

**REPORT TO THE LEGISLATURE**

**Medicaid 1915(c) Waiver Restructure**

Engrossed Substitute Senate Bill 5187  
Section 203 (1)(jj)

December 1, 2024

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### Executive Summary

The Washington State Legislature asked the Developmental Disabilities Administration to explore ways to restructure Medicaid Home and Community Based Services waivers offered to eligible individuals<sup>1</sup> served by the Administration. This report describes the approach taken by DSHS DDA to develop its recommendations, a discussion of needed system enhancements, and includes a high-level approach to implementation. The recommendations made to the Legislature in this report reflect the extensive engagement between the department and its diverse community of collaborators.

### Recommendations

1. Restructure and reduce the number of DSHS DDA 1915(c) waivers from five to two.
2. Create a new social engagement service offering opportunities for community participation.
3. Provide support for essential activities of daily living during the provision of waiver services by the service provider when a personal care provider is unavailable.
4. Add personal care for minors with extraordinary care needs, whose parents wish to provide paid personal care, as a service in the proposed new Community Supports waiver.
5. Collaborate with the Healthcare Authority and the Centers for Medicare and Medicaid Services to create a behavioral support service, which accommodates individuals with intellectual and developmental disabilities, that could be approved for inclusion into the 1915(c) waivers.
6. Continue interagency work group discussions to clarify services each agency can provide to meet the behavioral, mental health and stabilization support needs for individuals with IDD.
7. Replace the current specialized habilitation service with a new life skills service to broaden the types of supports that can be provided under one service.
8. Increase access to services through simplification of waiver services.
9. Develop a tiered provider rate schedule, with value-based payment options for the appropriate services, based on activities of daily living and behavioral support needs.
10. Develop a tiered aggregate budget based on activities of daily living and behavioral support needs.

#### 5187

#### Sec. 203 (1) (jj)

*"Explore opportunities to restructure services offered under the Medicaid waivers for individuals with developmental disabilities served by the department. The plan should propose strategies to enhance service accessibility across the state and align services with the needs of clients, taking into account current and future demand. It must incorporate valuable input from knowledgeable stakeholders and a national organization experienced in home and community-based waivers in other states."*

<sup>1</sup> The word, *individual*, is used throughout this report to describe someone who is eligible to receive or is receiving services through a 1915(c) waiver operated by the DSHS Developmental Disabilities Administration.



### Background

Currently, DSHS DDA operates five HCBS 1915(c) waivers. Each of the five waivers is intended to serve a defined population that differs from one waiver to the next. Before 2004, there was only one waiver, the Community Alternatives waiver, commonly referred to as the CAP waiver. In 2004, the CAP waiver was replaced with four waivers: Core, Basic, Basic Plus and Community Protection. To target more specific populations, the administration then opened the Children’s Intensive In-home Behavioral Support waiver in 2009 and the Individual and Family Services waiver in 2015. In 2012, the Basic waiver was discontinued and folded into the Basic Plus waiver. Appendix A provides a brief overview of each of the five waivers. Personal care, a core service, was moved from the waivers and added to the Medicaid State Plan, under the 1915(k) authority, in June 2015. In total the waivers serve approximately 25,000 adults and children.

DDA Waivers				
Basic Plus	Core	Children’s Intensive In-home Behavioral Support	Community Protection	Individual and Family Services

Over the years, DSHS DDA has adjusted the service array offered in these waivers by adding or removing services and redefining service definitions. There are currently about 37 services offered through the five waivers, only 10 of which are available in all waivers. The growing complexity has made it difficult for case managers, who have high caseloads, to fully explain the service array and for participants and their families to fully understand waiver services and their availability. For many participants, the lack of a common service menu means that they must forgo services that may be beneficial but not offered on the waiver in which they are enrolled.

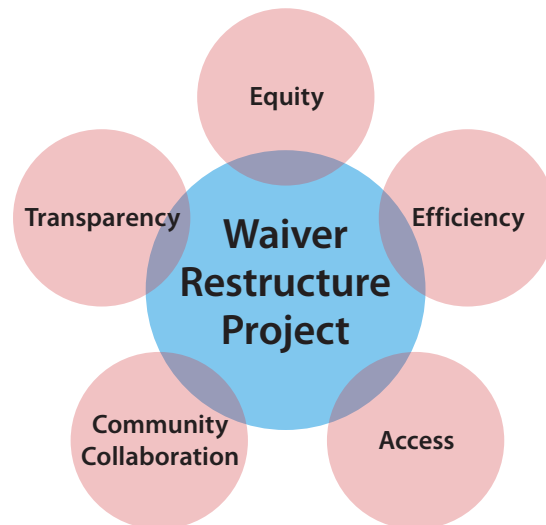
The evolution from one waiver to the five waivers over the last 20 years has resulted in a complex system that can be difficult for participants and their families to understand and navigate. Individuals can experience delay in accessing services and service gaps when transitioning from one waiver to the next. This complexity adds to the work of operating the waivers and reporting to federal funding authorities. The recommendations included in this report serve to better align the waivers with DSHS DDA’s core value of person-centered services.

### Approaches and Considerations

DSHS DDA organized the project into two primary workgroups. The waiver services group explored opportunities to restructure services offered under the Medicaid waivers, ways to enhance service accessibility, and align services to the needs of waiver participants. The systems group worked in



tandem with the waiver group to consider the potential systems impact and recommend options to minimize the impacts. At the initiation of the project, DSHS DDA identified five principles, displayed in the diagram below, to guide the work of the project teams.



To achieve these principles the project teams created opportunities for collaboration and feedback from waiver participants and their families, DSHS DDA staff, and community partners. The teams considered the feedback and input from each group and responded with a design that incorporated and built upon those ideas. This process is detailed in the Community Engagement section of this report.

In addition to collaborator<sup>2</sup> input, the project teams met with staff from three other states, involved in restructuring their 1915(c) waivers. Although each state had vastly different systems, lessons learned in each state provided valuable information to Washington state staff.

- New York consolidated six of their 1915(c) waivers, operated by different state agencies into one waiver under one oversight agency. This effort served to streamline their service delivery system. NY staff stressed the benefit of having clear service definitions that clearly spell out what is and is not covered in the service.
- Iowa is in process of consolidating seven 1915(c) diagnosis-based waivers into one or two waivers. Iowa used Mathematica to do an evaluation of the waiver structure and provide a set of qualitative and quantitative recommendations.
- Minnesota is consolidating six diagnoses based 1915(c) waivers. MN staff stressed the benefit of a common service menu across waivers, which they implemented in preparation for consolidation and the need for a common vernacular and policy alignment prior to consolidation.

<sup>2</sup> This report uses the respectful term collaborator to describe people and with an interest in enhancing service accessibility across the state, and aligning services with the needs of individuals, while considering current and future demand.



Washington's request for consultation from New Editions, a national consulting group available through CMS, was not approved. If the recommendations contained in this report are adopted, DSHS DDA will again pursue consultation during implementation planning.

## Collaborator Engagement

DSHS DDA designed a multi-pronged approach to collaborator engagement to ensure that input was received from a broad cross section of constituents. During these opportunities to engage with individuals and their families, community partners, and staff, DSHS DDA heard feedback about a whole host of topics. Many comments and discussions were directly related to the waiver restructure project. The following avenues describe engagement approaches utilized in the preparation of the recommendations included in this report.

