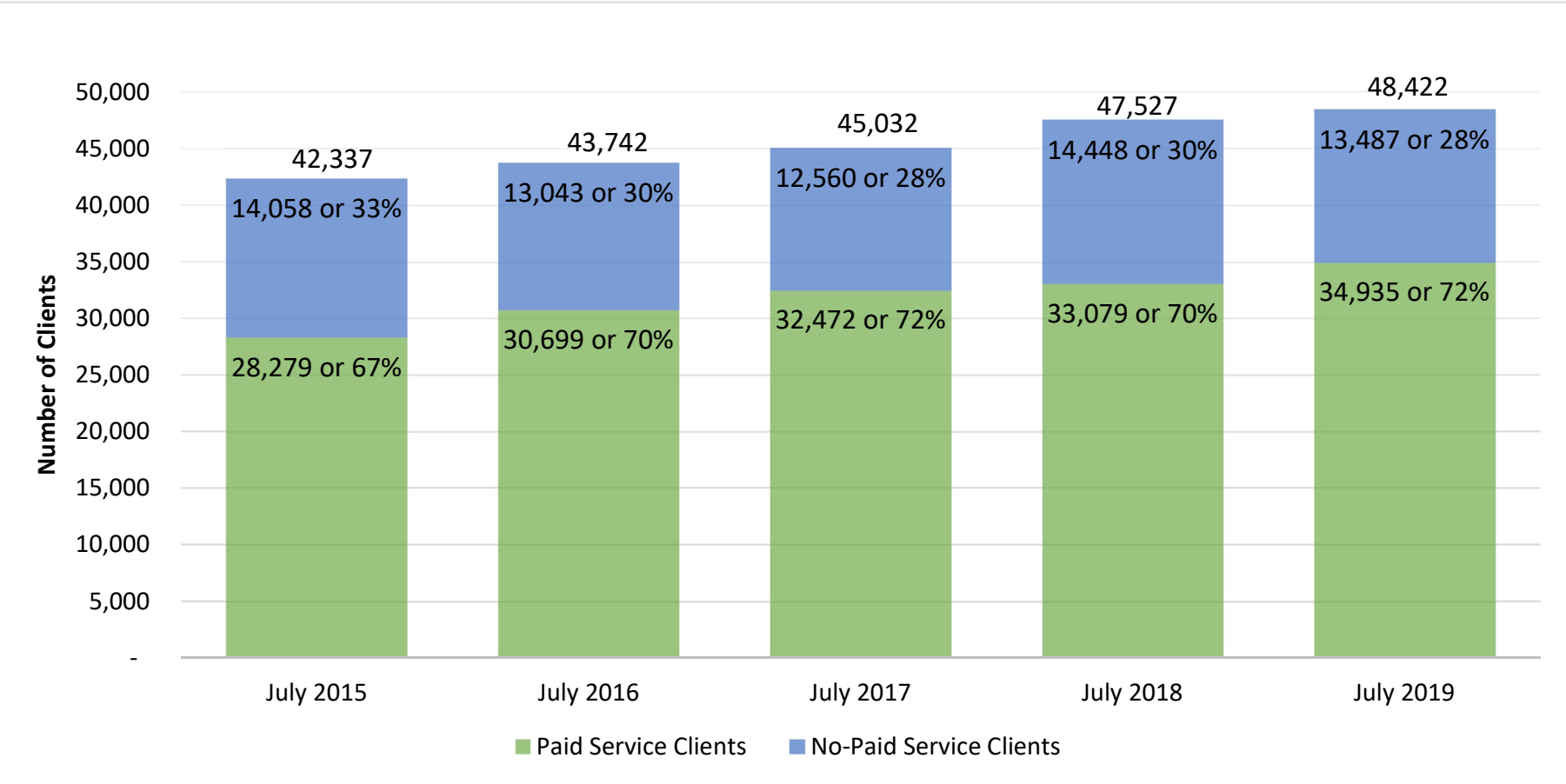
	FY15	FY16	FY17	FY18	FY19	5 Year Average
Developmental Delay	79.5%	78.6%	78.4%	78.9%	79.6%	79.0%
Intellectual Disability	8.4%	8.1%	7.3%	7.1%	7.0%	7.6%
Autism	5.6%	5.8%	6.1%	5.9%	6.2%	5.9%
Two or more disabilities	1.8%	2.4%	2.7%	2.9%	2.2%	2.4%
Cerebral Palsy	2.0%	2.0%	2.3%	2.3%	1.9%	2.1%
Another Neurological or Other Condition	1.7%	2.0%	2.6%	2.2%	2.5%	2.2%
Epilepsy	0.5%	0.6%	0.5%	0.6%	0.5%	0.5%
*Medically Intensive Children's Program	0.5%	0.4%	0.1%	0.2%	0.1%	0.3%

The distribution of eligibility conditions has remained relatively steady since 2015.

Note: 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

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.

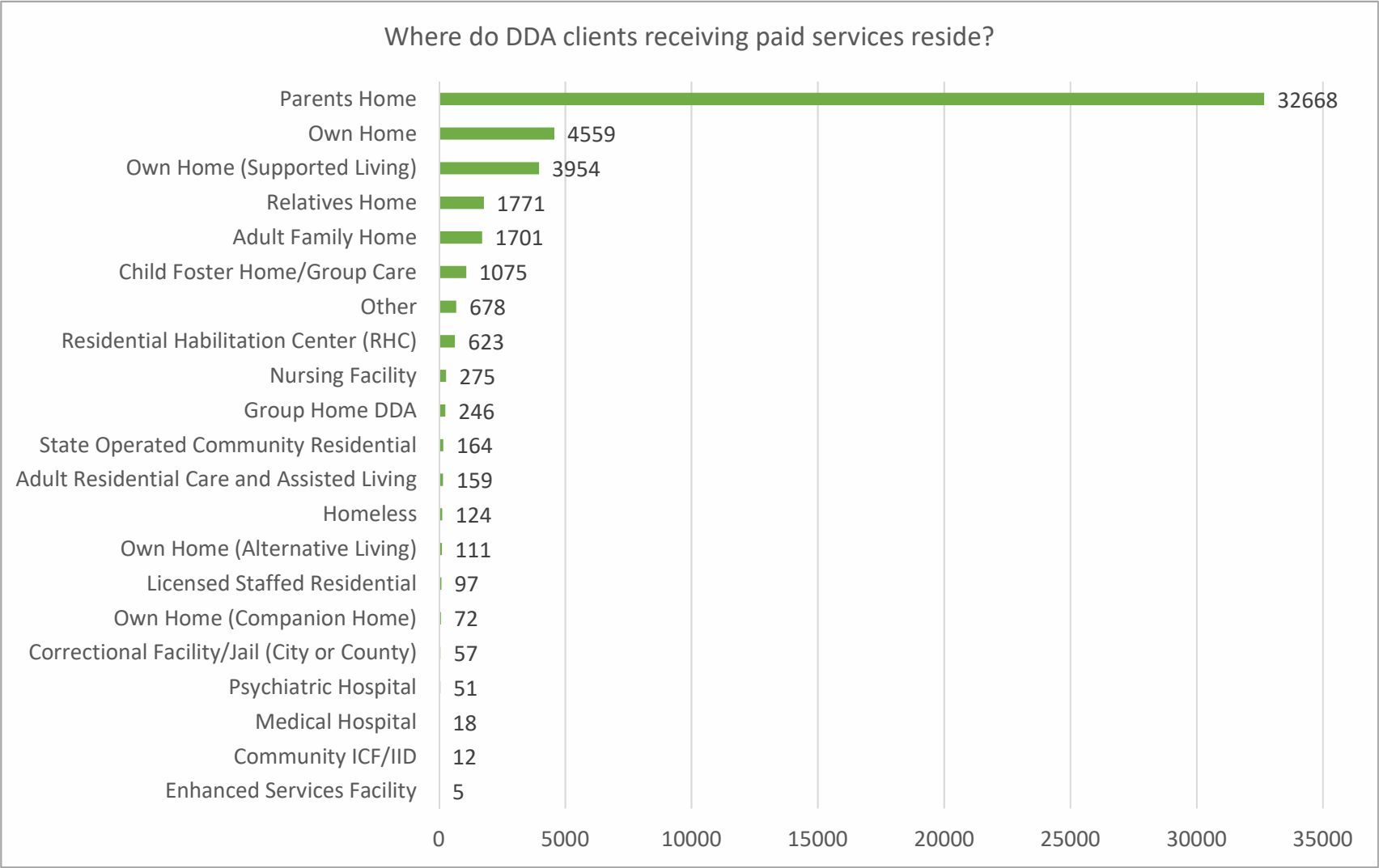


The 2014 legislature created the Individual and Family Services Waiver with funding for 4,000 individuals and 1,000 individuals on the Basic Plus waiver.

Since July 2015

- The DDA caseload has grown at an average annual rate of 3.4%.
- The paid services caseload has increased by 6,085 clients or 23.5%.
- The no-paid services caseload decreased during 2014-17, grew in FY2018 and decreased again in FY2019.

Where do DDA clients reside?



* ICF/IID means Intermediate Care Facility for Individuals with Intellectual Disabilities

48,422 DDA clients are enrolled as clients of DDA

- 34,439 or 71% of clients live with and receive care and support from a parent or relative. This is a 2% increase since 7/1/18.

