



# **DSHS: Developmental Disabilities Administration (DDA) Program & Budget Overview**

Presentation to the  
House Appropriations Committee

January 25, 2021

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Office of Program Research



# DDA serves many kinds of clients ...children, families, adults, caregivers

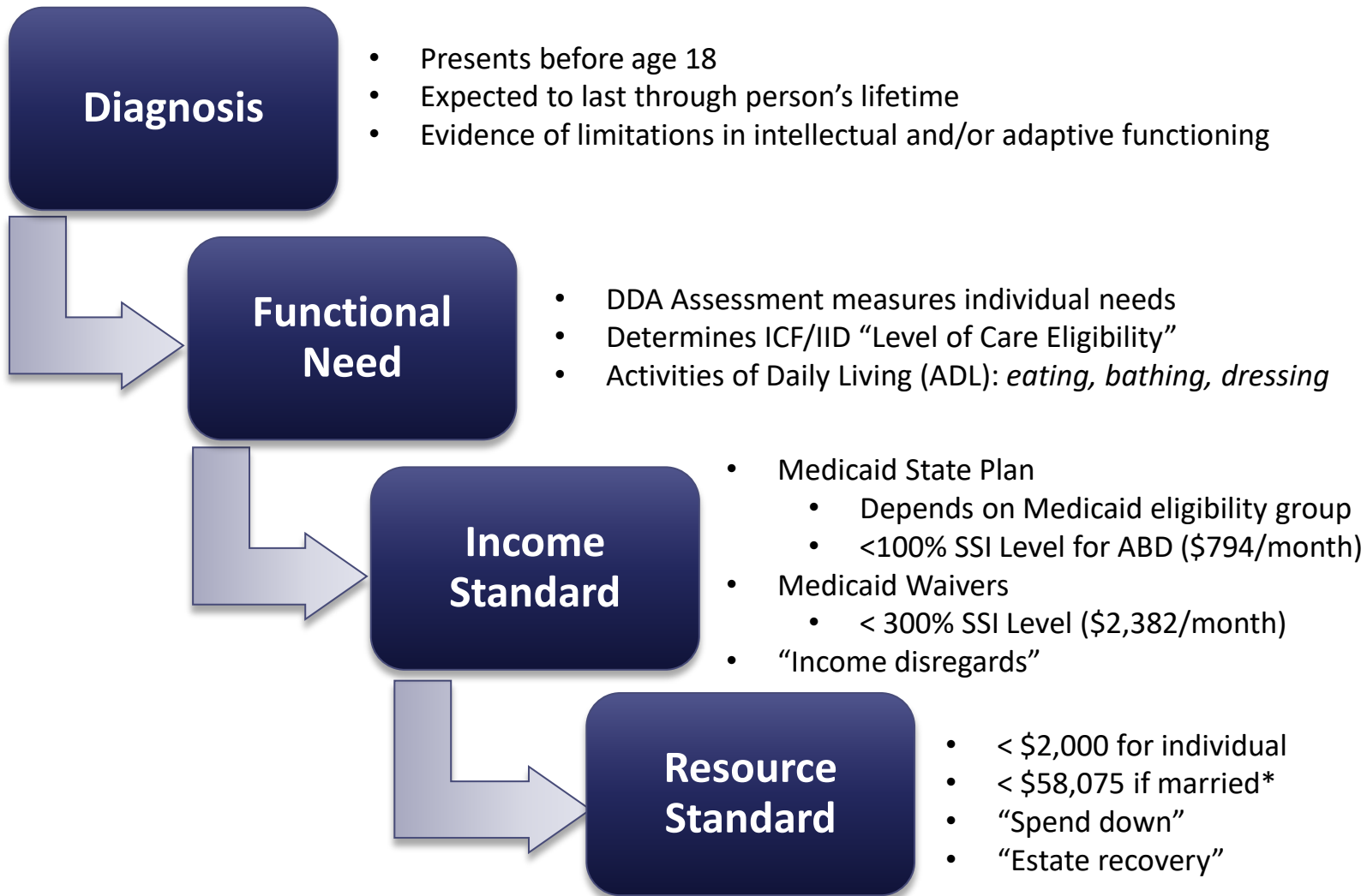
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# How do clients qualify for services?