### Legislative Report Community Collaborators

The Legislative Report Community Collaborators was formed to bring the voices of community partners together so their considerations and input can be included in DSHS DDA's reports to the Legislature. The LRCC members represent DSHS DDA's diverse partner community. (Appendix B) Members are responsible to articulate and reflect the interests of their constituent group through dialogue with DSHS DDA. The LRCC is charged with providing constructive, solution-oriented advice that helps DSHS DDA identify concerns and priorities from the perspective of constituents with lived experiences to solve implementation challenges for specific legislation. The LRCC met on four occasions to discuss restructuring Medicaid waiver services. Before each meeting, members were provided with educational and resource materials to prepare for the discussions. After the meetings, members received feedback forms that could be used to collect and relay information from the groups they represent. Three members of the LRCC either held meetings or conducted a survey with the groups they represent. In addition, comments were received from the Washington Association of Counties. Feedback from these efforts was provided to the administration and contributed to the recommendations in this report.

### Targeted Engagement

Emphasis was directed at targeted outreach to participants and families whose voices are not always well represented in engagement opportunities. The regional administrators in each of DSHS DDA's three regions developed local plans to obtain input from individuals and families who may not be connected to opportunities to provide feedback through other avenues. The plans focused on engagement with individuals and families in rural areas, who have work schedules that preclude them from participating in other opportunities, members of culturally diverse communities, or those who may have language or other barriers to participation.

Regions were provided with an engagement tool kit to support this effort and to use in collecting responses. Regional approaches included, using language certified staff to outreach to individuals whose primary spoken language is not English, utilizing the client contacts that supervisors conduct, contacting people individually, utilizing time during the regular client contacts by case



managers, individualized outreach via phone and Teams, and a group event. In combination, the regions connected with 225 individuals in these targeted engagement activities and received over one thousand comments.

### Waiver Specialists

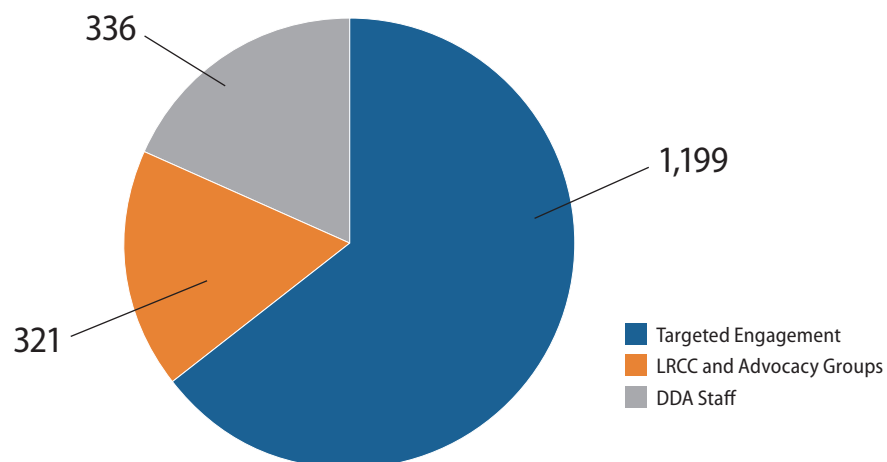
There are eight waiver specialists across the state who provide training and technical assistance to waiver case managers and review all waiver requests prior to approval by headquarters staff. The specialists have a detailed and in depth understanding of the waivers and their operations. The DSHS DDA project team held two joint sessions with the waiver specialists to discuss potential changes to the waiver structure, service gaps, access barriers and simplifying waiver complexity. Between these meetings, these issues were addressed in this group's ongoing internal meetings and feedback from these meetings was forwarded to the project team.

### Waiver Webinars

The team also invited all field staff to participate in two webinars. Case managers, supervisors, resource developers and others provided input into the same topics addressed by the specialists and the LRCC. The first meeting was attended by 131 participants and the second by 92 participants.

In total, over 1800 comments were received and processed by the services workgroup in the development of the report recommendations. Appendix C provides an overview of the major comment themes. The administration has made a commitment to preserving this information, continuing these discussions, and tackling these issues. Efforts are underway to increase the transparency of collaborator engagement results and create an easy way to participate. A public facing website has been created where collaborator updates, meeting notes and other materials are made available to the public. Upon publication, this report will be available at that site. The site offers collaborators an invitation and link to participate in engagements on topics of particular importance to them. The link to this website will be available in the Fall of 2024.

### Collaborator Comments





## Recommendations to Enhance Service Accessibility Across the State and Align Services with the Needs of Individuals

The Proposed Strategies section of the report is organized by first introducing the topic. A small sample of collaborator comments relevant to the topic is then provided. The comments have been lightly edited to redact names or clarify language. Capitalization used by commenters to emphasize points remains intact. Collaborator comments are then followed by the administration's recommendations. A summary of the benefits and an analysis of considerations and barriers of the recommendations is then provided.

### Waiver Structure

The waiver structure comments from collaborators centered around two themes. First, there is a lack of understanding about the differences between the current waivers and the service availability in each of them. Second, there is a general feeling that some of the current waivers are "better" than others and there is jockeying to enroll in those that are perceived as better. The following comments are representative of the input received on waiver structure and have been lightly edited for clarity.

### Collaborator Comments

- Access to services depends on the waiver. Participants need to switch waivers to get the services they need.
- There is a need to consolidate number of waivers and number of services.
- I think consolidating the waivers to two waivers is a great option to streamline and take focus off funding.
- Having the same funding and service package, levels the waivers and ensures one is not "better" than the other. Keep them as uniform as possible. Everyone should have the same access to services.
- Simplify the waivers and services. Combine services into one waiver, or at most two waivers, that all who qualify can access and then choose services they want or need from that one waiver.
- It is so stressful and hard to move on and off waivers or transfer between them to get needed services.
- Ensuring all services are available on all waivers would allow a participant to get the services they want/need, without needing to choose between services on one waiver versus some services on a different waiver they also want/need.
- Same funding and service package levels the waivers and ensures one is not "better" than the other. Keep them as uniform as possible. Everyone should have the same access to services.

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**Allow access to the same services across the board. If a service is needed, a service is needed, no matter who you are.**”





- All services available on all waivers would allow a client to get the services they want/need without needing to choose between services on one waiver v. some services on a different waiver they also want/need.
- Allow access to the same services across the board. If a service is needed, a service is needed, no matter who you are.

The Services Workgroup considered two options in its development of the structure recommendation. The first option considered creating one waiver to serve children and a second waiver serving adults. The second option considered creating one waiver to serve individuals receiving community and residential supports with the second waiver serving individuals receiving only community supports.

### **RECOMMENDATION:**

***DSHS DDA recommends restructuring and reducing the number of DSHS DDA 1915(c) waivers from five to two.*** The Community Support waiver will serve participants who live in private homes and the Residential Support waiver will serve participants living in DSHS DDA supported residential settings. Participants will enroll in these waivers based on their living situation. Each waiver will serve all age groups. The two waivers will incorporate or reconfigure existing services and add several new services. Participants will have access to settings and services for which they are eligible by age and assessed need.

### **Benefits**

The recommended waiver structure provides a common service menu where all services are available on both waivers, except for residential habilitation and any services that duplicate those provided in that setting. This structure:

- Creates access to services that are not currently available to many participants.
- Makes both waivers uniform and equitable.
- Reduces confusion and complexity for participants and their families.
- Simplifies the number of waivers and the corresponding service packages that must be managed by case management staff.
- Enables staff to understand each waiver more deeply.
- Vastly reduces and simplifies the administrative burden of federal waiver requirements by operating two waivers as opposed to five.