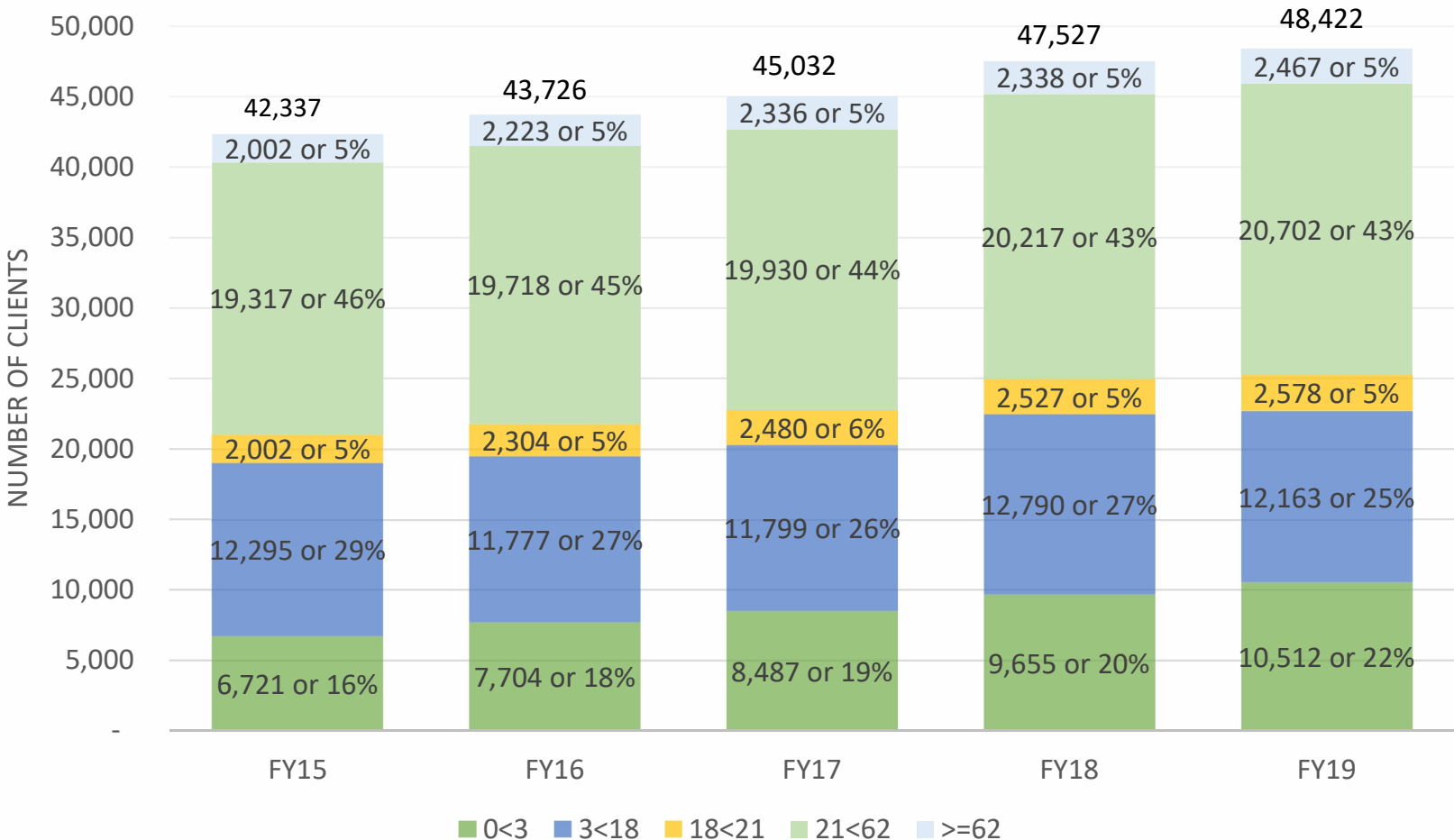
Of the clients receiving care and support from a parent or relative:

- 23,215 clients receive a DDA paid service from DDA
- 11,238 clients do not receive a paid service from DDA

Age and care from a parent or relative:

- 21,323 or 62% of clients are under the age of 18
- 13,130 or 38% of clients are age 18 or older
- 123 clients are over age 60 and reside with a parent

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 3.4%.
- Since FY15, the average annual growth rate for each age group is:
 - 0 < 3 = 56.4%
 - 3 < 18 = -1.0%
 - 18 < 21 = 28.8%
 - 21 < 62 = 7.2%
 - >= 62 = 23.8%

Individuals served on an Enhanced Case Management Caseload

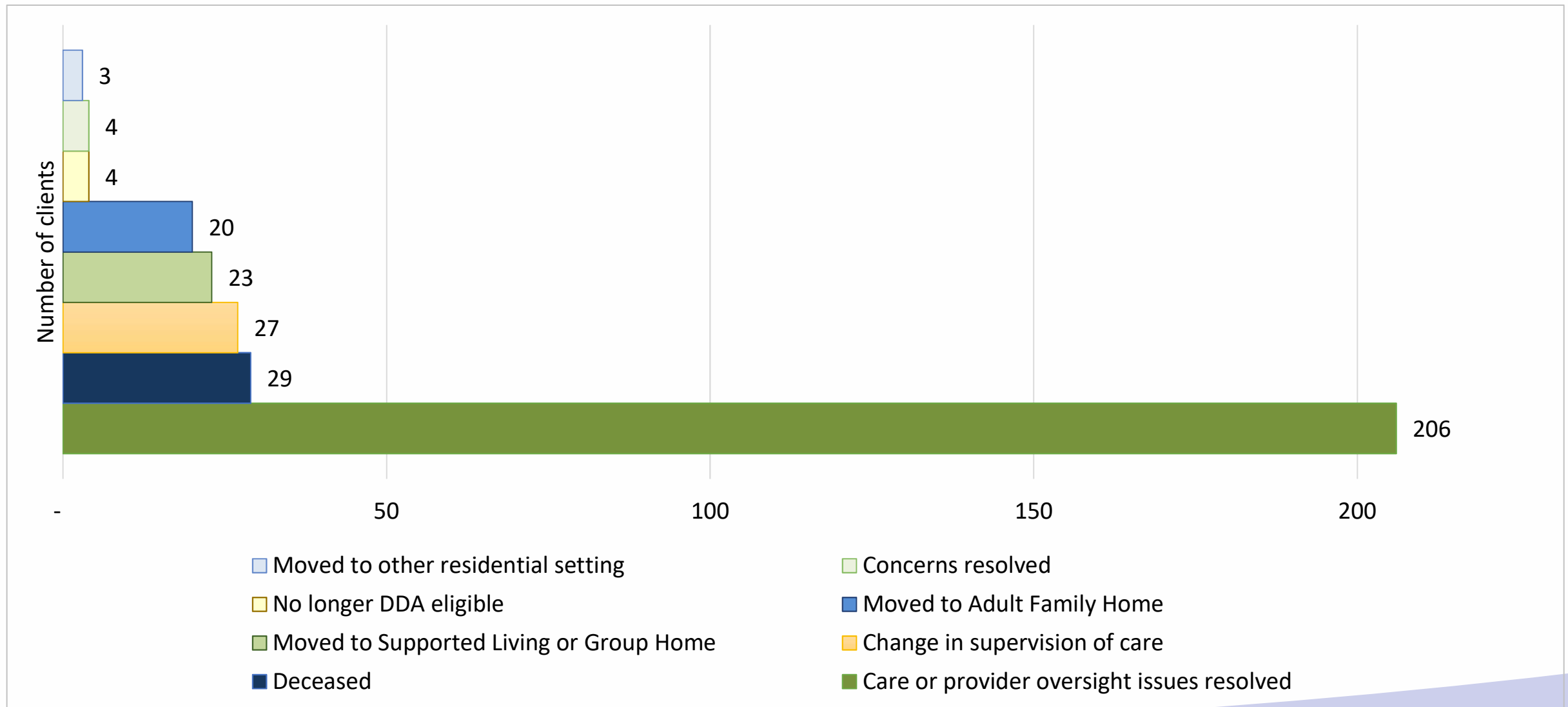
The 2016 Legislature created and funded the Enhanced Case Management Program for clients who may be at high risk for abuse or neglect. The specialized caseloads are 1:40 client/case manager ratio. Case managers visit clients at least once every four months to:

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

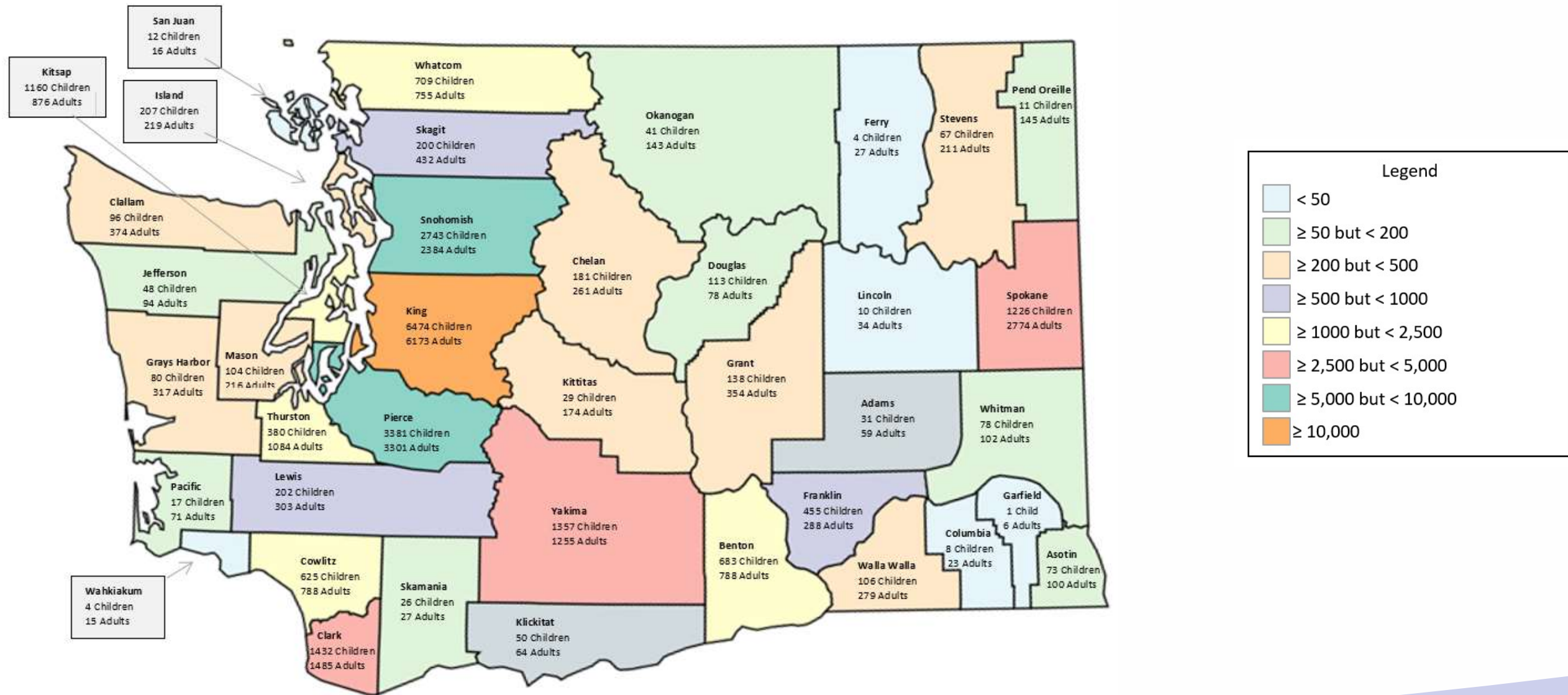
	Region 1	Region 2	Region 3	Statewide
Capacity	200	205	284	689
Enrolled	198	197	268	663

Since 2016, 980 DDA clients have been served on the Enhanced Case Management caseload.

