

# FINAL BILL REPORT

## ESSB 6040

---

---

C 352 L 20  
Synopsis as Enacted

**Brief Description:** Concerning the budgeting process for certain state waiver services for individuals with developmental disabilities.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Braun, Becker and Kuderer).

**Senate Committee on Ways & Means**  
**House Committee on Appropriations**

**Background:** Department of Social and Health Services and the Developmental Disabilities Administration. The Developmental Disabilities Administration (DDA) is a division of the Department of Social and Health Services (DSHS) and administers a broad range of programs and Medicaid services for eligible individuals with developmental disabilities in Washington State. These services and programs may include case management, personal care, respite, employment, community engagement, crisis stabilization services, and residential supports. The level of support needed by DDA clients to assist them in their daily lives and help them participate in the community varies greatly by individual.

There are two avenues for which functionally and financially eligible individuals may obtain Medicaid paid services in community settings through DDA:

- the Community First Choice Option (CFCO) of the Medicaid State Plan; and
- Home and Community Based Services (HCBS) waivers.

The CFCO is an uncapped entitlement and is provided to those who qualify for institutional care, but would rather be served in their homes or communities.

There are five capped HCBS waivers that provide an array of services tailored to the specific populations they serve. Approximately 70 percent of the HCBS waiver caseload receives services through either the Basic Plus or Individual and Family Services (IFS) waivers. Basic Plus provides services to clients who are functionally eligible for an institutional level of care but who choose to remain in a community setting. The IFS waiver serves families caring for an eligible person three years of age or older by providing an annual allocation based on assessed need.

According to information provided by DDA in January 2020, there are 14,128 individuals with a disability that makes them eligible to receive DDA services, but are not receiving paid

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

DDA services. This group of individuals is often referred to as the no-paid services (NPS) caseload. There are 378 individuals, or 3 percent, of the NPS caseload who have requested a paid DDA service, but were denied due to lack of capacity. Of those, 299 individuals requested a service through either the Basic Plus or IFS waivers.

Caseload Forecast Council. The Caseload Forecast Council (CFC) is a state agency charged with preparing official state forecasts of the number of persons expected to meet entitlement requirements and to require the services of certain public assistance programs, including foster care, adoption support, the prison population, K-12 students, Medicaid, and other specified programs. The CFC itself consists of two individuals appointed by the Governor, and four individuals, one of whom is appointed by the chairperson of each of the two largest political caucuses in the Senate and the House of Representatives.

Operating Budget. A two-year biennial operating budget appropriates funding for the operation of state government and is adopted every odd-numbered year. Supplemental budgets frequently are enacted in each of the following two years after adoption of the biennial budget.

Budget decisions are often categorized as being either a maintenance level or a policy level decision. For the purpose of the four-year outlook, maintenance level has been defined to mean the estimated appropriations necessary to maintain the continuing costs of program and service levels either funded in the prior biennium or mandated by other state or federal law. Maintenance level items typically include adjustments for the forecasted changes in entitlement caseloads or enrollments and other mandatory expenses.

All other budget decisions are typically categorized as policy items. Examples include creating a new program; eliminating a current program; increasing or decreasing vendor or employee payment rates; expanding or contracting program eligibility; and expanding or contracting the value of services provided by a program.

Funding for DDA personal care and respite care services are adjusted annually in the maintenance level of the budget on the basis of actual and forecasted caseloads and per-capita costs.

**Summary:** The CFC must present the number of individuals who are assessed as eligible for, and have requested a service through, the Basic Plus and IFS waivers. CFC shall be presented with the service request list as defined in RCW 71A.10.020 to aid in development of this information.

Subject to appropriation, and by December 1, 2021, DSHS must review the no-paid services caseload and update it to accurately reflect a current count of eligible persons and the number of individuals who are currently interested in receiving a paid service.

**Votes on Final Passage:**

Senate	47	0	
House	97	0	(House amended)
Senate	48	0	(Senate concurred)

**Effective:** June 11, 2020