### **Considerations & Barriers**

Currently each of the five distinct 1915(c) waivers, has unique enrollment caps, budgets, and service arrays. These distinctions are one tool used to manage utilization costs. More expensive services can be available to fewer individuals. When the number of waivers is reduced to two, all individuals enrolled in the waiver must have comparable access to the services offered under the waiver which may increase costs.



Utilization of high-cost residential services can continue to be managed by residential waiver enrollment limits. Additional tools, such as defining conditions under which a service is considered necessary or if it is subject to additional review or prior approval, are available to manage the utilization of other services. Service definitions may also outline conditions that must be present for a service to be furnished or specify when a service may not be furnished in conjunction with other services. Additionally, the waiver may specify the amount, scope and duration available for each service.

## Social Engagement and Community Participation

Individuals, families and community partners have shared their frustration with long periods of isolation and lack of a full and meaningful schedule. Attempts to piece together a rich and engaged schedule by leveraging Employment Supports, Community Inclusion, Respite, and Community Engagement are extremely difficult and most often come up short. Providers of these services can be hard to find, many individuals work or volunteer for just a few hours a week, providers are unable to serve individuals with more complex behavioral or physical support needs at current rates, and the provision of needed personal care is not available during these services. Additionally, individuals have noted the rate disparities and confusion about the differences between the Community Inclusion and Engagement services. Collaborators have stressed the need for a reliable and predictable service that provides opportunities to engage in the community, be in relationship with others and provides all needed supports.

### Collaborator Comments

- A single mom of a son who is completing the transition program explained she is not able to work unless her son is at school or work because he needs constant supervision. He qualifies for very few personal care hours, so she will not be able to live on income from personal care hours. He will not be able to work unsupervised, so he will be limited to 4-5 hours per week at the most. Community Engagement only allows around three hours per week if his entire allocation is used for this. He needs somewhere to go during the day so she can work to support them.
- Adult Day is not currently covered for our son.
- Include Adult Day Services.
- More community activity options (more contracted program providers in smaller areas).
- More day programs and providers for high needs adults.
- If Day Habilitation is added to the Aggregate, we better make darned sure that the aggregate is high enough to get people out of the house at least 20 hours a week with competitive rates for providers.
- Adding Adult Day Care and Adult Day Health is the most important.
- Let individuals chose where they want to go and who they hang out with. There are too many rules governing choice.
- There is a disparity between Community Engagement and Employment.



- It is hard to find a provider for Community Engagement.
- Would like to see more Community Engagement opportunities in the local area.
- Most individuals who work and use Community Engagement and Community Inclusion only get out into the community less than 12 hours per week. The rest of the time they are home. Many individuals cannot go into the community on their own, so without support, they cannot participate in the community. This leads to limited experiences and stimulation for the client and when they have a single parent, often results in living in poverty. Their needs to be an option for adults after high school that fills this gap.
- It would be more person centered if services could be more flexible. Put the hours into the pot of what does work-FLEXIBILITY. When her son lost his job, his mom couldn't repurpose the 12 hours to another service like CI, Respite, or CE.
- People need to be able to pull from individual and day based on their needs - why not just allow for one giant "pot". Especially when people's care and support needs are not met by all providers.
- I can confirm that both community inclusion and employment have significant numbers of hours that are unbillable.
- Allow Community Engagement services for individuals in supported living. These individuals do have access to Community Inclusion; however, this program is not always right for people in supported living. People with higher support needs (much like those in supported living) should be offered the same level of services and supports as those with a lower acuity level.
- Counties have strong concerns about the proposal to move Community Inclusion into a new community services category, which may transfer the administration of Community Inclusion from counties to the State Developmental Disabilities Administration (DDA).
- Concurrent Services have not been widely accessed due to significant gaps in provider capacity due to the underfunded rates for Supported Employment and Community Inclusion, an issue that is directly impacted by DDA's decision not to increase rate caps and fully utilize the funding allocated for the services.

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*Many individuals cannot go into the community on their own, so without support, they cannot participate in the community.*”



### RECOMMENDATION:

***DSHS DDA recommends creating a new social engagement service that offers individuals an opportunity to participate in community activities, be in relationship with others, and acquire skills and practice accessing community resources.*** Social Engagement will be provided through centers that meet federal setting requirements or directly in the community without the use of a center-based site. Age appropriate activities will be available to all waiver participants and the service will not be limited to daytime activities. Provider rates will be tiered to the need for behavioral and physical support needs of individual participants including the need for personal care supports.



Washington is proud to be a nationally recognized leader in supported employment services for individuals with developmental and intellectual disabilities and DSHS DDA remains committed to helping individuals find and keep competitive jobs with good wages. The Social Engagement service will be offered in addition to Employment Services, not as a replacement. To develop a robust service and provide individuals with an opportunity to craft a full and meaningful schedule, supports previously offered through the Community Engagement and Community Inclusion services will be moved within the Social Engagement service and offered there. The Social Engagement service will leverage the existing provider network currently available for the CE and CI services.

Additionally, the administration continues to consider adding Adult Day Health and Adult Day Care services to the waivers. These two services were recommended for inclusion into the waivers in a previous DSHS [DDA Report](#) to the Legislature on December 1, 2023. An additional legislative report, due on October 1, 2024, will make recommendations about including day habilitation in the Medicaid state plan.

### Benefits

By offering the Social Engagement service, DSHS DDA is responding to the need expressed by individuals to have fuller and more engaged lives. Social Engagement will support community integration by enabling individuals to receive the support they need to access resources and activities while forming and maintaining relationships with non-paid staff. Individuals and families will benefit from a predictable and consistent schedule around which to organize their lives and care needs. Providing personal care and behavioral support within the service and recognizing the need to reimburse providers for these tasks, opens these opportunities to many individuals who currently experience challenges to access services.

### Considerations & Barriers

Community Inclusion, as a standalone service, is currently provided through Washington state's 39 counties. Going forward with this recommendation requires transitioning this service to the new Social Engagement waiver service by adjusting county and provider contracts and payments. Members of the Washington State Association of Counties have shared their concerns about moving CI into the Social Engagement service, stressing the importance of oversight, coordination, and infrastructure currently provided by the counties which would be transferred to the administration. There are major differences between Community Inclusion and the other day services. Community Inclusion has elements similar to employment services, which focus on discovery, skill building, and increasing independence in the community. Counties and providers have expressed concern that separating CI and Employment services may interrupt the traction gained in building capacity, and the growing desire by working individuals to experience CI and employment as complementary services. If DSHS DDA moves CI, it will need to replicate administrative infrastructure currently orchestrated by counties.

Over 3,700 individuals access Community Inclusion and Community Engagement services. Rates for these services range from \$29.00 to \$66.00 dollars per hour. Merging these services into the new Social Engagement service will require developing a new provider rate and aligning eligibility requirements and qualified provider types.



Another element for consideration is the outcome of the separate legislative report, due after the completion of this report, on the feasibility of adding day habilitation services to the Medicaid state plan. It is not yet known whether such a day habilitation service would duplicate or conflict with the proposed Social Engagement service. Additional work may need to occur to determine the feasibility of offering both services.

## Personal Care

Many individuals using waiver services need support for activities of daily living when accessing the waiver service. Personal care as a component of other waiver services is not typically available to individuals accessing that waiver service, except for respite. It is nearly impossible to schedule an individual or agency personal care provider to come to a job site, or other community-based activity, to help with personal care needs on an intermittent or unscheduled basis. Individuals must either go without personal care during these services or go without the waiver service altogether.