Reasons for exiting Enhanced Case Management since 9/1/2016



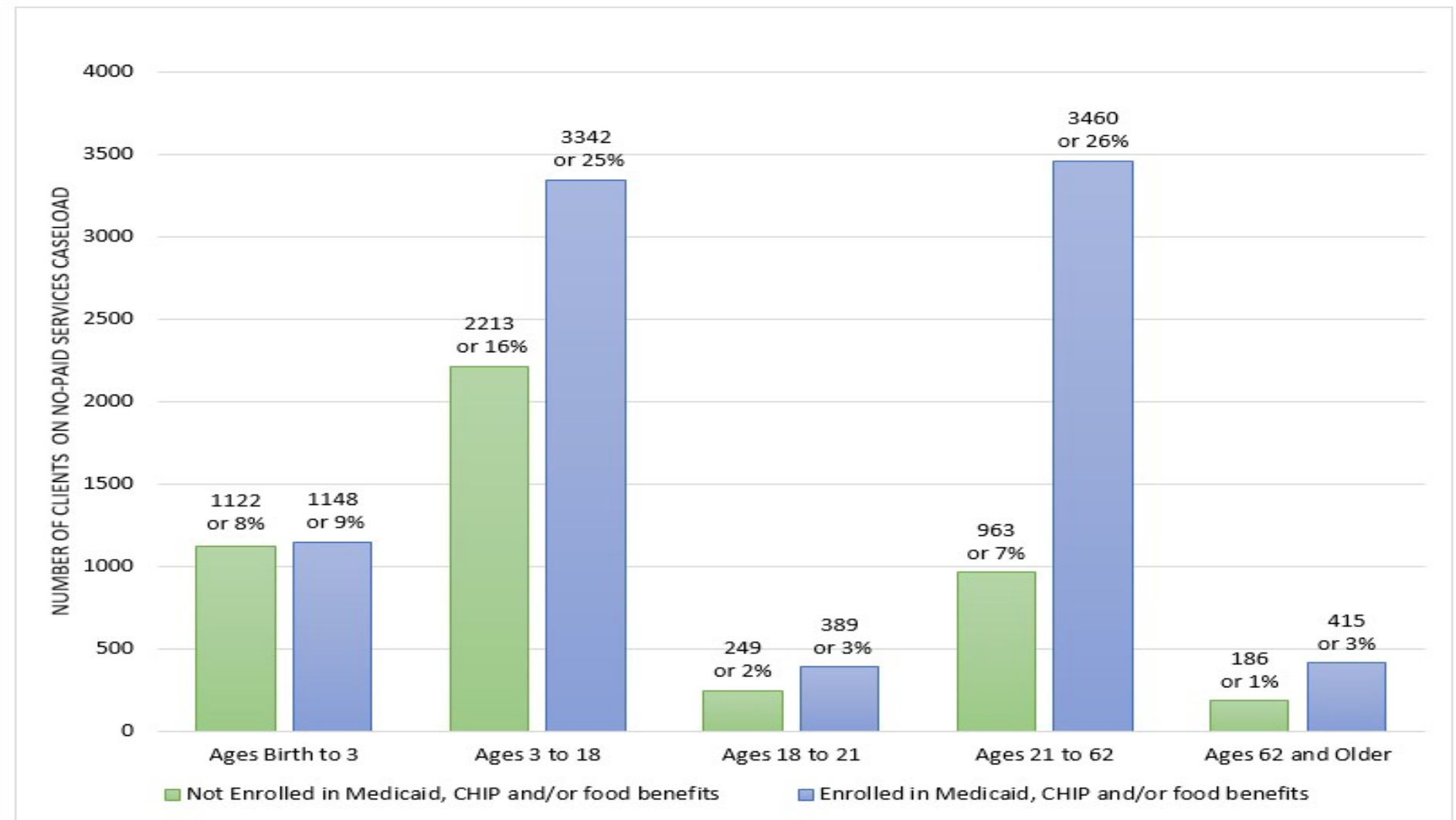
Children and adults enrolled by county



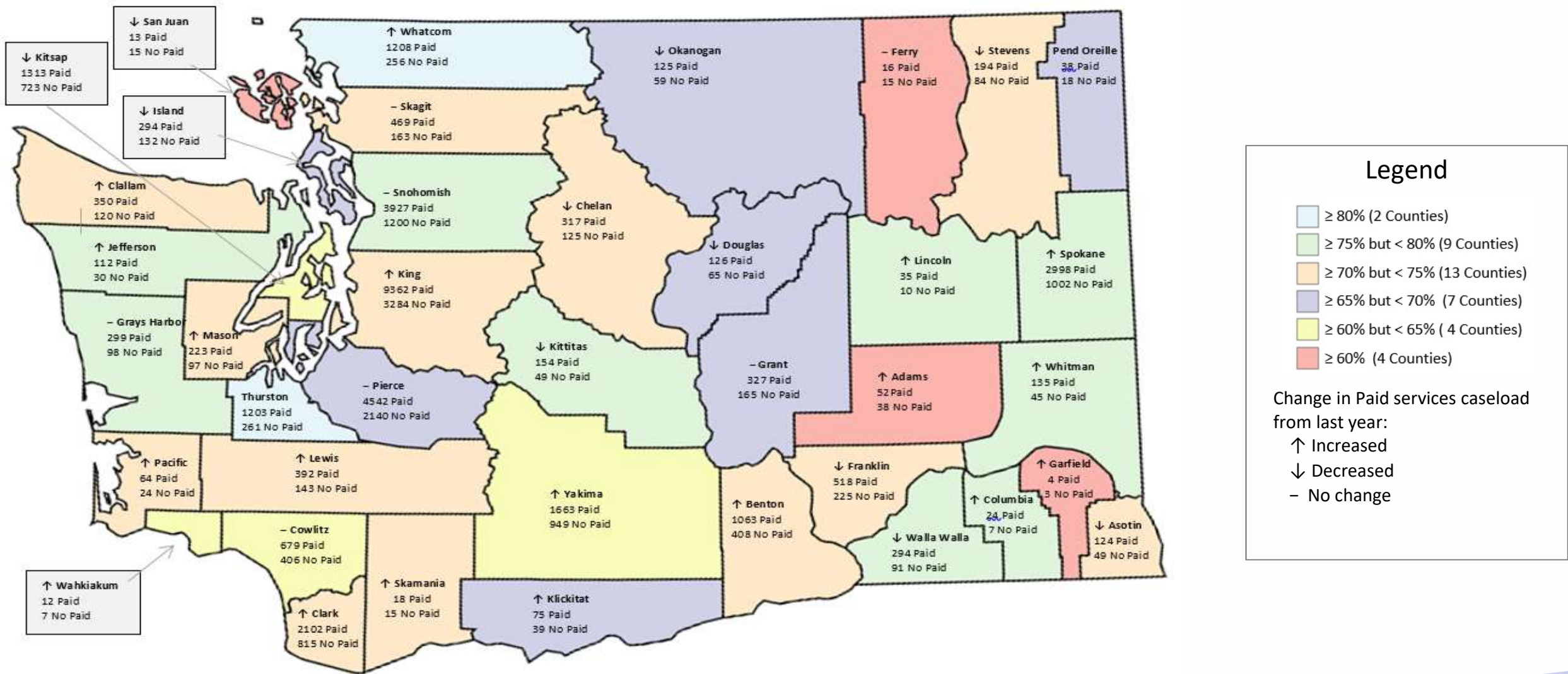
Clients on the DDA No-Paid Services (NPS) caseload enrolled in a Medicaid, CHIP, and/or food benefits coverage group by age group

Summary

- 13,487 DDA eligible clients are on the NPS caseload.
- 65% of clients on the NPS caseload are enrolled in a coverage group.
- 51% of NPS clients enrolled in a coverage group are ages birth to 18.