...clients must be both *functionally* and *financially* eligible



\*If both spouses are applying for Medicaid medical coverage, the resource standard is \$3,000



# Where do clients receive services?

...Institutions, community settings, and in the client's own home

Medicaid State Plan

## Institutional Residential Habilitation Centers (RHCs)

State-operated facilities that provide 24-hour care at *four* locations. RHCs may provide nursing facility level of care or Intermediate Care Facility (ICF) level of care.

## SOLAS

(State-Operating Living Alternative)

Comparable to Supported Living (described below) but operated by state FTEs.

## In-home

Personal and respite care in the client's own home provided by:

**Individual Providers (IPs)** = *approx. 15,500*

Client handles many employer functions

**Agency Providers (APs)** = *47 contracted homecare agencies*

Licensed agency whose employees provide in-home care

## Other Community Settings

**Adult Family Homes (AFHs)** = *3,009 Medicaid contracts*

Personal care, special care, room & board to up to 8 adults

**Adult Residential Care (ARC)/Enhanced ARC =**

*228 Medicaid contracts*

Form of Assisted Living that may provide personal care and nursing services to 7+ adults

Medicaid Waivers

## DDA Community Residential

Businesses certified by DDA to serve DDA individuals in community settings through a contract or voluntary child placement agreement. There are a total of *202 Community Residential contracts*, including:

**Supported Living** = Habilitative supports for 1-4 clients living in a home that is rented, leased, or owned by the client(s) or a legal representative

*This slide is illustrative and is not all-inclusive of DDA care settings or services. Provider/contract counts were provided by the Department on 1/15/2021.*

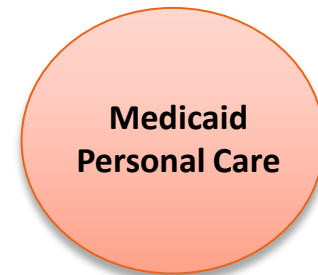


# How do clients access services?

## ...Medicaid (*State Plan or Waiver*), State Only, Federal Only

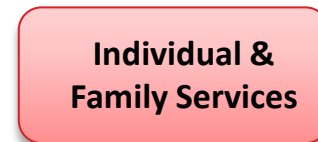
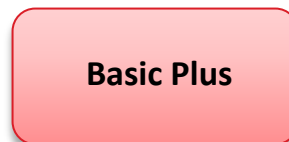
### Medicaid State Plan

- “Entitlement”
- Mandatory Services
- Optional Services
- No cap
- Statewide
- ~44% of FY20 spend



### Medicaid Waiver

- Optional Services
- Not an “entitlement”
- Can be capped
- May be targeted
- ~44% of FY20 spend



### Other

- State Only
- ~3% of FY20 spend



\*Percentages do not total to 100% because not all of DDA’s budget can be classified in one of the three groups here. In FY 2020, 2% of DDA’S spending was of federal CARES Act funding.