### Collaborator Comments

- My family member can't do Community Inclusion or Community Engagement because of no Personal Care and not able to fade away because they will always require support. Needs a caregiver who can be with (family member), including lifting, at community-based activities.
- As an employer there are lots of support needs that people have no matter where they are. It would be helpful to have those available throughout the waiver.
- Community Inclusion and Community Engagement don't provide Personal Care.
- How does someone get personal care needs met no matter where they are in the community?
- Across all the services we are talking about I am finding that, for me, some of the services I want for employment aren't covered by employment. My job sometimes requires me to go into community and care is sometimes necessary.
- I asked for Personal Care for work, but it was called a duplication since I get it at home.
- I can't go anywhere without my caregiver.
- I need different services than what 'employment' umbrella to be 'employed'. My main issue is personal care, I am college educated and my boss wants me to help figure it out.
- People need the personal care support in all the services.
- Personal Care during other services is very important.
- The parents need to have access to the money as caregivers. Parents being paid providers is important.
- Parents being paid caregivers for clients under 18 is important.

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*People need the personal care support in all the services.*  
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- Allow parents to be paid providers for personal care with children who are medically complex and/or parents with multiple children. Due to not enough paid providers, we have not used any of the CFC personal care hours that they are eligible for.
- Many caregivers like me desperately need parents to be allowed to be paid caregivers so the funds meant for their child can actually be used and parents can make up a small amount back for no longer being able to work. It really feels like the state just counts on re absorbing our kid's money and using it for other things.

### RECOMMENDATION:

***DSHS DDA recommends that when an individual or agency personal care provider is unavailable, support for essential activities of daily living be provided during the provision of waiver services by the waiver service provider.***

### Benefits

The ability to access support for essential activities of daily living while at work or participating in other community-based waiver services will open the world to waiver participants. Individuals will not be forced to choose between going without personal care or going without a waiver service. Knowing that support is available if the need for personal care arises, relieves the tremendous anxiety and reluctance involved with accessing services and offers dignity and respect to the individuals participating in the waiver.

### Considerations & Barriers

As noted earlier, waiver provider rates must be tiered based on the participant's need for assistance with activities of daily living. Waiver providers who deliver this type of assistance must be trained to do it properly and safely. WAC (department rules) and RCW (law) changes will be needed to implement this recommendation.

Commenters also requested that parents of minor children be approved as paid personal care providers for their children. The administration submitted a report to the Legislature, [Addressing Home Care Workforce Shortages: Exploring Paying Parents of Minors to Provide Personal Care](#), in December 2023. This report provided options and considerations for implementing this change and recommended that parents should be paid to provide personal care within the existing waivers.

### RECOMMENDATION:

***DSHS DDA recommends that personal care for minors with extraordinary care needs, whose parents wish to provide paid personal care, be added to the new Community Supports waiver.***

Implementing this change in the waiver allows DSHS DDA to gain valuable information about the use of this provider type and possible impacts to families, clients, case management functions, and systems changes that could be used to determine whether it is feasible to broaden this service to people served in the Community First Choice program.



DSHS DDA is prepared to engage with staff from CMS, tribal partners, fellow state agencies, advocacy organizations and families that will be affected by this change to ensure the program is designed to meet the needs of the families we serve in the most fiscally responsible way possible.

The [\*Addressing Home Care Workforce Shortages: Exploring Paying Parents of Minors to Provide Personal Care\*](#) report thoroughly addresses the positive impacts and potential considerations of implementing this change.

### Behavioral, Mental Health and Stabilization Supports

Services in these areas are provided by state agencies in addition to DSHS DDA. As always, the Medicaid state plan is the first source of support for behavioral and mental health services and must be accessed before accessing waiver services. While DSHS DDA offers some stabilization services, managed care organizations and state plan services are the primary source of medically necessary behavioral and mental health supports. Collaborators noted the difficulty accessing services through the state plan and/or MCOs, and the confusion and delays caused by navigating these systems. Identified barriers included the lack of modalities for behavior support other than Applied Behavioral Analysis, the need for more availability of ABA as well as other modalities, and providers of behavioral support services to have training and necessary skills to support a population with dual diagnoses. Comments also focused on wait time to access stabilization services and the difficulty in accessing mental health supports.

#### Collaborator Comments

- We have no statewide inpatient mental health stabilization for children who have high ADL needs, are non-verbal, or have other challenges.
- There are not enough therapists, for one. Once in crisis the options are few and usually take extreme circumstances to get any movement. And the Arc is so underfunded that they work nonstop to help the most in need and really need more people there working and paid!! We are all parent volunteers and we're exhausted.
- Too difficult to figure crisis services in the community for youth (MCOs, private insurance, wise.) Too difficult to access short-term, in-patient services. Not enough behavioral health providers for routine care.
- Getting a respite bed when needed in a crisis and medication supports. No mental health and medical services to get crisis services to help remain in the community. Supervision of medication management and stabilization.
- Immediate mental health services. Too long of a wait lists.
- Not many options. No care center or hospital for mental health. Not enough mental health providers, waitlist. For emergencies, need to go to Tacoma or Seattle if there is a mental health need.





- There isn't ANY support. My son went to the emergency room and then ended up restraining him, kept him there for three days; there was nowhere to place him due to lack of facilities. Ended up having to leave ER and traumatizing my son because there was nowhere for him to go. very limited places for inpatient.
- We had a REALLY difficult phase at the beginning of last year and, while in crisis, our family did not have any options – everything took MONTHS to access (wait lists, red tape, etc.). We needed a place for our son to go to keep our daughter safe during this crisis and there were literally no options, mostly because he is high-needs and lacks the ability to care for himself when it comes to hygiene etc.
- Having a behavior needs child limits services available and access. Apple Health is behind in processing requests for ABA therapy approval leaving no way for parents to afford services when called off the ABA therapist waitlist. When we only had Apple Health, it was impossible to get ABA therapy even when called off the waitlist as Apple Health would not approve paying in time before we would be skipped. Had to get my insurance to cover leaving large payments that should be covered by Apple Health but are not as Apple Health as still not approved ABA therapy since requesting in October 2023.
- Allow ABA therapy to be paid for by the waivers when there isn't a service provider that takes Medicaid in their community. The kid is the one that suffers when the system blocks access to behavioral therapy because it's a service covered under Medicaid.
- ABA is not always the answer and not enough providers who can handle intensive behaviors.
- ABA not one size fits all.
- It's hard to find a provider who work with behaviors.
- Most agency providers are not an option due to not wanting to work with clients who have behaviors.
- We also have many mental health providers who want to attribute all mental health symptoms to the developmental disorder, so they can't get a dx and treatment.
- DDA needs to be able to offer behavior support services. What is available through managed care has not been a good replacement for what DDA used to offer.
- Improving waitlists for behavioral health needs, a child should not have to wait several years to get into ABA therapy.
- Partnering with the Behavioral Health Administration could provide us with a lot of benefit just on resources or information alone.
- Very important to bring the behavior piece back to the waivers.
- There are not enough mental health services for the DD community and often parents are forced to take family member home without supports and DDA does not have the supports to help. ABA is only available for autism but would be beneficial in other disabilities as well in order to keep clients in home and community. Need specific services that understand both comorbidities.



### RECOMMENDATIONS:

***DSHS DDA recommends a collaboration with the Healthcare Authority and CMS to create a behavioral support service which accommodates individuals with I/DD that can be approved for inclusion into the 1915(c) waivers.*** Historically, DSHS DDA offered a service called Positive Behavior Support, which offered an array of supports to address challenging behaviors and behavioral health conditions. In 2017 some elements of that service were analyzed by CMS and determined to duplicate services available under the Medicaid state plan. The Centers for Medicare and Medicaid Services referred DSHS DDA and the Health Care Authority to guidance issued by CMS regarding duplication of services and clarified that DSHS DDA waivers could not replace or duplicate entitlement services under the Medicaid state plan. After technical assistance from CMS via National Association of State Directors of Developmental Disabilities Services and in consultation with the Health Care Authority and the DSHS Behavioral Health Administration, elements of the waiver service Positive Behavior Support and Consultation that were thought to duplicate state plan services were removed from DSHS DDA waiver coverage, and the remaining components of Positive Behavior Support were moved into a new service called Specialized Habilitation.

