

# HOUSE BILL REPORT

## HB 2279

---

---

**As Reported by House Committee On:**  
Human Services, Youth, & Early Learning

**Title:** An act relating to utilization of developmental disabilities waivers.

**Brief Description:** Concerning utilization of developmental disabilities waivers.

**Sponsors:** Representatives Farivar, Couture, Kloba, Taylor, Cheney, Peterson, Caldier, Barnard, Simmons and Macri.

**Brief History:**

**Committee Activity:**

Human Services, Youth, & Early Learning: 1/24/24, 1/31/24 [DPS].

**Brief Summary of Substitute Bill**

- Requires the Developmental Disabilities Administration (DDA) to prioritize certain populations when enrolling clients on home and community-based services waivers and for specific services.

---

### HOUSE COMMITTEE ON HUMAN SERVICES, YOUTH, & EARLY LEARNING

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Senn, Chair; Cortes, Vice Chair; Rule, Vice Chair; Eslick, Ranking Minority Member; Couture, Assistant Ranking Minority Member; Callan, Dent, Goodman, Ortiz-Self, Taylor and Walsh.

**Staff:** Omeara Harrington (786-7136).

**Background:**

The Developmental Disabilities Administration (DDA) assists individuals with developmental disabilities and their families to obtain services and support based on

---

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

individual preferences, capabilities, and needs. While some DDA clients live in residential habilitation centers, an institutional setting, most clients live in the community. Home and community-based services Medicaid waivers allow clients who live in community settings to receive optional services at the same level as they would receive in an institutional setting. Waiver services are designed to promote everyday activities, routines, and relationships, and may include services targeted at community integration, support services provided by contracted professionals, caregiving, equipment, supplies, and other specialized services.

The DDA offers services under five waivers: Core, Basic Plus, Community Protection, Individual and Family Services, and Children's Intensive In-home Behavior Supports (CIIBS). To be eligible for waiver services, an individual must meet certain criteria, including:

- having a qualifying disability;
- meeting the intermediate care facility requirements for individuals with an intellectual disability level of care;
- meeting financial eligibility criteria;
- choosing to receive services in the community rather than in an intermediate care facility; and
- meeting other waiver-specific criteria.

Based on recent data, there is capacity to serve 26,346 individuals across all waivers, and there are 1,831 slots available. However, availability varies between waiver programs. For example, the Core waiver has 898 available slots, about 16 percent of its total capacity. In contrast, the CIIBS waiver is nearly at full capacity.

Under DDA rules, when there is capacity on a waiver, first priority is given to current waiver participants assessed as needing a different waiver. From there, the DDA may consider other priority populations, such as those statutorily identified, those at immediate risk of institutionalization, those who pose a community safety risk, those who are being served with state-only funds, and others. Additionally, there is a statutory requirement to provide waiver services to eligible individuals who are or recently were subject to a dependency or receiving extended foster care services.

---

### **Summary of Substitute Bill:**

The DDA must prioritize specified populations when enrolling eligible clients in open home and community-based services waiver slots and for purposes of determining access to specific waiver services. In addition to any other statutorily prioritized populations, the DDA must prioritize eligible clients who are age 45 or older, clients who have remained in a hospital without medical necessity due to lack of availability of community-based services and supports at some point in the previous six months, and clients who are discharging from a residential habilitation center.

### **Substitute Bill Compared to Original Bill:**

The substitute bill removes the provisions requiring the DDA to enroll eligible clients in unused waiver slots so that all available waiver slots are fully utilized, and expand waiver service provider capacity so that each client enrolled in a waiver has the opportunity to participate in the full array of services available through the waiver. The substitute bill also removes the requirement for the DDA to report annually on current waiver utilization, waiver services that have inadequate provider capacity to meet demand, and progress toward the goal of full waiver utilization and service access.

---

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

### **Staff Summary of Public Testimony:**

(In support) There are 1,800 open waiver slots, and the core waiver, which comes with wraparound services and housing, has about 900 open slots. This is shocking given the deep need that those with developmental disabilities have to obtain basic services for survival. Information is needed as to how to fill these slots. Also, certain families should be prioritized, like seniors, those stuck in hospitals without medical necessity, and those trying to discharge from residential habilitation centers. Caregivers who are retirement age need to have a plan in place for care of their loved one before they die. People deserve to lead full and meaningful lives outside of institutional care, but it is common to encounter people who are stuck in these settings unnecessarily. Those discharging from hospitals and residential habilitation centers should be given the resources needed to leave care and be supported in the community.

The bill will require the DDA to assess and report on what is causing discharge delays and what barriers are causing people to not be able access the services they need. Some people do not know what waiver they are on or what services they are entitled to. The lack of providers in the system leads to crisis, hospitalization, and institutionalization. However, it is not only a lack of providers that is behind the system's inadequacy, and there is a long crisis-driven road that leads to institutionalization. In order to reduce bad outcomes, waivers need to be offered early on.

(Opposed) None.

(Other) The waiver system is an excellent vehicle to allow people to live where they want and be independent. However, the DDA has concerns that they may not be successful

implementing this bill within current budget, as additional providers and other elements need to be in place in order for this to be successful. Additional resources will be needed to increase rates to entice providers. Also, waiver amendments cannot be submitted until amendments associated with prior legislation can be processed. There is already a prioritization system in rule that includes individuals engaged with the Department of Children, Youth, and Families and those living in residential habilitation centers. This prioritization is not currently utilized because any person who wants a waiver can get one. Once someone is on waiver services they are entitled to services, so that cannot be prioritized. A report will be coming out in the future related to restructuring waivers.

**Persons Testifying:** (In support) Representative Darya Farivar, prime sponsor; Shawn Latham, Self Advocates In Leadership; Kim McLeod; Stacy Dym, The Arc of Washington State; Noah Seidel, Office of Developmental Disabilities Ombuds; Todd H Carlisle, Disability Rights Washington; and Linda Hyatt, Families for Better Lives.

(Other) Kris Pederson and Jaime Bond, Developmental Disabilities Administration, Department of Social and Health Services.

**Persons Signed In To Testify But Not Testifying:** None.