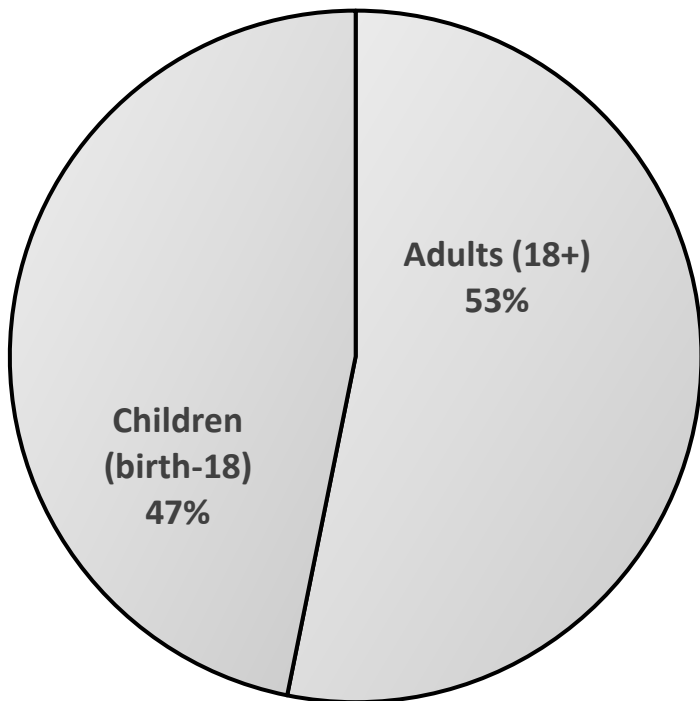
# Client Demographics:

...client distribution by age, gender, and race/ethnicity

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## Client Distribution\*

July 1, 2020; TOTAL = 49,300\*



\*All demographic categories on this slide are taken from the Department's CARE system, and were not determined by legislative staff. Includes paid and no-paid services clients.

\*\*Race/Ethnicity % totals exceed 100% since some individuals are captured in more than one group.

Source: CARE system on 7/1/2020 in DDA 2020 Caseload & Cost Report

Age	Clients	%
< 3 yrs*	10,006	21%
3-18	13,071	27%
18-21	2,492	5%
21-62	21,153	44%
62+	2,560	5%