***DSHS DDA recommends continued discussions with an interagency work group composed of representatives from the DSHS Developmental Disabilities Administration, Health Care Authority, Managed Care Organizations, and hospital systems; to clarify services each agency can provide to meet the behavioral, mental health and stabilization support needs for individuals with I/DD.*** The work group would be tasked with developing a more comprehensive system-wide approach to address the needs of individuals served by DSHS DDA who are need of stabilization support.

### Benefits

A coordinated, whole-systems approach is needed to address these supports in a wholistic manner. Individuals will greatly benefit from a coordinated approach that draws on the supports available throughout the system, delivered in a timely fashion. Effective behavioral and mental health supports will improve individual's experiences and outcomes with the other services they receive.

### Considerations & Barriers

Returning behavior support services to the DSHS DDA waivers will involve thoughtful discussions and negotiations between CMS, DSHS DDA, and HCA to develop a service that extends and does not duplicate services available in the Medicaid state plan. Failure to provide these supports to participants could negate or inhibit benefits of other services.

### Skill Building and Planning

Collaborators talked about the need for skill building in the areas of parenting, sexual health, environmental safety, life transitions, interpersonal communication, and skills to access and maintain housing. They also discussed the value of making the Person-Centered Plan Facilitation service available to all individuals.



### Collaborator Comments

- Clients living with older parents- the parents are less able to care for them. Need planning for transitions.
- Life planning service.
- Need a service for life transition planning.
- Need to have supports during transitions.
- Service for transition to community services.
- Transition; housing; in home care/employment -needing plans for long term success.
- We need better transitions for aging caregivers to begin continued care planning for their loved one. We have guardians in their 90s, it's untenable.
- Long term planning for families as they age.
- Adaptive swim lessons (water safety).
- Classes on communication- back and forth conversations.
- Parenting skills.
- Need housing navigation and facilitation.
- Romantic relationships! Classes around safe and consensual relationships.
- I see Person Centered Plan Facilitation being similar to Benefits planning services. should be readily accessible, wherever someone is in life.
- Person centered planning can be used across the lifespan. This is a great way to help people get what they need to improve their lives.
- Would like to see the "planning" part include "person Centered Planning facilitation" as a service.

“  
*We need better transitions for aging caregivers to begin continued care planning for their loved one. We have guardians in their 90s, it's untenable.*  
”



#### RECOMMENDATION:

***DSHS DDA recommends replacing the current Specialized Habilitation service with a new Life Skills service (Appendix D).*** The definition has been changed to broaden the types of support available under the service. Broadening the service definition addresses stakeholder requests for skill building in the areas of sexual health, water safety skills, life transitions and skills to access and maintain housing. Supported parenting has been moved inside this service. Also in this category are Peer Mentoring and Person-Centered Plan Facilitation, currently available only on the Children's Intensive In-Home Behavioral Supports and Individual and Family Services waivers.



### Benefits

Broadening the service definition addresses requests from community partners to provide skill building in the areas of sexual health, water safety skills, life transitions and skills to access and maintain housing. Supported parenting has also been moved inside this service. Also included in this broader service category are Peer Mentoring and Person-Centered Plan Facilitation services, currently available only on the Children's Intensive In-Home Behavioral Supports and Individual and Family Services waivers. Providing these services will provide opportunities for participants to increase skills needed to flourish in their communities. Individuals will experience more stability in their homes, safer and more meaningful relationships with friends, children, and family and increased problem solving and coping mechanisms to deal with life's challenges.

“

*Person centered planning can be used across the lifespan. This is a great way to help people get what they need to improve their lives.*

”



### Considerations & Barriers

To adequately meet the needs of all individuals, rates for these services will be tiered based on behavioral and activities of daily living support needs. Additionally, when an Individual or Home Care Agency personal care provider is unavailable, support for essential ADL will be provided during the provision of waiver services by the waiver service provider.

### Service Access

The waiver services workgroup identified and reviewed barriers to accessing waiver services. Barriers, ranging from lack of understanding, provider rates, to stretching the aggregate budget to cover all needed services, were identified by both DSHS DDA staff and community collaborators.

### Collaborator Comments

- Accessing services (is confusing), want a complete list of resources, what comes with the waiver.
- Case managers should break up information into smaller sections.
- Difficult to understand services available, need simpler definitions.
- Easier to understand the services that are available.
- I don't understand the services.
- It can be confusing as to what is being supported and by what waiver service.
- We need to increase aggregate funds in order to increase services and pay providers more.
- Getting supplies dips into the respite care.
- Not having enough aggregate funding for services my family member could benefit from.
- Provide more allocation amounts for waiver services.
- The biggest struggle for me as a parent and as an employee is how few services we can get for our clients because the cost of the services eats up the budget so fast.



- The aggregate budget runs out and participants Clients have to choose between needed services.
- Problem: disparity in provider rates (i.e. employment \$125 vs Community Engagement \$30-something) and no incentive for people to work with individuals who have higher care or behavioral support needs. A BEHAVIORAL respite rate/service for families struggling to care for people with significant behavioral issues such as physical aggression and verbal aggression that impact caregivers' ability to take care of needs such as grocery shopping or even self-care routines (e.g., taking a shower).
- Basic training and higher/ tiered rates for folks with higher support needs.
- I agree with about the tiered rate for higher acuity.
- DDA should request from the legislature rate parity for all day programs, including respite.
- (It is) difficult to understand services available; people need simpler definitions.
- (I) don't know what is out there and available.
- A big barrier to accessing services is the limitation. If I want my daughter to gain skills to assist with her independence, she can only get 6 hours per month because the cost of Specialized Habilitation is \$70 an hour. That is hardly any time at all to work on these things. Especially when it comes to her difficulty with retaining new information. Sometimes it feels like we are setting her up for failure.
- The biggest struggle for me as a parent and as an employee is how few services we can get for our clients because the cost of the services eats up the budget so fast.
- There is a need for a higher rate for respite in order to increase opportunities for people with higher needs whether they are related to personal care needs or behavioral challenges.
- Community based respite programs are most important from both a personal and professional standpoint. The barrier is poor reimbursement and not enough hours.

“  
*The biggest struggle for me as a parent and as an employee is how few services we can get for our clients because the cost of the services eats up the budget so fast.*  
”



Many comments were also received about the need for non-medical transportation. This issue was partially addressed in recent waiver amendments, that broaden the scope of mileage reimbursement in all five DSHS DDA waivers. These changes are effective on September 1, 2024. Additional flexibility is being considered for future updates.

### RECOMMENDATION:

***To increase access through simplification, DSHS DDA recommends utilizing a framework for presenting waiver services within logical categories that are more easily understood by staff and individuals utilizing services. (Appendix D).*** Waiver services are complex, and technical definitions are crafted in language designed to gain CMS approval, rather than to be



easily understood by waiver users. Within that structure, the workgroup has, when possible, combined similar services into one broader service. This reduces the complexity of explaining services to individual and their families. When the waivers are restructured, service definitions will be revised with an eye toward plain, easily understood language.

