

Stakeholder and Partner Meeting for Children and Youth Involved with DDA, DCYF, and HCA

Question:

Many children with disabilities stop being eligible for many services at age 10. They meet federal guidelines for disability but lose access to DDA and personal care services ages 10 to age 18 due to very low cognitive standards in our state? Are there any ongoing talks about a 1519c waiver (Katie Beckett waiver) all kids 0-18 that meet federal disability guidelines have access to apple health as long as family income doesn't exceed \$250,000. Allows family stabilizing provider for in home support under Medicaid personal care access to Medicaid for stabilizing Applied Behavior Analysis (ABA) and behavioral health? Better health care access for youth to adulthood without a drop in service coverage?

Response:

Eligibility as a DDA client expires on the 10th birthday per Washington Administrative Code (WAC) 388-823-1005 only if the child was eligible under Developmental Delays. Most children are eligible under other categories and will have an eligibility review at age 19. DDA eligibility criteria is described in the Chapter 388-823 WAC.

Children have access to two paths to Medicaid that exclude family income. One path is through institutional coverage which is available for one year in relation to an extended hospital or institutional stay. The second path is for children that are DDA eligible and subsequently determined 1915(c) waiver eligible. An important note is that a person cannot be made 1915(c) waiver eligible for the specific purpose of accessing Medicaid. To access a 1915(c) waiver a person must have an unmet need for the services the waiver provides. The Katie Beckett (or Tax Equity and Fiscal Responsibility – TEFRA) waiver is a state plan option, not a 1915(c) waiver option. It gives children with medical needs access to Medicaid that they would otherwise not have when their institutional coverage ends. Expansion of the state plan to include this would require legislative action and appropriation.

Personal care services are entitlement programs for individuals who meet both the financial and functional eligibility. If an individual meets the requirements to be a client of DDA and is determined to meet the financial and functional eligibility for personal care services, their DDA case manager authorizes the personal care services. If it is determined that the individual no longer or does not meet the eligibility requirements for DDA, but their assessment still shows they need help with personal care and they continue to maintain their Medicaid, they are eligible to receive personal care services. If the recipient is a child, their personal care services will still be authorized by DDA, but would not be eligible for Home and Community Based waiver services. If they are an adult, they can still get their personal care services but their case will be transferred to AL TSA to authorize their personal care.

Question:

Are the beds assigned in the 2020 budget community based or in current institutional placements?

Response:

The 6 beds approved during the supplemental legislative session are for the State Operated Living Alternative (SOLA) which provides support in private residences.

Question:

How many SOLA beds are there around the state at this time?

Response:

There is currently one children's SOLA program located in Spokane with 3 beds.

Question:

I also think there needs to be more intentional focus on school-based services. Most children, youth and young adults up to 21 (with I/DD) have access to individual entitlements under Special Education, which includes transition planning (16-21), along with Division of Vocational Rehabilitation (DVR).

Response:

There are multiple agencies looking at this particular cross roads; this workgroup focuses on Medicaid services.

Question:

My concern is that these recommendations do not address systemic issues, particularly under Part C and Part B with the Individuals with Disabilities Education Act (IDEA).

Response:

There are other workgroups with the Office of Superintendent of Public Instruction (OSPI); this workgroup focuses on Medicaid services.

Question:

I didn't see any eating disorder specific treatment services which in my opinion is a huge need.

Response:

Eating disorders are a Medicaid covered benefit.

Question:

Can you present this plan at an upcoming CYBHWG meeting? It would be great if you could!

Response:

This presentation can be shared at your upcoming meetings. You can find the video here:

<https://www.youtube.com/watch?v=iVJTsvxBoU&feature=youtu.be>

Question:

In our state we have Applied Behavior Analysis (ABA) services but very few providers who are able to treat very intensive ABA focused treatment (0373T). How can we support our ABA community in developing treatment programs utilizing this more intensive treatment?

Response:

This is part of our objectives with this model. In addition, Project ECHO supports providing providers with education around this issue.

Question:

Wraparound and Intensive Services (WISe) providers need to be trained to work/support youth and families on the spectrum and ID/DD community.

Response:

Project ECHO is being implemented to train WISe providers on how to work with this targeted population.

Question:

What is the CIIBS waiver?

Response:

The Developmental Disabilities Administration Children's Intensive In-Home Behavioral Support (CIIBS) waiver supports youth at risk of out-of-home placement due to challenging behaviors. The CIIBS model involves wraparound planning and family-centered supports. The CIIBS waiver serves children aged 8 to 20.

Question:

Did you do a logic model for building out these community services and supports with related outcomes?

Response:

We've looked at best practices and used a wide stakeholdering process to gain input from experts.

Question:

There needs to be much more robust family involvement and skills training in the acute/inpatient area.

Response:

We sent this comment to the Children Youth Behavioral Health Workgroup who can influence this type of work.

Question:

We need non-traditional interventions such as wilderness therapy or boarding schools.

Response:

Thank you, we recognize the need to consider broader therapeutic options and will make that effort in the future.

Question:

We need to support peer development into a workforce pathway model. SPARK is already doing this.

Response:

We recognize the need to expand peer support development in the workforce; WISe in collaboration with partners like SPARK is a good example of a youth peer support model expansion effort.

Question:

What services are being considered for parents to allow children to stay safely with their parent?

Response:

The goals of the workgroup are to resolve barriers to provide coordinated and cross-agency services and supports, decrease the number of children in out-of-home placement with DCYF and DDA, increase family engagement, and increase the number of children who remain in their family home. Parents also have access to behavioral and mental health services as needed which can be billed to the child's Medicaid benefit if the parent doesn't have coverage.