Gender (not all clients report)	Clients	%
Male	26,900	55%
Female	17,400	35%

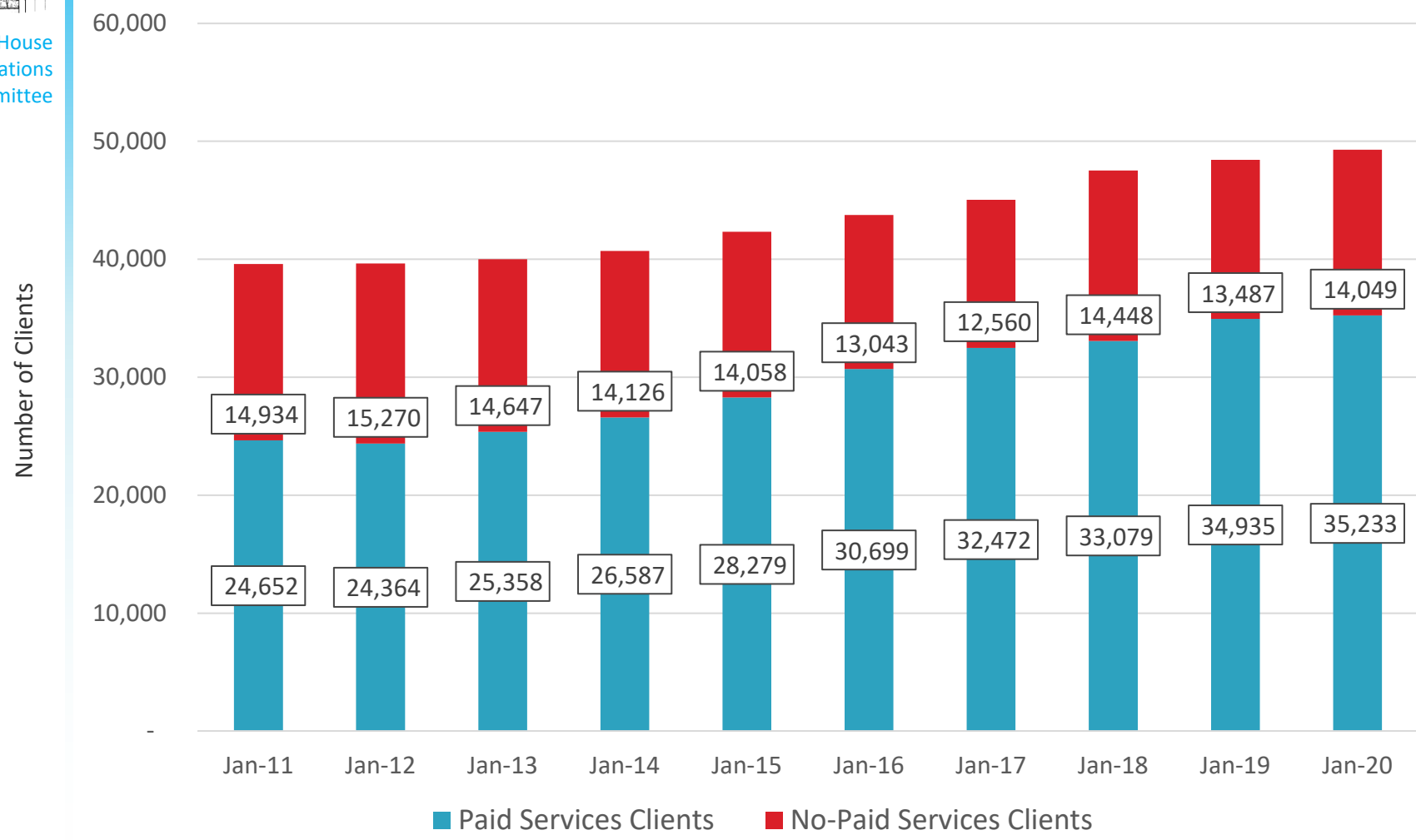
  

Race   Ethnicity	Clients	%
White	35,900	73%
Asian	3,100	6%
Black/African-American	2,900	6%
2 or More Races	2,400	5%
Unreported	3,200	6%
Native Hawaiian/Other Pacific Islander	600	1%
American/Alaskan Native	1,100	2%
Hispanic/Latino Ethnicity**	7,400	15%



# Not all DDA-eligible clients receive paid services

...From 2011-2020, paid services clients increased by 43% while total clients, including those not receiving paid services, increased by 26%.



Data Source: CARE system on 7/1/2020



# Budget Overview

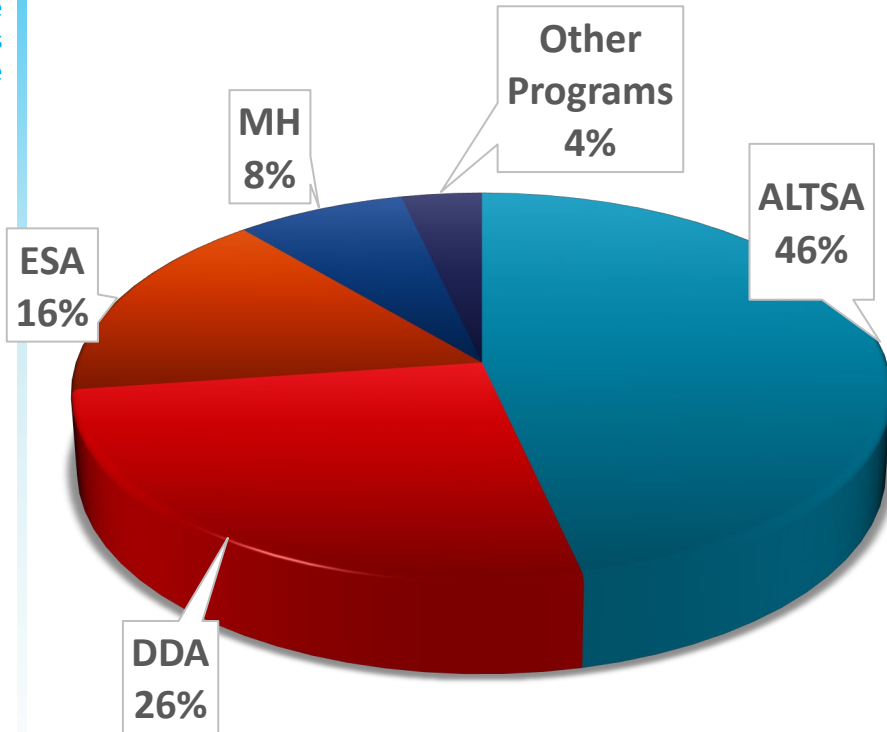
- »» DDA Budget in Context
- Budget Overview by Area
- FTE Overview
- Biennial Budget History





# DDA is the 2<sup>nd</sup> largest DSHS program

...26% of DSHS' total budget in 2019-21, and almost 4% of the state operating budget.