As described in the service recommendations work stream report, ***DSHS DDA recommends that a tiered provider rate with value-based payment options be developed for the appropriate services, based on ADL and behavioral support needs.*** Many community partners have reported the inability to use community engagement or respite in community settings because providers cannot accept participants with higher acuity under their current rates of reimbursement. Creating a tiered rate will enable providers to offer services to individuals with higher needs. Additional provider capacity is needed to provide waiver services. DSHS DDA has taken other measures to enroll additional providers through a consolidated provider recruitment effort using data to focus recruitment at the individual level.

***DSHS DDA recommends that the aggregate budget be tiered based on ADL and behavioral support needs.*** This, coupled with tiered service rates will level the playing field for individuals with higher support needs by both providing access and increased spending power to purchase services at the same level as individuals with lower support needs.

### Benefits

Simplifying waiver service categories and definition language increases the ability of case managers to clearly explain services and the ability of individuals and families to understand all the waivers have to offer. Tiering the provider rate based on ADL and behavioral acuity will enable more providers to serve individuals with these higher care needs, thus increasing provider capacity.

### Considerations and Barriers

If provider rates are tiered to acuity, as recommended, the aggregate budget through which these services are purchased must also be tiered to acuity. As rates increase based on acuity, spending power must also increase to preserve equitable access to services by individuals with higher care needs.

### Self-Directed Budget Based Options

Collaborators have provided a great deal of feedback to the administration on the need for more flexibility in accessing services and some mentioned developing a budget-based waiver to gain flexibility. Although some collaborators were interested in creating such a waiver, there is not compelling interest for a standalone waiver like the one operated by the DSHS Aging and Long-Term Support Administration and this was not identified as a high priority by collaborators. Through the recommendations in this report, the administration has sought to build flexibility within the new services. For instance, the services of Supported Employment, Community Inclusion, and Community Engagement have been combined in a way that enables participants to craft a full





and meaningful weekly schedule. DSHS DDA will continue to work with collaborators to explore flexibility in waiver services. As waiver restructuring develops, future considerations may include evaluating the value of developing a self-directed budget-based waiver.

### Systems and Financial Implications

State government IT systems like the Comprehensive Assessment Reporting Evaluation assessment tool and ProviderOne are highly integrated, a change in one area results in the need for change in another. Changes can then cascade in several directions. Changes to these systems as well as ADSA Web Access and current DSHS DDA reports will be necessary. Some of the changes involve Planned Action Notices to participants in both CARE and ProviderOne, changes to client correspondence, and prior approval processes. Changes to payment coding categories will impact several system interfaces. Taken together, changes to these systems are estimated to be significant. The table in Appendix E illustrates potentially competing system changes that would occur when those projects are implemented. These will need to be prioritized and scheduled alongside the routine system maintenance and on-going business need requests already in the pipeline. There may also be resource competition for emerging initiatives such as the Integrated Eligibility and Enrollment Modernization project and other initiatives outside of DSHS DDA. The combination of the quantity and size of these system changes carries a risk of not being able to accomplish them.

Financial implications of implementing these recommendations, including resources needed, are not part of this report but will be developed upon approval. A small number of new full time equivalent staff will be needed to manage, oversee, monitor and implement the new waiver structure. When the pending legislative reports outlined in Appendix E are considered as a whole, there is potentially a need for FTE on the DSHS DDA business side to analyze, document and prioritize needed system changes as well as FTE on the CARE team in the DSHS Technology Innovation Administration to build, test, implement and maintain system changes. As mentioned earlier, full implementation of the recommendations may result in increased expenditures. Migration of the Children's Intensive In-home Behavioral Support waiver removes the population cap that currently controls expenditures for this population. While participants in the Individual and Family Services waiver currently have lower costs, access to a fuller array of services may increase utilization, meaning that waiver participants will likely use more of their authorized annual awards than is now the case.

To enable more providers to serve participants with higher support needs, the recommended acuity-based rate system will award higher amounts of aid to people with higher needs. A corresponding increase to the aggregate budget for participants with higher support needs, will enable waiver participants to then access more of their authorized services. Participants will then use more of their appropriated funding for DSHS DDA services.



### Implementation Planning

While not intended to be a detailed and executable implementation plan, this section outlines high level activities, provides a provisional timeline for full implementation of the recommendations, and offers insight into how and when individuals and families will experience the transition to new waivers.

#### Implementation First Steps

DSHS DDA has identified areas that will be complete before the legislative action on this report. Planning is under way to implement these areas and, where needed, incorporate them into the waiver amendment cycle.

- **Interagency Task Force**

*In response to the recommendation made in this report, the administration convened an interagency task force composed of representatives from the DSHS Developmental Disabilities Administration, Health Care Authority, Managed Care Organizations, hospital systems, and the DSHS Behavioral Health Administration to clarify each organization's role in providing behavioral, mental health and stabilization supports. Taskforce meetings will begin in Fall 2024.*

- **Program Enhancements**

*Feedback was given about the waiver complexity. DSHS DDA is working to simplify services and is exploring changing current waiver services by combining assistive technology and specialized equipment and supplies services into one broader service category and potentially adding a new Life Skills service.*

#### Implementation Next Steps

DSHS DDA consulted with three states that were also restructuring their 1915(c) waivers. Implementation times ranged from four years in New York and Iowa to eight years in Minnesota. Though each of the state's system differed from Washington's, the complexity of the tasks is similar. Many factors including CMS approval, system enhancements, and WAC/RCW updates, could lengthen Washington's implementation timeline. At a minimum, DSHS DDA needs at least 40 months to implement the recommendations in this report and transition individuals to the two new waivers.

After Legislative direction, DSHS DDA will create a detailed implementation plan that outlines all the activities to carry out the recommendations in this report and provides a timeline for completing them. The plan involves a complex set of activities to combine the existing five waivers into two, impacting every part of the DSHS DDA service delivery system.

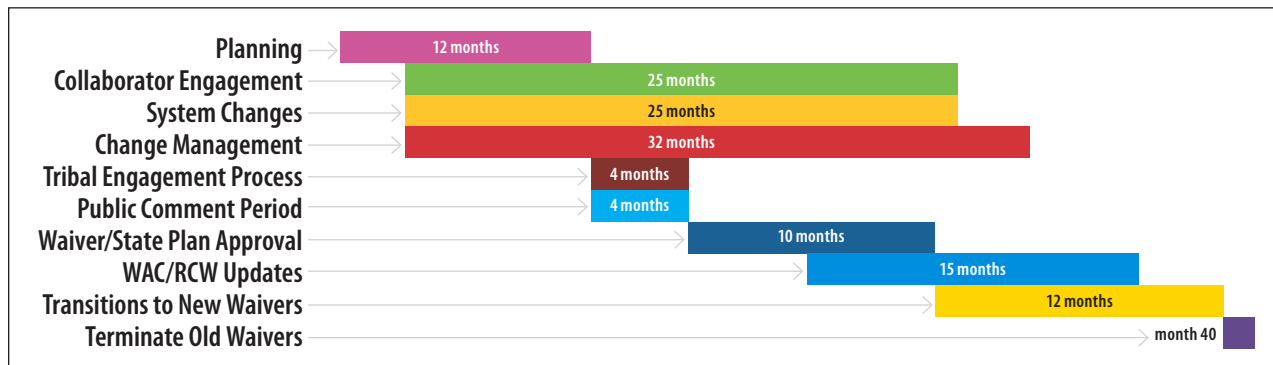
For planning purposes, the table below is an example of an implementation schedule. Keeping in mind that until a comprehensive implementation plan is finalized, all timeline exercises are preliminary. Appendix F includes a high-level snapshot of these activities.