Number of clients by county and caseload type



FY19 Caseload by race/ethnicity and caseload type

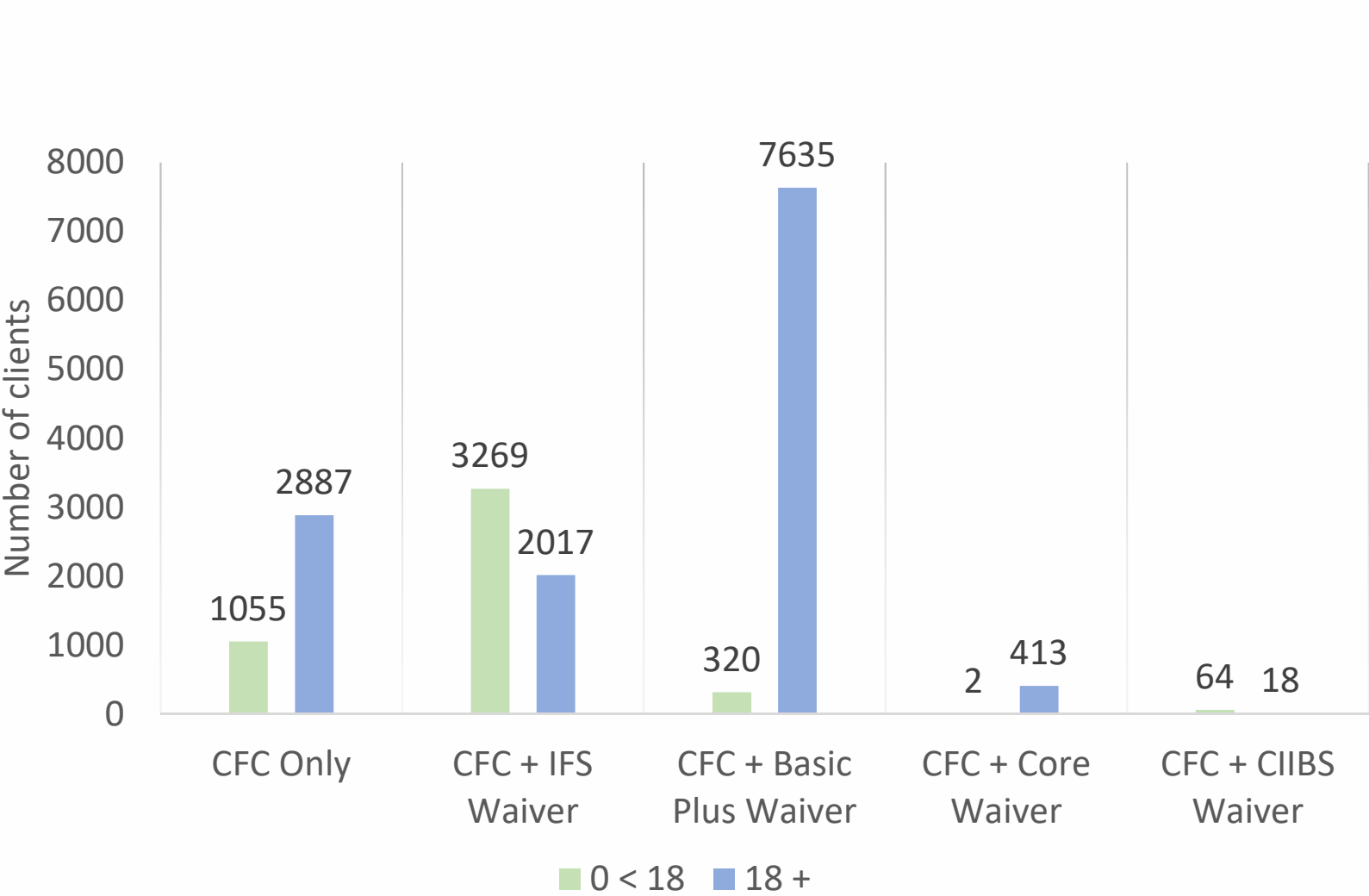
	Paid Caseload		No-Paid Caseload		Total Caseload			WA State Population Demographics 2018**	US Population Demographics 2018***
	Female	Male	Female	Male	Female	Male	Total		
American or Alaska Native	0.6%	0.9%	0.3%	0.4%	0.9%	1.3%	2.3%	1.9%	1.3%
Asian	1.7%	2.8%	0.5%	0.9%	2.2%	3.8%	6.0%	8.8%	5.9%
Black or African American	1.5%	2.6%	0.6%	1.1%	2.1%	3.7%	5.8%	4.0%	13.4%
Native Hawaiian/Other Pacific Islander	0.3%	0.5%	0.1%	0.2%	0.5%	0.8%	1.2%	0.8%	0.2%
White	21.3%	32.6%	7.6%	11.9%	28.9%	44.5%	73.5%	79.4%	76.5%
Two or More Races	1.1%	1.9%	0.5%	1.0%	1.6%	3.0%	4.6%	5.1%	2.7%
Unreported	1.5%	2.6%	1.0%	1.6%	2.5%	4.2%	6.7%	0.0%	0.0%
Totals	28.1%	44.1%	10.7%	17.2%	38.8%	61.2%	100.0 %	100.0%	100.0%
Hispanic or Latino Ethnicity*	3.7%	6.3%	1.9%	3.0%	5.6%	9.3%	14.9%	13.1%	18.3%

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

** Data source: Washington State Office of Financial Management, Forecasting and Research Division - 2018 estimate

*** Data Source: United States Census Bureau – July 1, 2018 estimate

Number of clients receiving Community First Choice (CFC) by waiver type



Summary

CFC is a state plan that offers a variety of services to support individuals to live in the community.

Services are provided to children and adults in their own home, an adult family home, or an assisted living facility.

Waivers provide funding to allow the provision of ICF/ID level of services to children and adults in a variety of community settings.

- 17,680 clients receive CFC services. This is an increase of 3.0% since last year.
- 4,710 children receive CFC services. This is an increase of 2.3% since last year.
- 12,970 adults receive CFC services. This is an increase of 3.3% since last year.

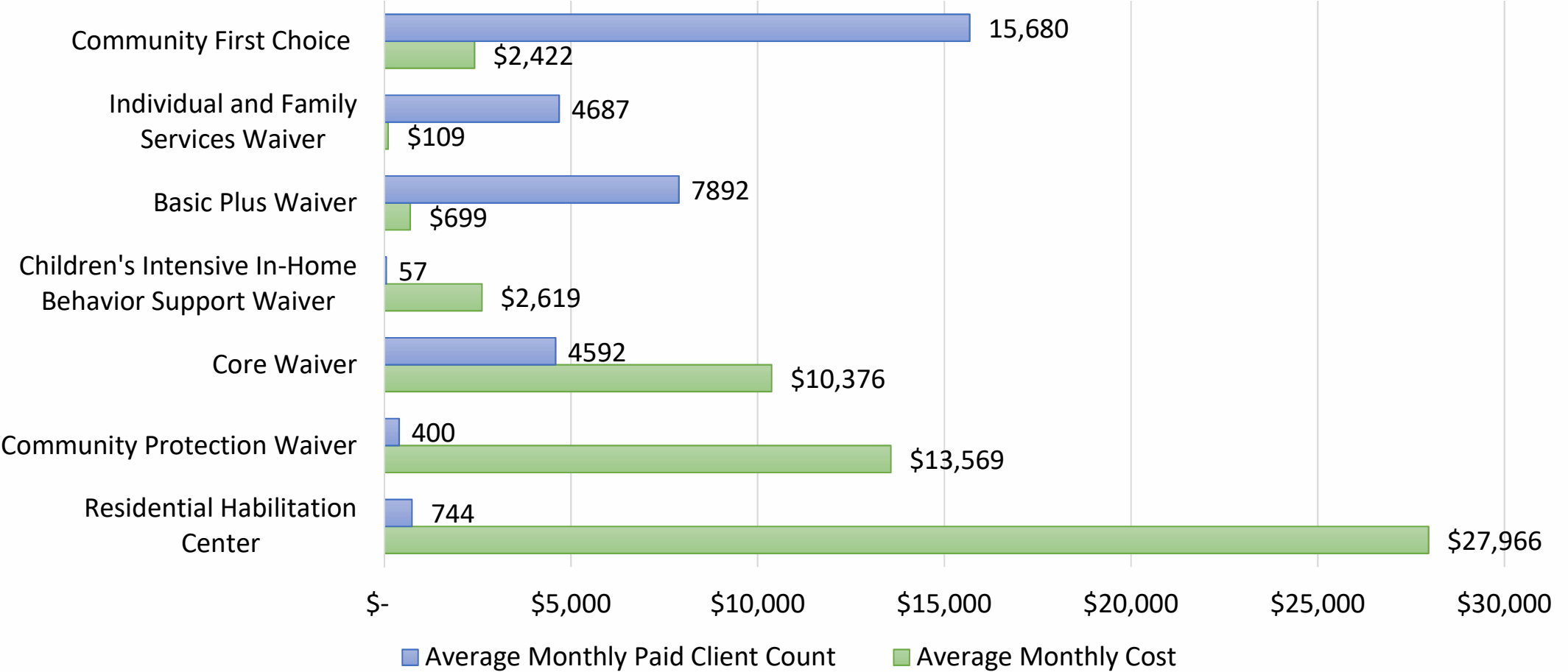
Number of clients enrolled on DDA HCBS waivers by fiscal year

	FY15			FY16			FY17			FY18			FY19		
	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total
Individual and Family Services (IFS)	318	79	397	1,924	539	2,463	3,774	1,856	5,630	4,049	2,073	6,122	4,038	2,180	6,218
Basic Plus	549	7,297	7,846	462	7,575	8,037	402	7,974	8,376	423	8,434	8,857	381	8,711	9,092
Core	106	4,476	4,582	100	4,472	4,572	82	4,471	4,553	81	4,489	4,570	76	4,515	4,591
Community Protection	0	418	418	0	415	415	0	411	411	0	407	407	0	407	407
Children's In-home Intensive Behavioral	72	23	95	73	26	99	65	29	94	52	19	71	65	18	83
Totals**	1,045	12,293	13,338	2,559	13,027	15,586	4,323	14,741	19,064	4,605	15,422	20,027	4,560	15,831	20,391

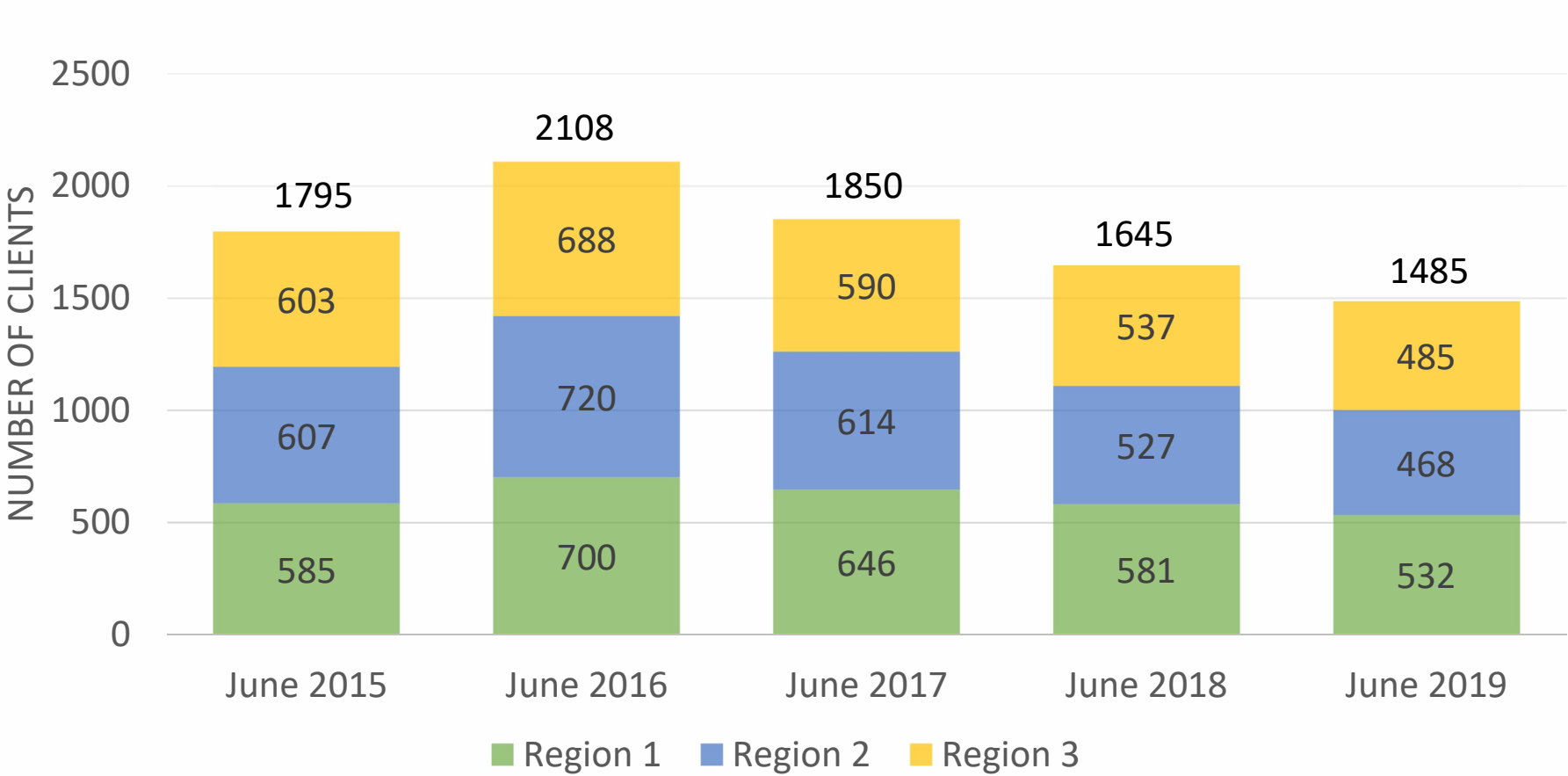
- Legislative appropriations have supported an average annual growth rate of 11.5% to DDA's Home and Community Based Service (HCBS) waivers since FY15.