## DSHS Budget\* (2019-21, total funds)

TOTAL = \$13.9 billion

LTC = \$6.5 billion

**DDA = \$3.7 billion**

ESA = \$2.2 billion

MH = \$1.1 billion

Other Programs^ = \$0.5 billion

## DDA Budget 2019-21 (at a glance)

\$3.7 billion total

**\$1.9 billion GF-State**

\$1.9 billion other funds  
(~98% federal Medicaid)

~49,300 total clients\*\*

~4,280 FTE^^

\*2019-21 budget after the 2020 Supplemental.

^Other Programs = SCC, DVR, Admin, Payments to other agencies

\*\* Clients receiving paid services or on the no-paid services caseload in July 2020

^^ Avg. FTE allotment for 2019-21 as of the enacted 2020 Supplemental budget.

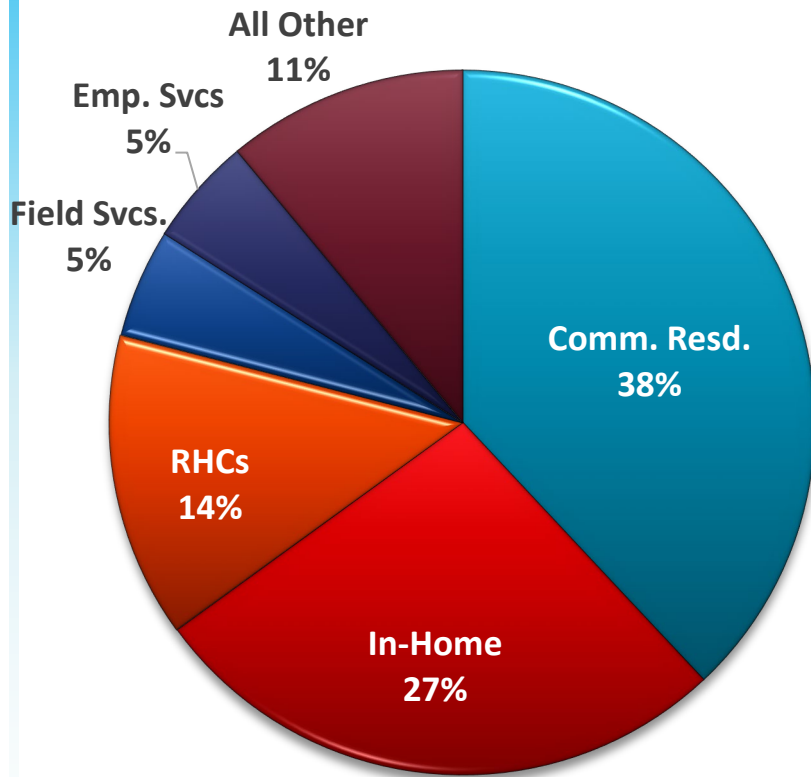


# Budget Overview:

...the majority of the DDA budget goes towards client services.