### Implementation Experience

As restructure unfolds, the DSHS DDA community will experience it at different times and in different ways, as described below. Strong change management planning and execution will prepare people for changes and smooth the process as changes occur.



- **Individuals and Families**

*Individuals and their families are included in all opportunities to provide input to DSHS DDA, especially during open comment periods on waiver amendments and WAC changes. Throughout the implementation, they will be included in other engagement opportunities and asked to provide feedback on different issues related to implementation. They will receive information about transitioning to the new waivers as part of change management activities. When the new waivers are available, individuals will transition during their following annual assessment.*

- **Collaborators**

*Collaborators are included in all opportunities to provide input to DSHS DDA, especially during open comment periods on waiver amendments and WAC changes. Throughout the implementation, they will be included in other engagement opportunities and asked to provide feedback on other issues related to implementation. DSHS DDA staff may be asked to engage in user testing of system changes.*

- **Tribal Partners**

*Tribal partners are included in all opportunities to provide input to DSHS DDA, especially during open comment periods on waiver amendments and WAC changes. Throughout the implementation, they will be included in other engagement opportunities and asked to provide feedback on other issues related to implementation.*

*Tribal governments will receive formal notification of upcoming changes to the waivers or State Plan amendments. DSHS DDA will follow the official protocol in place for communicating and engaging with tribal governments about these changes.*

### Conclusion

Over 25,000 individuals with intellectual or developmental disabilities live and thrive in Washington's communities, enabled by the supports received through DSHS DDA's home and community-based waivers. The wise investments made by the Washington state legislature to fund these services



provide the gateway to the richness of lives lived with greater independence and autonomy in people's chosen communities and homes, rather than in institutional settings.

During this study, DSHS DDA asked individuals, families, advocates and community partners hard questions about stepping together into the future of community services and what it would take to get there. People responded by honestly sharing their stories, their disappointments and their hopes for the future. Some of those comments have been shared throughout this report. The project team concludes this report by sharing a few more here.

- Thank you for DDA. Thank you for you. You care to listen.
- I appreciate all the support my son is getting from DDA.
- I appreciate the waiver services because it works well 95% of time - individuals with disabilities can receive the support they need to be successful on the job through the waiver. I think there are always exceptions, but overall, the system works. Thank you.
- You have been absolutely amazing, and we are so thankful you are our son's case manager.
- We appreciate all the services that we do have.
- Our Case Resource Manager is very helpful and listens and has patience with us whenever we call. He is great!
- I have been SO GRATEFUL for the help that we have been provided with and we could not survive without it.

The administration thanks the legislature for the opportunity to conduct this study and we look forward to continued work with our collaborator community to implement the recommendations put forward in this report.

## Acknowledgements

DSHS DDA would like to recognize the generous contributions of time and expertise from staff and community partners representing the following:

- Target group participants, including individuals and their families, who gave their time and lived-experience perspectives to inform the development of the report recommendations and the DSHS DDA regional staff who painstakingly conducted and documented these interviews.
- Legislative Report Community Collaborator group, which contributed their expertise and lived experience on behalf of their represented constituencies to the development of the recommendations in this report.
- DSHS DDA staff workgroup members who lent their expertise and creative thinking to develop recommendations that reflect the input of project collaborators and give voice to the needs of waiver participants.
- Vivid Co., which provided project management, strategic advisement, support for collaborator engagement, and led the development and production of this study.



# Appendix A

## Current DSHS DDA 1915(c) Waivers

### Basic Plus

The Basic Plus waiver serves individuals who live with family or in their own home or in another setting with assistance. These waiver services help people meet their health and welfare needs in their own home, their family's home or in other settings. This waiver provides respite, assistive technology, employment supports, community inclusion and other services. The basic plus waiver serves around 12,500 participants.

### Core

The Core waiver serves individuals who require residential habilitation services or live at home but are at immediate risk of out of home placement due to one or more of the following extraordinary needs: Individuals must have an identified health and welfare need for residential services that cannot be met by the Basic Plus waiver. This waiver provides residential habilitation, specialized equipment and supplies, employment supports and community inclusion as well as other services. The core waiver serves around 4,500 participants.

### Individual and Family Services

The Individual and Family Services waiver supports individuals residing in the family home who have a natural support system. The family or caregiver's ability to continue caring for the client may be at risk but can be continued with the addition of services. This waiver has budgets, based on participant needs, that are renewed annually and can be used to purchase a variety of services. The IFS waiver serves around 7,500 participants.

### Community Protection

The Community Protection waiver offers residential supports to individuals who have been assessed to require 24-hour onsite staff supervision to ensure the safety of themselves and others. The CP waiver serves around 335 participants.

### Children's Intensive In-home Behavioral Support

The Children's Intensive In-home Behavioral Support waiver supports children and youth, ages 8 through 20, to remain living in their family home while complex behavioral and habilitative issues are addressed through intensive care coordination that brings together a team of formal and informal supports to craft a wrap-around care plan. The waiver improves support to families and strengthens their child's success in the family home and community. The CIIBS waiver serves around 200 participants.



### Appendix B

#### Legislative Report Community Collaborators Roster

Collaborator Group	Representative
Arc of WA	Stacy Dym Cathy Murahashi
Waiver Participants	Ross Dam
Community Action Council	Stacy Dym
Community Employment Alliance	Aaron Dickson Carrie Morehouse Alex Mottler
Community Residential Services Association	Randy Hauk Scott Livengood
Counties	Malissa Adame
DSHS DDA Staff (HQ and Field)	Leila Graves Linda DeCost Nicholas Robertson Sheila Collins
Developmental Disabilities Council	Brandi Monts
Developmental Disabilities Ombuds	Betty Schwieterman
Family Council	Hodan Mohamed
Health Care Authority	Suzanne Taylor, RN, MPA
Hospitals (Seattle Children's) & Hospital Association	Kashi Arora Ashlen Strong
Open Doors for Multicultural Families	Moses Perez Adrienne Stewart
Parent to Parent	Tracie Hoppis Gabriela Ewing Ysabel Fuentes
People First	Resa Hayes
Self-Advocates in Leadership	Jessica Renner Julie Clark Shawn Latham
Self-Advocates Advisory Council	Tracy Turner
Day Program Alliance	Therese Vafaezadeh
Parent Coalitions	Sandi Gruberg Michelle Williams
Allies in Advocacy ED	Shawn Latham
WISE	Susan Harrell
Rose Yu	Families for Better Lives



### Appendix C

#### Collaborator Engagement Topics

*ranked in order of prevalence*

Provider capacity .....	119	Community Engagement/Inclusion .....	27
Processes .....	110	County Employment Services .....	26
Respite .....	109	Providers .....	25
Personal Care.....	86	Flexibility.....	24
Don't understand services/need info .....	85	Personal Care for waiver services .....	23
New service/or service process .....	71	Complexity/Simplicity .....	20
Mental Health/Behavioral Health .....	71	Housing/Homelessness .....	19
Case Management .....	70	Capacity .....	19
Day Services/Social Engagement.....	69	Complexity.....	19
Prior Approval .....	66	Provider training .....	18
Rates.....	59	Assessments .....	17
Non DDA services .....	51	Common Service Menu .....	17
Transportation .....	48	Transitions .....	14
Crisis Stabilization .....	43	Equipment.....	14
Top Priority.....	41	New position .....	10
CDWA.....	38	Person Centered Planning .....	10
Language Barriers.....	36	Awareness of DDA .....	8
Person Centered.....	35	Combined services.....	8
Aggregate budget.....	31	Culturally Relevant services.....	8
Technology .....	30	Wellness Education .....	3

