

FINAL BILL REPORT

SSB 5819

C 247 L 22

Synopsis as Enacted

Brief Description: Concerning the developmental disabilities administration's no-paid services caseload.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Braun, Brown, Conway, Dozier, Frockt, Keiser, Randall, Rivers, Saldaña, Short, Trudeau, Warnick and Wilson, L.).

Senate Committee on Health & Long Term Care

Senate Committee on Ways & Means

House Committee on Housing, Human Services & Veterans

House Committee on Appropriations

Background: The Developmental Disabilities Administration (DDA) is a subdivision 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 provides personal care to those who qualify for institutional care, but would rather be served in their homes or communities. The five HCBS waivers allow DDA clients who live in community settings to receive optional services at the same level the individual would receive in an institutional setting. Unlike the CFCO, each waiver has a capacity limit on the number of people who can be served.

Once determined DDA eligible, a person may or may not choose to request services. Many

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people initiate the eligibility process without a current need for services. This reduces the timeline for accessing future services when needed. A client is put on the no-paid services caseload once they are found to be eligible for DDA services, but are not receiving paid services. When the client needs a paid service, they must contact DDA to make a request.

Prior to 2011, the no-paid services caseload was managed by case managers. Due to budget reductions, DDA discontinued providing case management services to clients on the no-paid services caseload. In 2020, the Legislature directed DDA to review the no-paid services caseload and update the information to accurately reflect a current count of eligible people and identify the number of people contacted who are currently interested in receiving a paid DDA service. On September 30, 2021, there were 48,181 DDA-eligible individuals. Of these, 12,040 were not receiving any paid services. In December 2021, DDA reported they were able to successfully contact 1,784 individuals and of these, 63 percent of them desired a service. DDA was allocated two full-time employees to complete this work. Funding for these employees ends on June 30, 2022.

Summary: DDA must hire two permanent, full-time employees to regularly review and maintain the no-paid services caseload which includes updating the caseload to reflect a current count of eligible individuals and identifying the number of individuals contacted who are currently interested in receiving a DDA paid service, and if the individual would like services now or within the next year. DDA must annually report their findings to the Governor and Legislature.

DDA must provide clients on the no-paid services caseload with case resource management services. The case resource managers are required to contact and respond to the client to discuss the client's service needs and explain to the client the service options available through DSHS or other community resources.

The bill is null and void if funding is not provided in the 2022 supplemental operating budget.

Votes on Final Passage:

Senate	49	0	
House	98	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: June 9, 2022