* The IFS waiver was a state-only funded program in FY 14. DDA transitioned clients to the IFS waiver during the 2015-17 biennium.

Average monthly caseload and costs for clients receiving Community First Choice, DDA Waivers or Residential Habilitations Center services in FY19



Number of 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 or their care providers to supplement one’s federal unearned income. In 2019, 1,485 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.

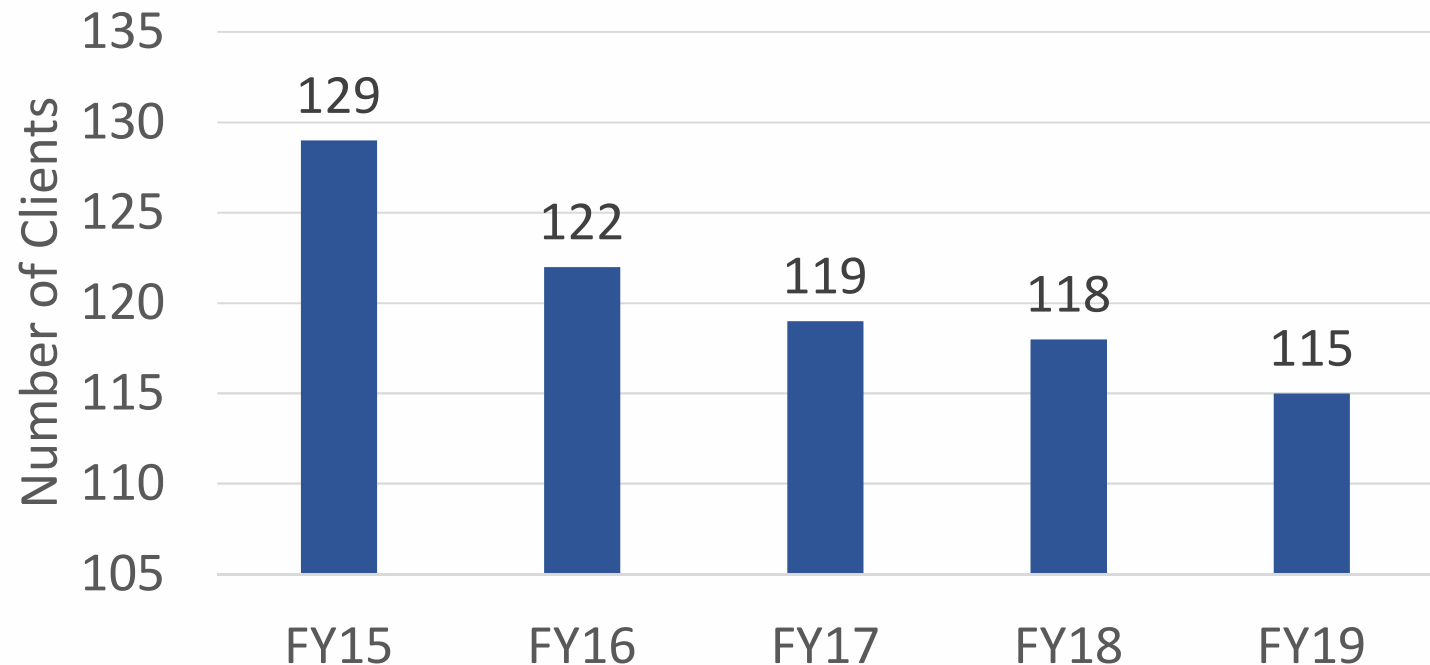
Clients receiving Voluntary Placement Services (VPS) by fiscal year

Summary

VPS 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 make a request for out-of-home placement. Parents retain custody of their child and work in partnership with a licensed provider to provide a shared parenting model.

The majority of clients who are approved for the voluntary for VPS receive these services in a licensed staffed residential program.

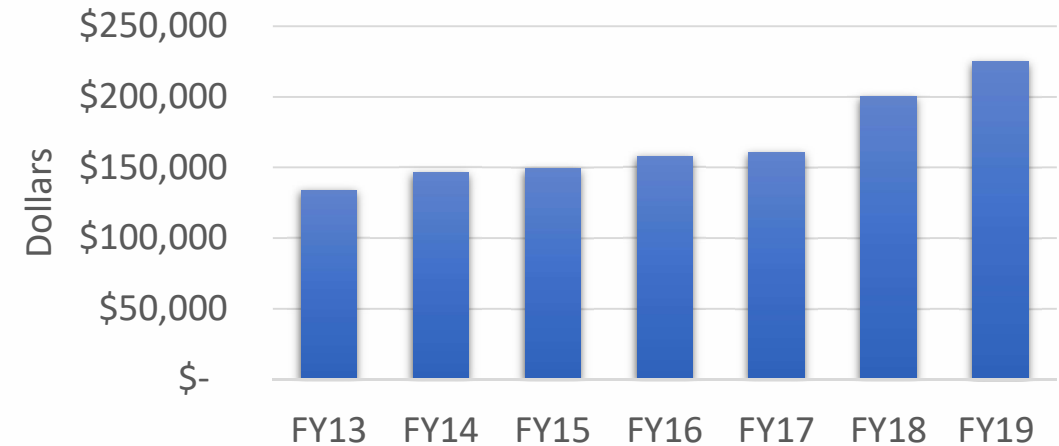


DDA State Operated Living Alternative caseload activity and costs

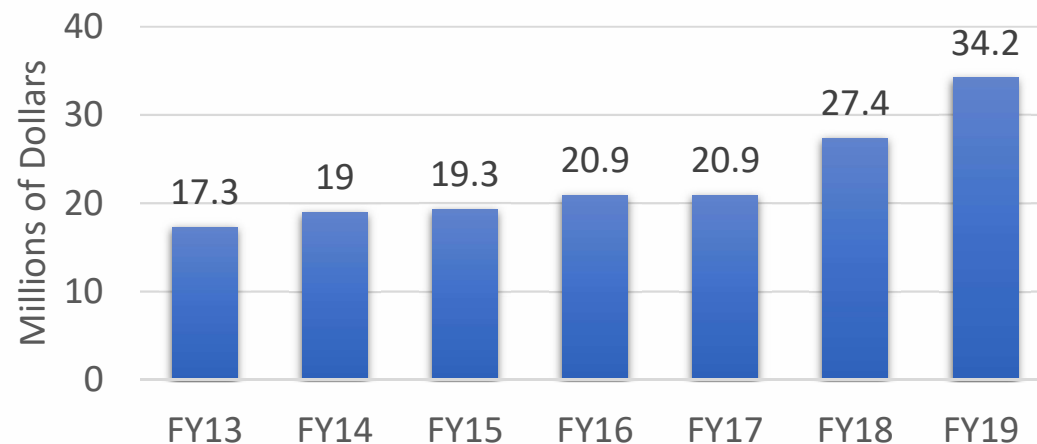
Summary:

- State Operated Living Alternative (SOLA) offers 24-hour supported living services which are operated by DDA state employees. Clients are provided with instruction and supports.
- 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.