*The topics coded as "Other" (112) and "Most Important Service" (148) are not displayed.*



## Appendix D

### Common Service Menu

Service Category	Service	Residential Support Waiver	Community Support Waiver
RESPIRE	Group Respite Services	Companion Homes only	X
	Individual Respite Services	Companion Homes only	X
SOCIAL ENGAGEMENT AND COMMUNITY PARTICIPATION	Social Engagement: The Social Engagement service incorporates the supports currently provided by the Community Engagement service, respite in community day centers, respite in Adult Day Care, and Community Inclusion services. This service will not be limited to daytime activities. Social Engagement will be provided through centers that meet federal setting requirements or directly in the community without the use of a center-based site. Provider rates will be tiered to the need for behavioral and physical support needs of individual participants, including the need for personal care supports. The hours of service will also be generated through the DDA assessment.	TBD	X
SKILL BUILDING AND PLANNING	Life Skills Service* (including Alternative Living)	X	X
	Peer Mentoring	X	X
	Person Centered Plan Facilitation	X	X
CONSULTATION, THERAPIES, AND NURSING	Complementary Therapies* (includes Music and Equine Assisted Services)	X	X
	Extended State Plan (OT, ST, PT, Skilled Nursing)	X	X
	Staff and Family Consultation	X	X
	Specialized Behavior Assessment and Adaptive Support* <ul style="list-style-type: none"> <li>• Supports Assessment</li> <li>• SOTP services</li> <li>• Other Types of Behavior Support</li> <li>• Mobile Diversion</li> <li>• Bed Based Diversion</li> <li>• Stabilization</li> </ul>	X	X
	Adult Day Health	X	X



## Appendix D *(continued)*

### Common Service Menu

Service Category	Service	Residential Support Waiver	Community Support Waiver
RESIDENTIAL SUPPORTS	Residential Habilitation (facility and non-facility based)	X	
EMPLOYMENT	Individual and Group Supported Employment	X	X
	Individual Technical Assistance	X	X
GOOD AND SERVICES	Specialized Goods <i>Includes technology, medical and health related equipment, and adaptive tools to increase independence, safety, or improve social engagement.</i>	X	X
	Bed Bug Extermination	X	X
	Transportation	X	X
	Community Transition	X	X
	Wellness Education	X	X
ACCESS AND ADAPTATION	Access and Adaptations <ul style="list-style-type: none"> <li>• Environmental Adaptation</li> <li>• Vehicle Modification</li> <li>• Therapeutic Adaptation</li> </ul>	X	X

#### \* Draft Life Skills Service working definition:

Services designed to assist participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. This service provides training and support to participants to learn or maintain skills in areas such as:

- Self-empowerment to become better equipped to deal with problems and improve problem solving skills.
- Personal safety such as:
  - awareness and self-advocacy to recognize and report abuse, neglect, and exploitation;
  - mitigating inappropriate peer pressure; or
  - Situational awareness and safety in the participants surroundings including water safety, fire safety, earthquake response, and safely responding to other emergent issues.
- Understanding laws, rights, and civic responsibilities.
- Interpersonal skills and effective communication to form healthy friendships including sexual relationships, maintain positive relationships with staff, family, service providers, neighbors, landlords, law enforcement and others.
- Coping strategies regarding typical life challenges, managing daily tasks and major life transitions such as loss of a loved one, end of life planning, and disruptions to the participant's living situation or life routines.
- Parenting skills to effectively parent the waiver participant's children.
- Maintaining a household such as managing bill payments, repairs, shopping, and other necessary activities (modify for Residential Supports Waiver).



## Appendix E

### Overlapping Legislative Reports

Bill	Bill Due Date	Legislative Report Title	Waiver Impacts	CARE Impacts	ProviderOne Impacts	Staff Impacts	WAC/ Policy Impacts
5187	2/29/24	<a href="#">Ruckelshaus, Final</a>	✓	✓	✓	✓	✓
5187	6/30/24	Parents with DD Data Study					
5950	10/1/24	Day Habilitation	✓	✓	✓	✓	✓
5092 5268 5693	10/1/24	Respite and Stabilization, final	✓	✓		✓	✓
5284	10/1/24	Eliminating subminimum wage					
N/A	10/1/24	Forecast of supported employment and community inclusion				✓	
5187	11/1/24	DDA Assessment Feasibility Study	✓	✓		✓	✓
5950	11/1/24	Lake Burien	✓	✓	✓	✓	✓
5187	12/1/24	Specialty AFH pilot					
5187	12/1/24	Community Residential Pilot, Complex Needs Enhanced Rate Pilot	✓	✓		✓	✓
5187	12/1/24	Transitions of Care, Final		✓		✓	✓
5187	12/1/24	Waiver Services Study, study/ report to expand Medicaid Services	✓	✓	✓	✓	✓
5819	12/1/24	No Paid Services, Annual Report	✓	✓	✓	✓	✓
5187	1/1/24	Eligibility, preliminary report by JLARC	✓	✓	✓	✓	✓
5187	12/31/24	Financial Eligibility FTE Use & Associated Outcomes, Final				✓	
6052	1/1/25	Children's Enhanced Respite		✓	✓	✓	✓
5693	1/1/25	Adult Community Respite		✓	✓	✓	✓
5187	1/1/25	Eligibility, final report by JLARC	✓	✓	✓	✓	✓
5187 5950	6/30/25	Enhanced Behavior Support	✓	✓	✓	✓	✓
5950	6/30/25	Lake Burien, Final	✓	✓	✓	✓	✓
6125	9/1/25	Lakeland Village Artifacts					
5819	12/1/25	No Paid Services, Annual Report	✓	✓	✓	✓	✓
1188	12/1/25	Specialized Waiver for Children/Youth in Dependency	✓	✓	✓	✓	✓





# Appendix F

## High Level Implementation Activities

### PLANNING

- Develop project plan and team
- Reconcile recommendations made in other Legislative Reports
- Develop tiered rate methodology
- Develop tiered aggregate budget
- Draft waiver applications and Medicaid State Plan amendment if needed

### COLLABORATOR ENGAGEMENT

- Ongoing dialogue with participants, families, the LRCC, and field staff
- Targeted outreach activities to participants and families

### SYSTEM CHANGES

- Coordinate and balance needed changes and enhancements against other federal and state directives and initiatives
- Create a budget calculator for use by case managers
- Develop and execute changes to:
  - CARE tool infrastructure
  - IT systems
  - Algorithms Functionality
  - Budget coding
  - Payment system

### CHANGE MANAGEMENT

- Business process updates
- On Board new FTE
- Plan and deliver staff training
- Provide regular internal and external messaging
- Policy and procedure development and updates
- Readiness Assessment

### TRIBAL ENGAGEMENT PROCESS

- Provide notice to tribal partners
- Incorporate tribal feedback
- Engage in tribal communication activities

### PUBLIC COMMENT PERIOD

- Publish public notification
- Post waivers for public comment
- Provide opportunities to offer public comments
- Compile and process public comments

### WAIVER/STATE PLAN APPROVAL

- Submit waiver drafts for approval
- Submit transition plans for terminating existing waivers
- If necessary, submit any needed amendments to the State Medicaid Plan
- Obtain CMS approval

### WAC/RCW UPDATES

- Evaluate for WAC changes
- File WAC changes after CMS approval
- 2026 Session Request Legislation if needed for RCW changes

### TRANSITIONS TO NEW WAIVERS

- Client Notifications
- PANs
- Annual assessment

### SHUT DOWN OLD WAIVERS

- Provide report on completion of transition plan
- Execute any system shut down activities