Question:

The child welfare system was built based on racist bias. Moving to a family focused solution is critical... family stress over a disabled child can lead to addiction, divorce, and illness.

Response:

DCYF has established the Racial Equity and Social Justice (RESJ) Office. Though we recognize advancing racial equity and social justice is everyone's responsibility, bringing this new office together is one important step on our journey to create an agency that truly supports all communities to thrive. This team will help shine a light on our collective path and model the practices necessary to transform DCYF's culture and work to ensure that all of our children, youth and families receive the care they need while providing staff the support to deliver.

Question:

The definition for disabled is too narrow. I'd say any child who has an IEP should be included in the early and sustained interventions.

Response:

The state of Washington defines developmental disability for the purposes of being a client of the Developmental Disabilities Administration in [RCW 71A.10.020\(5\)](#). Other systems such as education or Social Security have different standards to define disability.

- To qualify for DDA you must have a diagnosed condition of intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition found by DDA to be closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability which:
 - a) Originates prior to age eighteen;
 - b) Is expected to continue indefinitely; and
 - c) Results in substantial limitations.
- (2) In addition to the requirements listed in subsection (1) of this section, you must meet the other requirements contained in this chapter.

Additional information regarding DDA eligibility can be found in [Chapter 388-823 WAC](#).

Question:

Could we get a list of who is on the workgroup?

Response:

Members come from the following:

- Health Care Authority
 - Department of Children, Youth, and Families
 - Developmental Disabilities Administration
 - Aging and Long-Term Care Services Administration
 - Office of Financial Management
 - Department of Health
 - Governor's Office
 - Attorney General's Office
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Question:

With the passing of HB 1874 and SB 2883, we need to invite those facilities that already have models, tools, and experience to bring their supports into Washington to help our most vulnerable children for placement within the State to maintain family connections.

Response:

We want to support the provisions of Family Initiated Treatment law with the resources available within Washington State and functioning under Washington State law. This does not preclude other providers from coming into Washington and providing services.

Question:

One other request of budget is that we do not have the workforce to sustain the needs of service. One idea is to use funds allowed for education to relieve Student Loan Debt to those going into the Mental Health and SUD Fields

Response:

The [Workforce Training & Education Coordinating Board](#) (WTB) is having ongoing conversations about these topics. Child Welfare Training and Advancement Program does have this model currently for the MSW program.

Question:

Can families be supported as they support their youth in the residential setting coming out of inpatient care and transitioning into adulthood like these treatment services requiring many more persons to manage do?

Response:

We are not sure the type of “support” being referred to; however, there are a number of different programs available through the state that support a family. A family member could become contracted to be a personal care provider and be paid to provide personal care. Other programs offer peer support so that a family can be supported through the transition process as their family member transitions from an institutional setting to the community.

Question:

Now that Family Initiated Treatment has passed, we need to invite in those long term placements from those states around us with their working models to come into Washington to support our most vulnerable children in order to maintain families and keep our children within the State of Washington as our Article 13 provides.

Response:

We want to support the provisions of Family Initiated Treatment law with the resources available within Washington State and functioning under Washington State law. This does not preclude other providers from coming into Washington and providing services.

Question:

We are missing the fact that we have some individuals that will require long term supports in an inpatient setting which we are not providing our families.

Response:

We’ve added another recommendation after the webinar which is an inpatient site.

Question:

Legal abandonment should NEVER be a requisite of families accessing Behavior Rehabilitation Services (BRS)/inpatient. This is causing tremendous trauma to families.

Response:

Our efforts are aimed at preventing this type of escalation and providing services earlier for families.

Question:

Rural available of services across the board, but especially inpatient. Central Washington has virtually no higher level resources.

Response:

There are other workgroups working on rural access issues.

Question:

How can we begin the conversation of recognizing Washington needs our own inpatient resources rather than sending our kids out of state?

Response:

The issue of sending children and youth out of state was a driver for building this workgroup and we recognize the need for our own inpatient services.

Question:

How are we addressing that while folks qualify for services, there is a significant provider shortage? For example, there are not enough respite providers, either individual providers, agencies that do overnight respite (e.g. weekend camps), planned respite beds, enhanced respite beds, emergency respite beds, etc.?

Response:

Workforce development is an ongoing effort. Efforts in this arena focus on growing the number of people in the workforce, reducing turnover, increasing worker skills and looking at how work is performed in new and creative ways.

Question:

There is a need for more licensed and trained child therapists, counselors, psychologists and psychiatrists. How is that going to be addressed?

Response:

There is a standing workforce and rates subcommittee of the Children Youth Behavioral Health workgroup looking at these challenges.

Question:

How will the reorganization in DDA impact children with behavioral health and developmental delays?

Response:

DDA reorganization brings efficiencies to policy and program management. The reorganization will not disrupt the already close working relationship between DDA, HCA, and DCYF.

Question:

Can we explore inpatient mental health services for those up to 25? Juvenile Rehabilitation is currently to 25. Don't want people with mental health needs committing a crime to get age appropriate services and setting.

Response:

There are statutory limits that prohibit settings to certain age groups. We recognize transitions can be challenging and we are working to make the transition as seamless as possible, including developmentally appropriate services for all ages.

Question:

Did the workgroup look at existing networks within WA State that are already serving families and receiving State funding (such as Parent to Parent)? For some supports, hoping to not "re-create" the wheel.

Response:

We will continue to reach out to the existing providers.