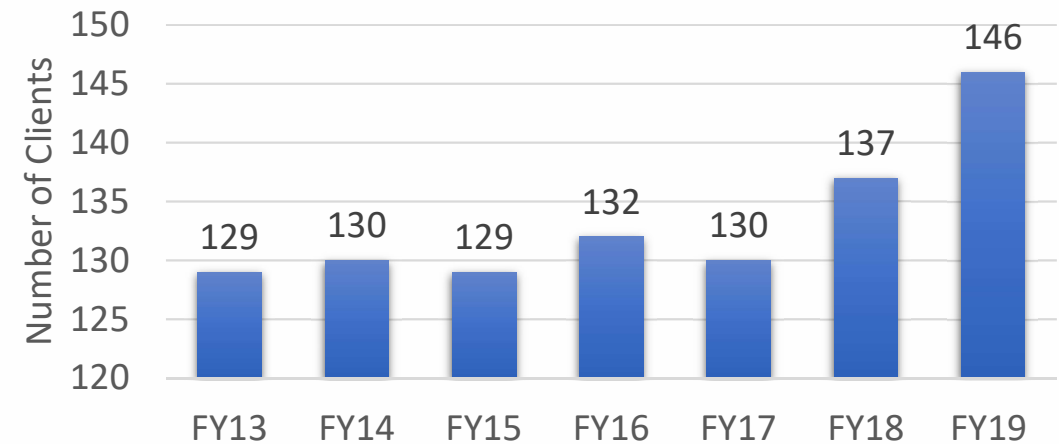
Average Annual Cost Per Client



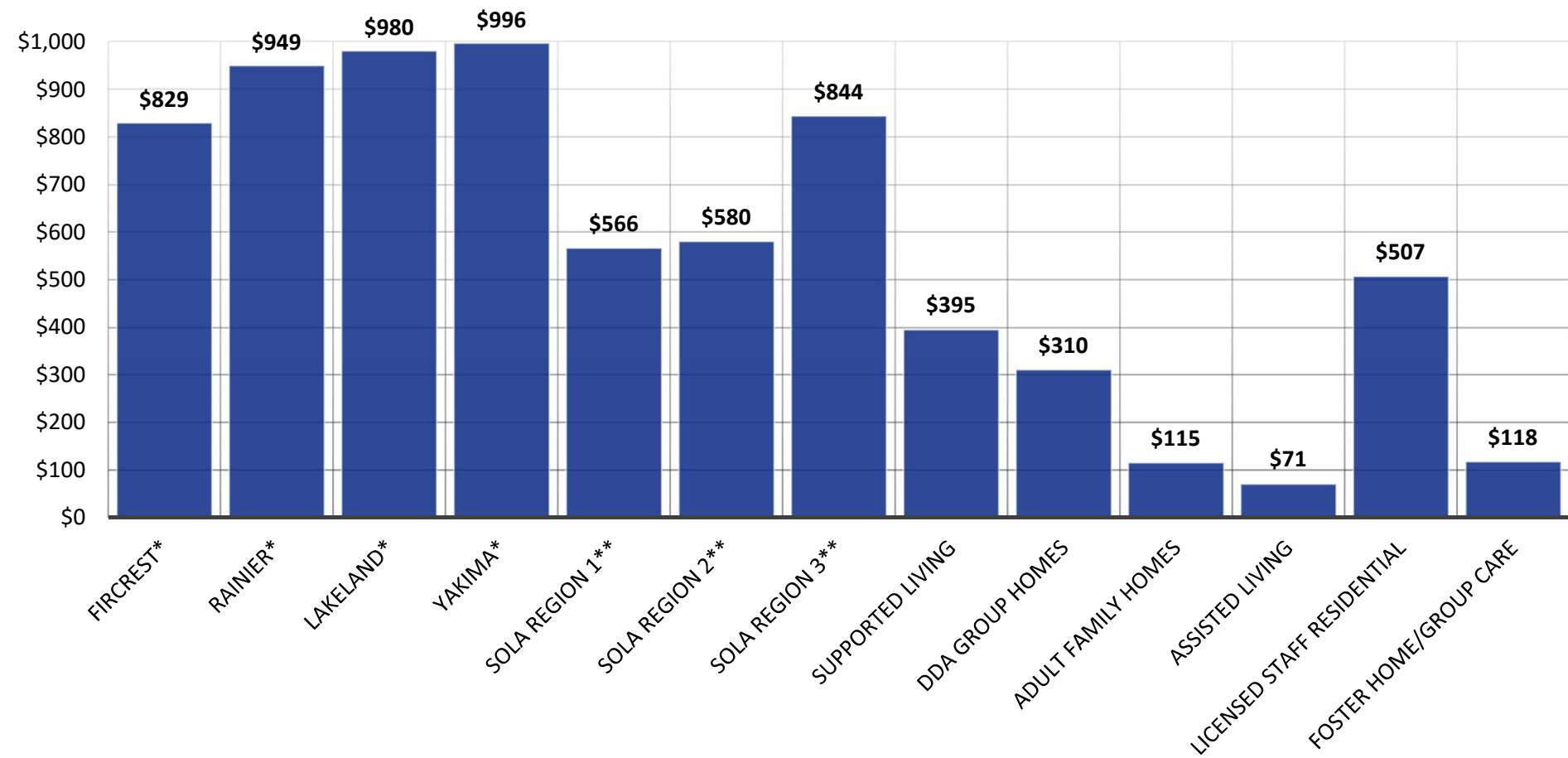
Annual SOLA Program Expenditures



Average SOLA Caseload by Fiscal Year



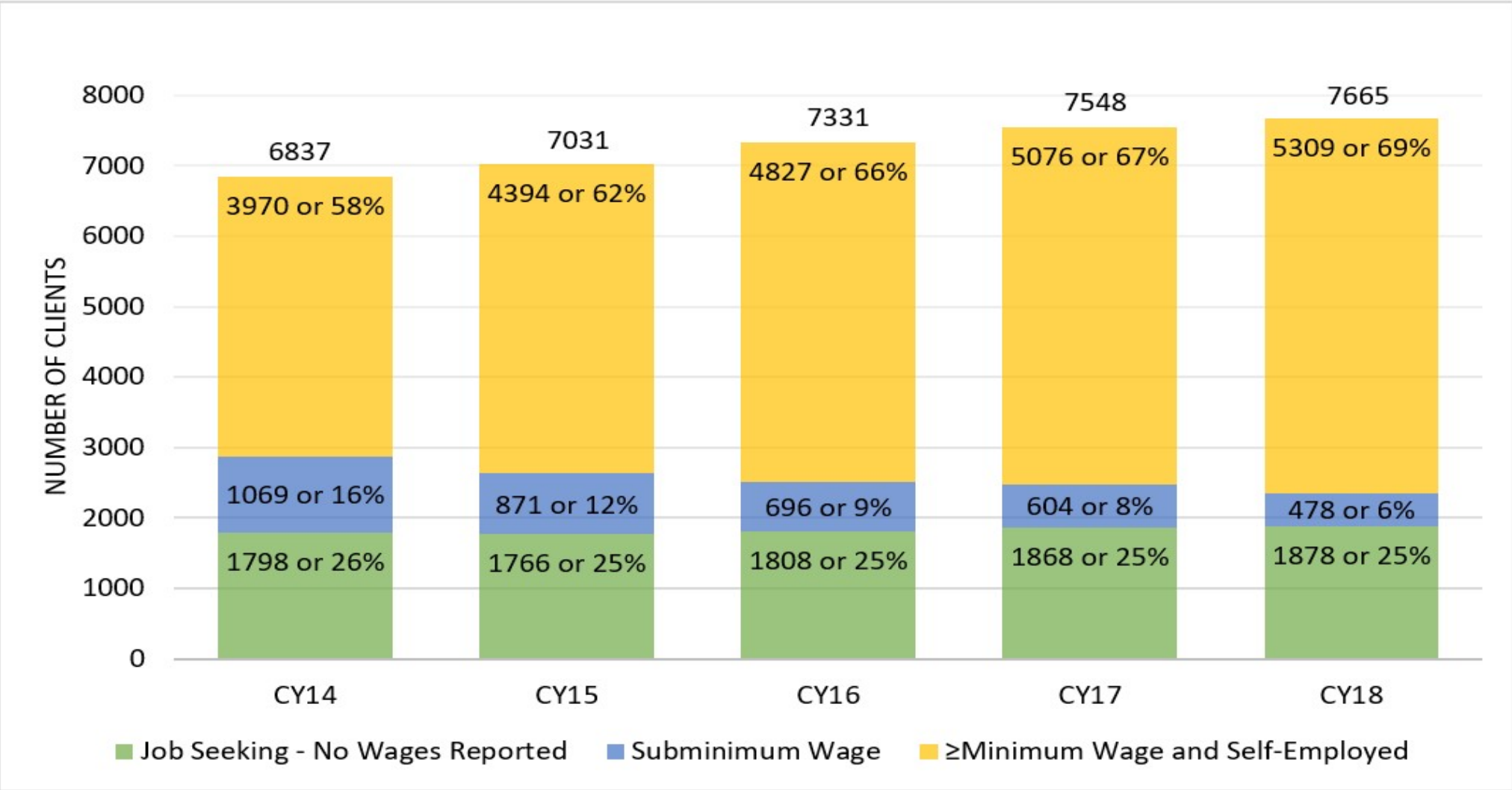
FY19 Average Daily Cost by residential setting



*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. New regions formed to capture the rapid expansion. FY19 produced two new SOLA sub-regions, 2N and 3S. There was a new 1N Spokane location referred to as 1N2, and they are absorbed into the 1N data.

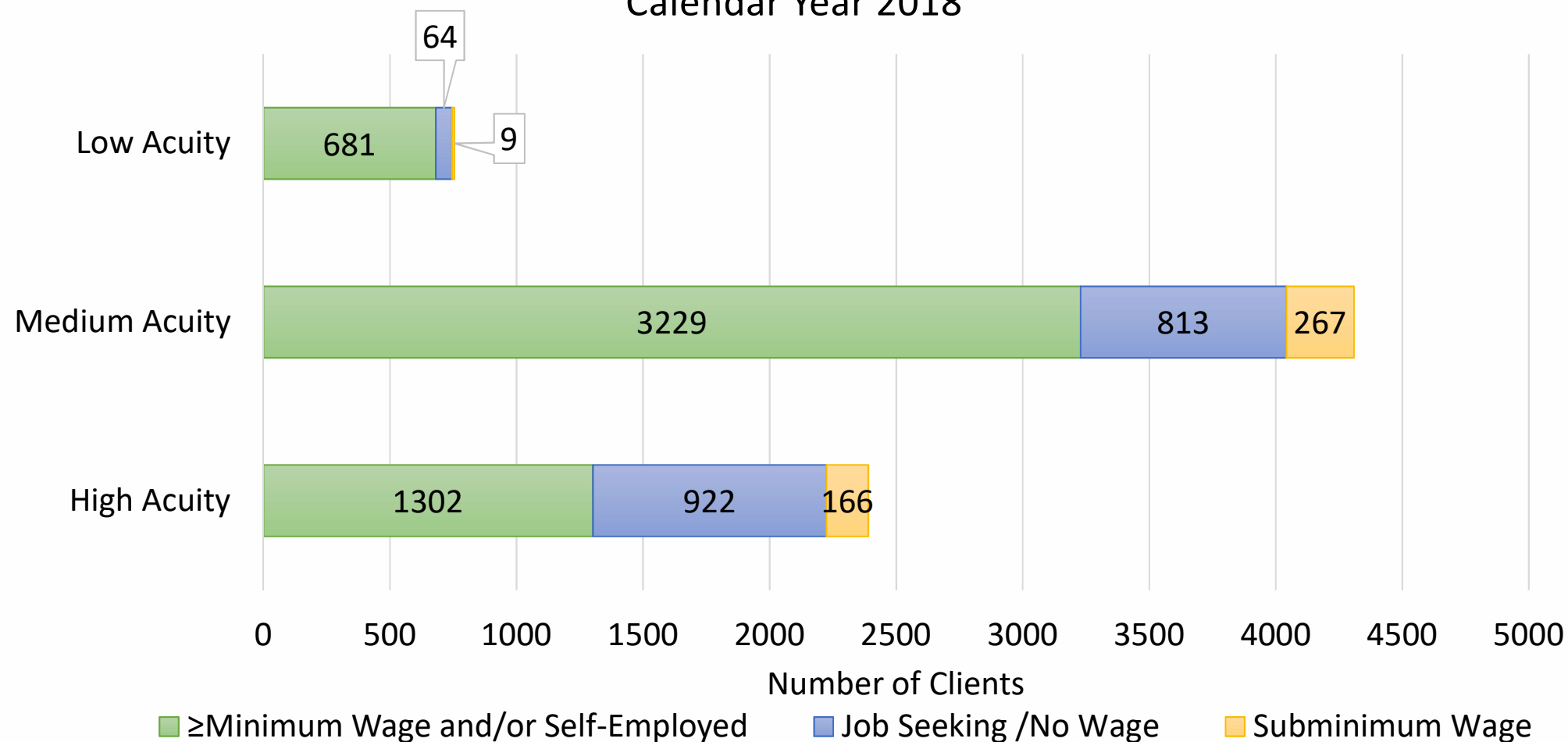
Number of clients receiving supported employment services by wage status



Employment services are defined as Individual Employment and Group Supported Employment.