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Percentage of 2017-19 Biennial Budget (Total Funds)



## FY 2020 Actuals + FY 2021 Allotments (Total Funds, \$ in Millions, Rounded)

	Budget	Budget %	Clients*
Community Residential	\$ 1,470	38%	4,480
In-Home (IP/AP)	\$ 1,050	27%	14,390
RHCs	\$ 520	14%	530
Field Services/Staff	\$ 190	5%	-
Employment & Day Programs	\$ 190	5%	13,370
All Other	\$ 430	11%	-
<b>TOTAL</b>	<b>\$ 3,850</b>	<b>100%</b>	

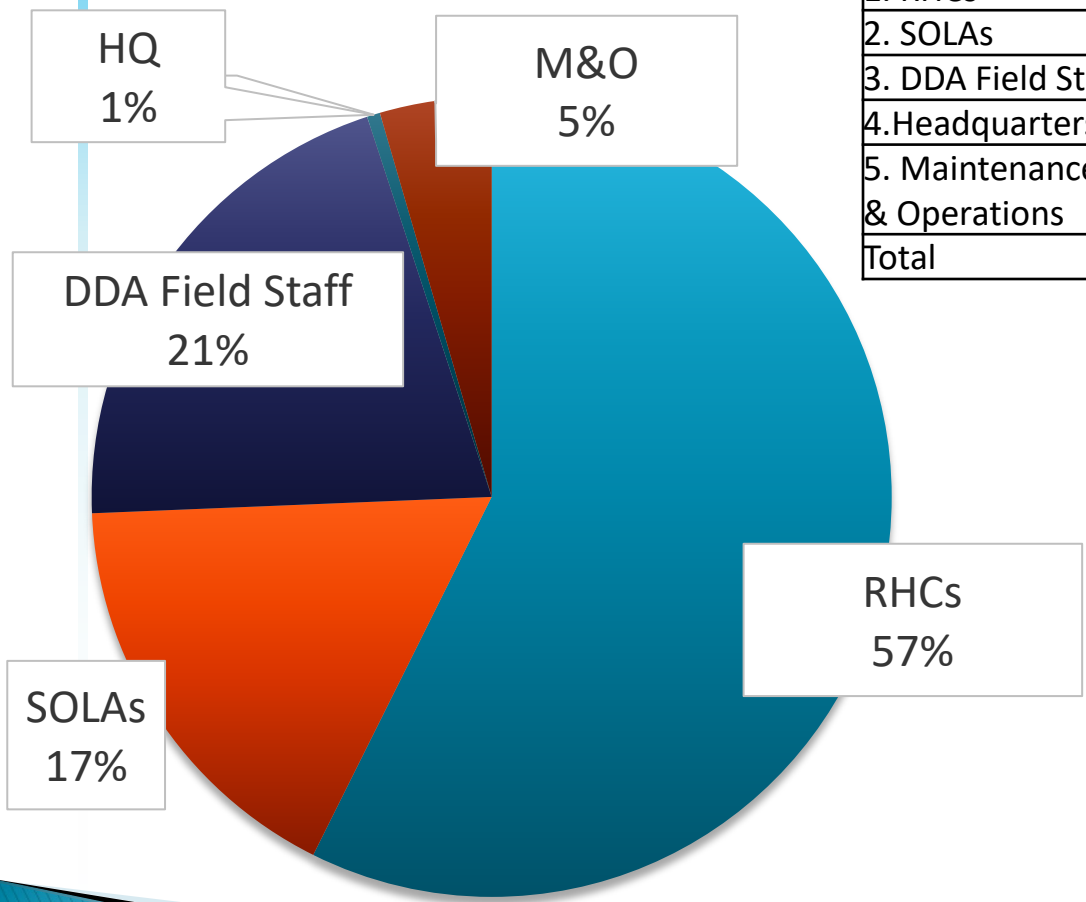
\*Average monthly client caseload; includes some duplication. RHC client count excludes short-term admissions. Data is from the Department (1/20/2021) and the November 2020 forecast.