Clients Receiving Employment Services by Wage Status and Acuity Level

Calendar Year 2018

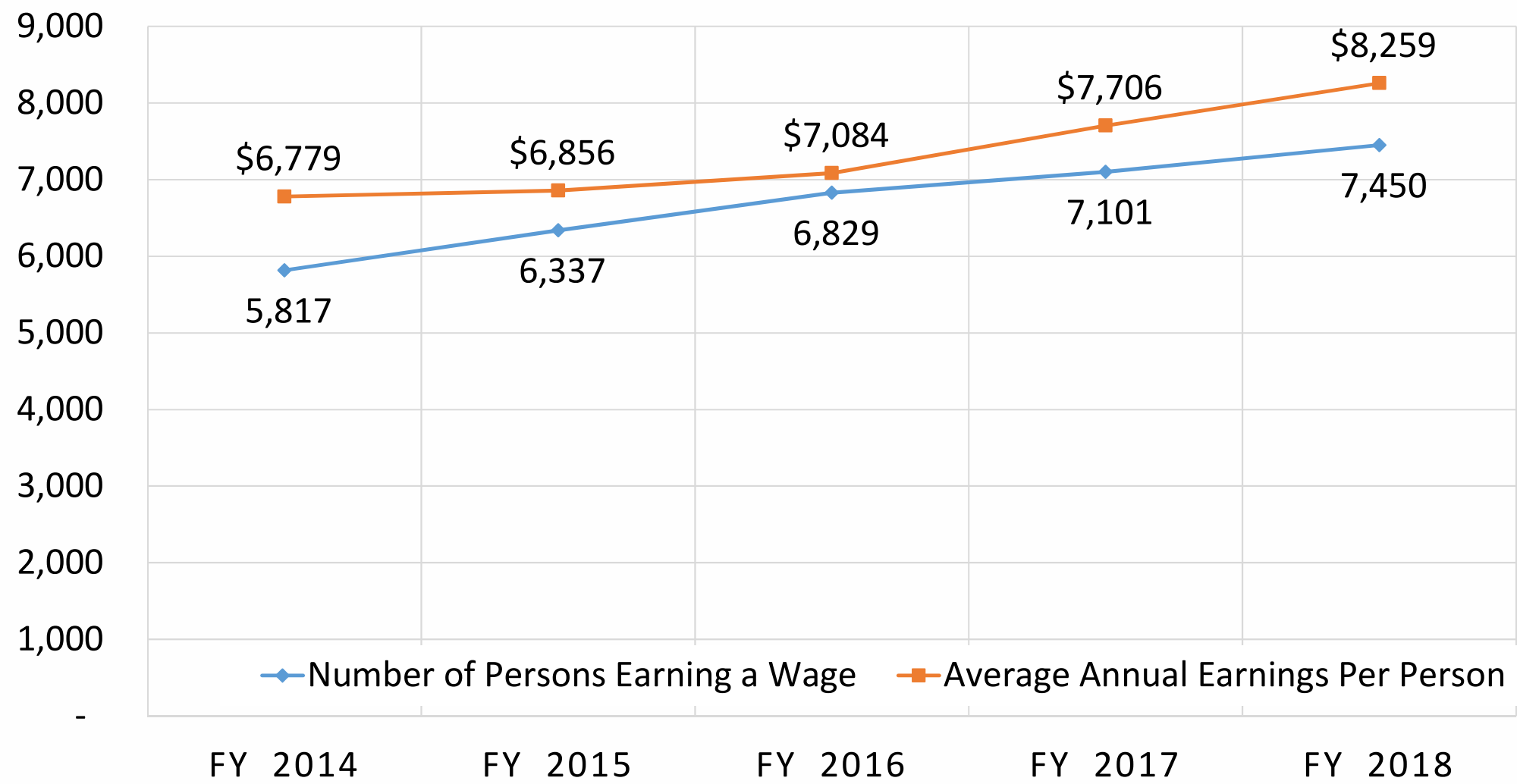


Of those who are assessed as high acuity:

- 54% are earning at least minimum wage or are self employed
- 39% are job seeking or do not have wages, and
- 7% are earning less than minimum wage.

Employment services are defined as Individual Employment and Group Supported Employment. Acuity data excludes Pre-Admission Screening and Resident Review (PASRR).

Average annual earnings of DDA eligible individuals earning a wage



Calendar Year 2018 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	2.6	10.5	\$139.50
Group Supported Employment	2.2	10.5	\$84.49
Prevocational Services	3	11.6	\$38.90
Community Inclusion	3	N/A	N/A

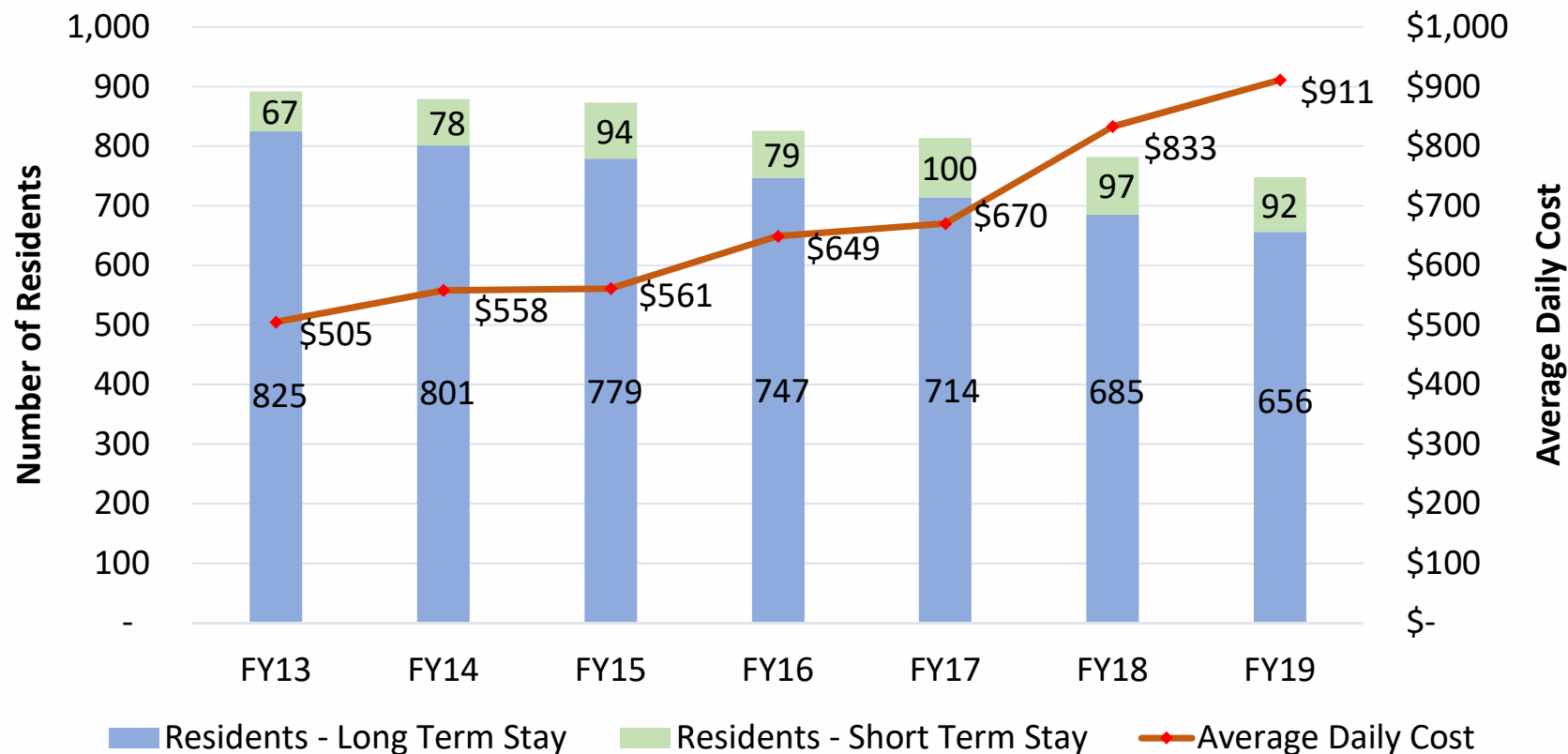
Note: Prevocational services ended March 2019.

Number of clients receiving employment and day program services by county

County	Group Supported Employment	Individual Employment	Community Inclusion	Total
Adams	1	7	3	11
Asotin	15	8	6	29
Benton	50	79	52	181
Chelan	11	69	43	123
Clallam		108	28	136
Clark		440	64	504
Columbia		4	5	9
Cowlitz		111	39	150
Douglas	3	16	14	33
Ferry		4	2	6
Franklin	16	22	8	46
Garfield		1		1
Grant	12	43	25	80
Grays Harbor		81	7	88
Island	1	71	9	81
Jefferson	4	26	6	36
King	15	2132	276	2423
Kitsap	1	291	29	321
Kittitas	3	42	29	74
Klickitat		1		1

County	Group Supported Employment	Individual Employment	Community Inclusion	Total
Lewis	1	54	38	93
Lincoln		7	3	10
Mason		71	9	80
Okanogan		17	15	32
Pacific	5	17		22
Pend Oreille		4	1	5
Pierce	61	689	116	866
San Juan		4		4
Skagit	7	168	38	213
Skamania		11		11
Snohomish	2	815	109	926
Spokane	73	495	249	817
Stevens		43	15	58
Thurston		430	55	485
Wahkiakum		3		3
Walla Walla	10	55	40	105
Whatcom	41	290	23	354
Whitman	18	22		40
Yakima	61	104	111	276
Grand Totals	411	6855	1467	8733

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



Every year since FY14 the average annual rate for RHC services has:

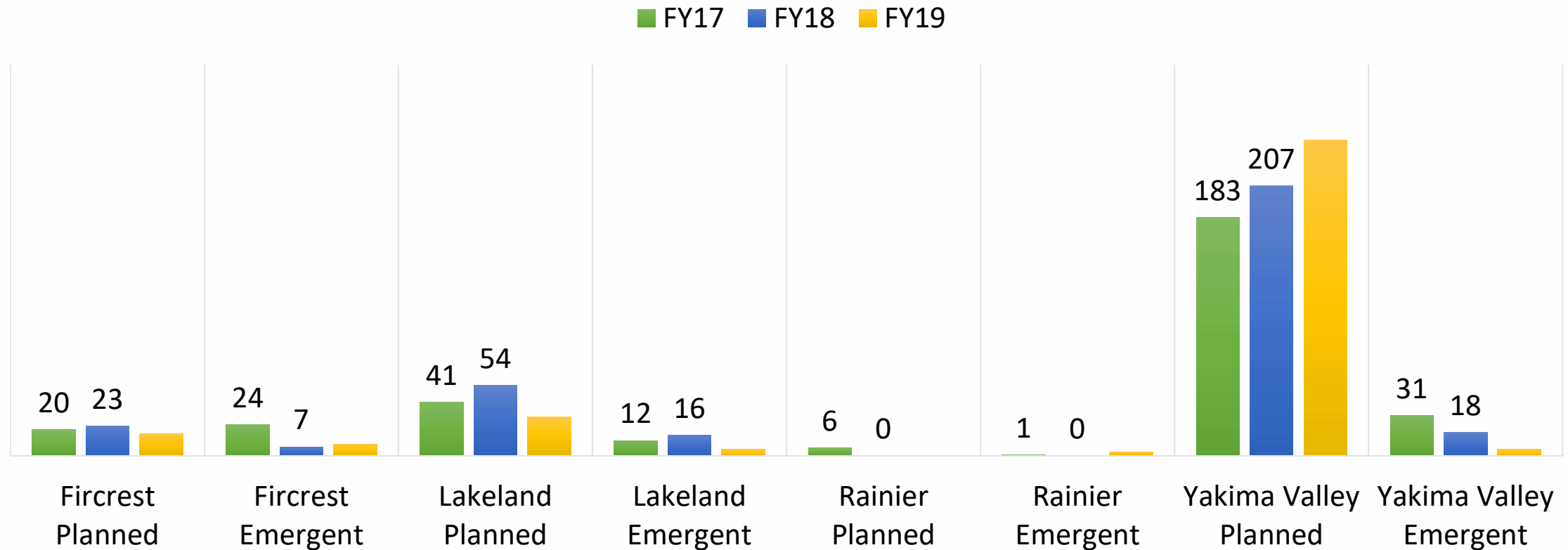
Declined 3.7% for long-term stay residents.

Increased 6.6% for planned or emergent short-term stay services.

Increased 10.6% for the average daily cost serving long-term and short-term stay residents.

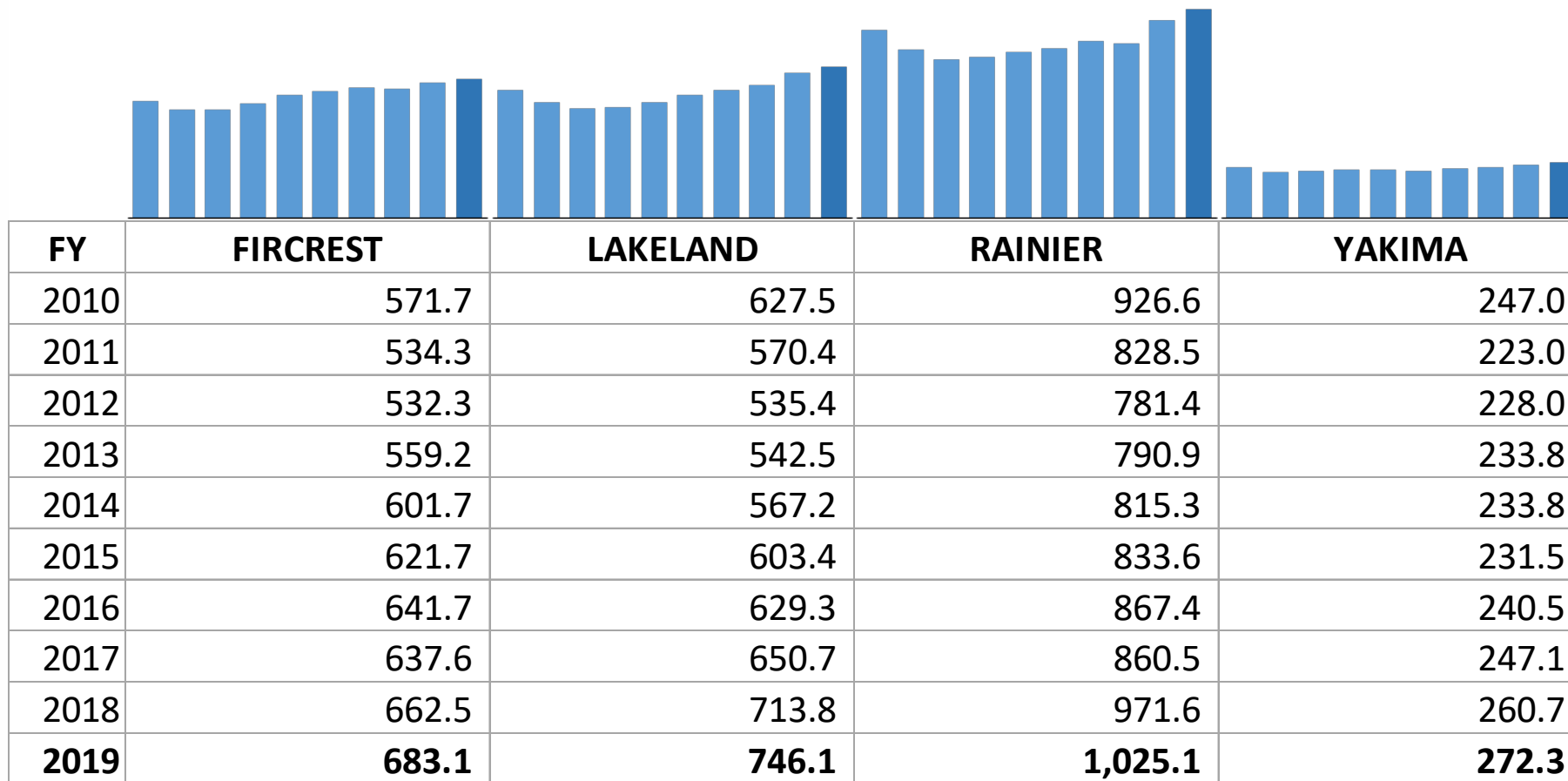
Note: Resident counts in this chart assume the RHC bed was occupied for the entire fiscal year. It does not reflect the actual number of clients who received short-term stay services in RHC for the same period. For example, if 12 residents on short-term stay reside at the RHC for one month each for consecutive 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 more than 30 days total 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



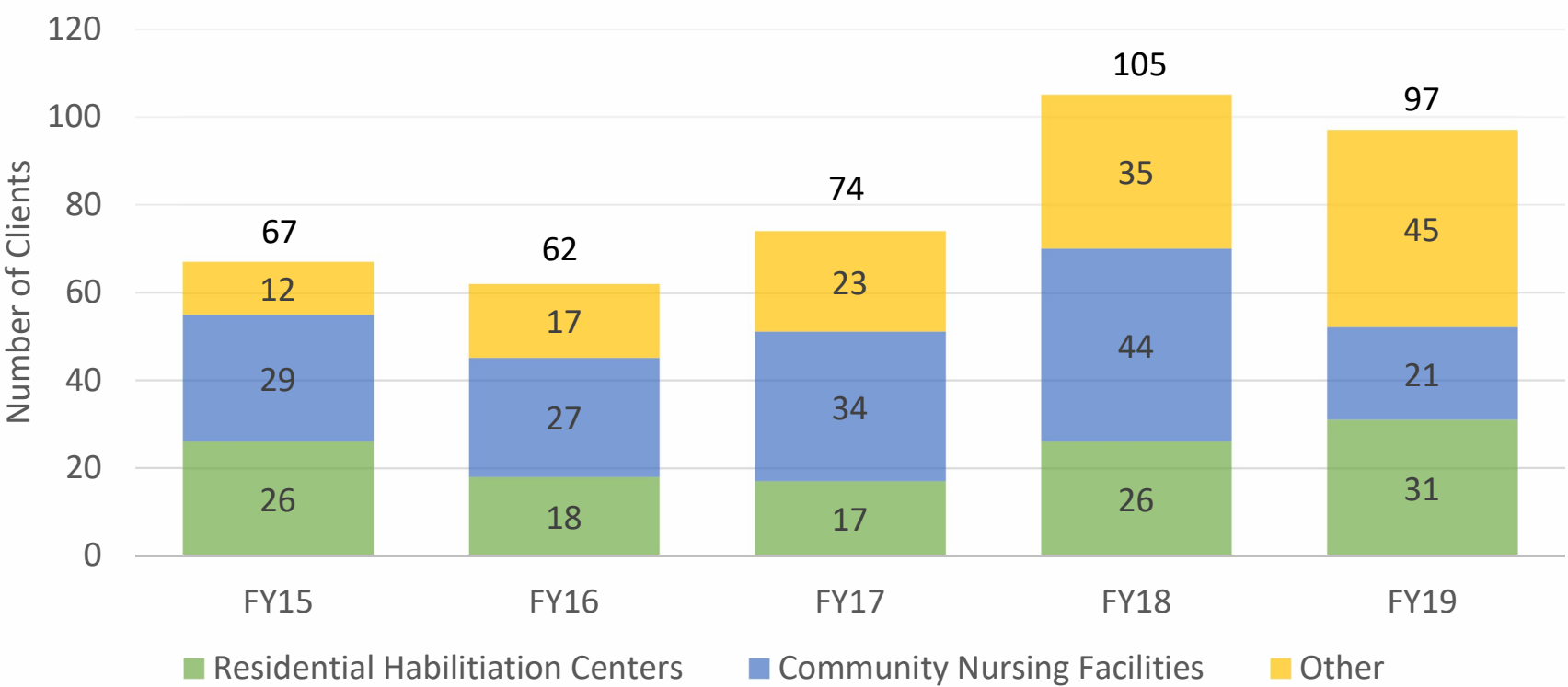
Note: Expended FTEs include amounts associated with Consolidated Maintenance Operations and Consolidated Service and Support.

DDA clients moving to the community via Roads to Community Living

Summary

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



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