# FTE Overview:

## ...Almost all DDA FTEs work in direct client services

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	2019-21 FTE	% of FTE
1. RHCs	2,456	57%
2. SOLAs	727	17%
3. DDA Field Staff	882	21%
4. Headquarters	23	1%
5. Maintenance & Operations	193	5%
<b>Total</b>	<b>4,281</b>	<b>100%</b>

Data Source: DDA 2020 Caseload & Cost Report, slide 5 (AFRS)

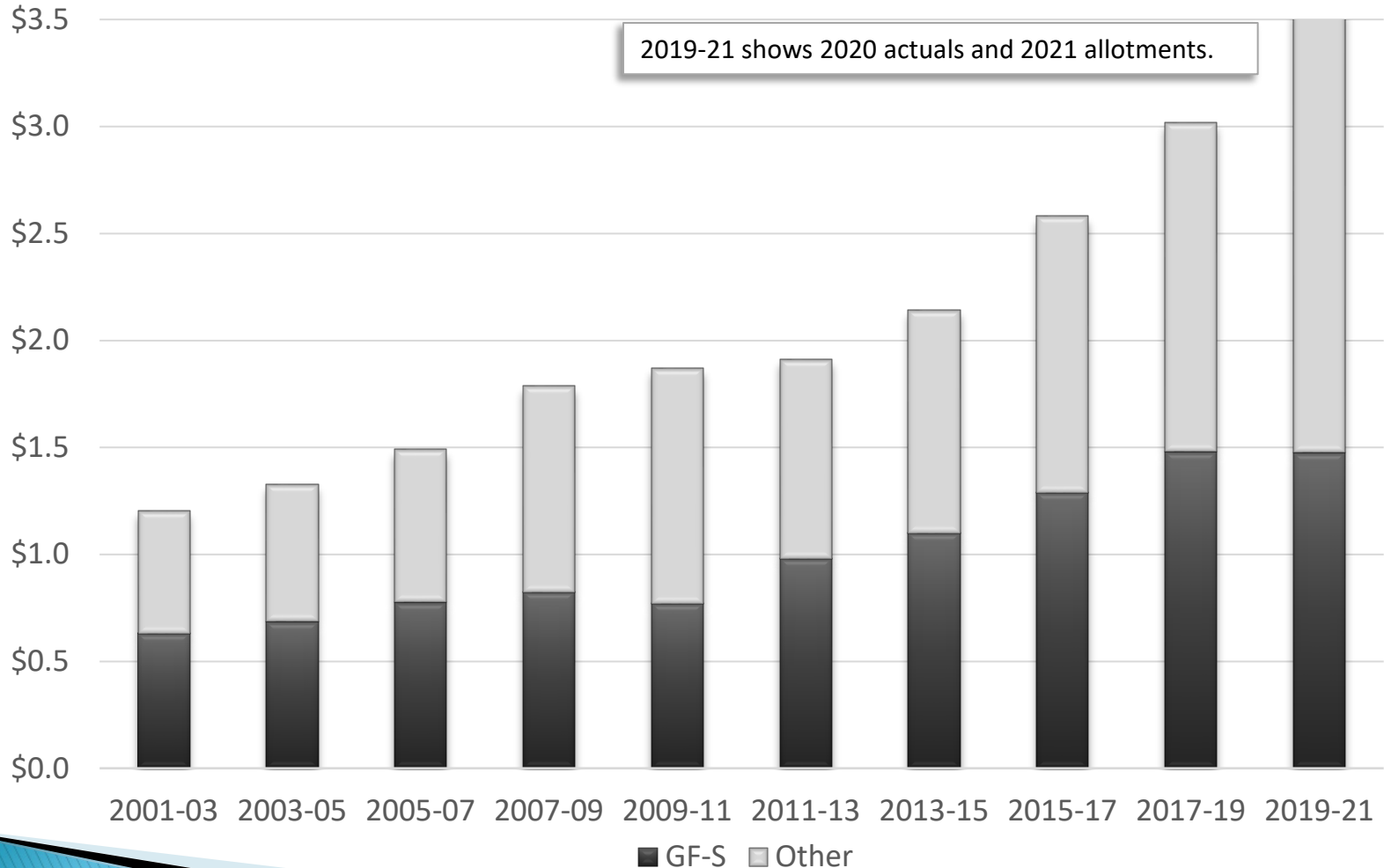


# Biennial Budget Change:

...Growth averages 13% per biennium (on a nominal basis).

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Biennial Budget (Dollars in Billions)





# Residential & Other Services

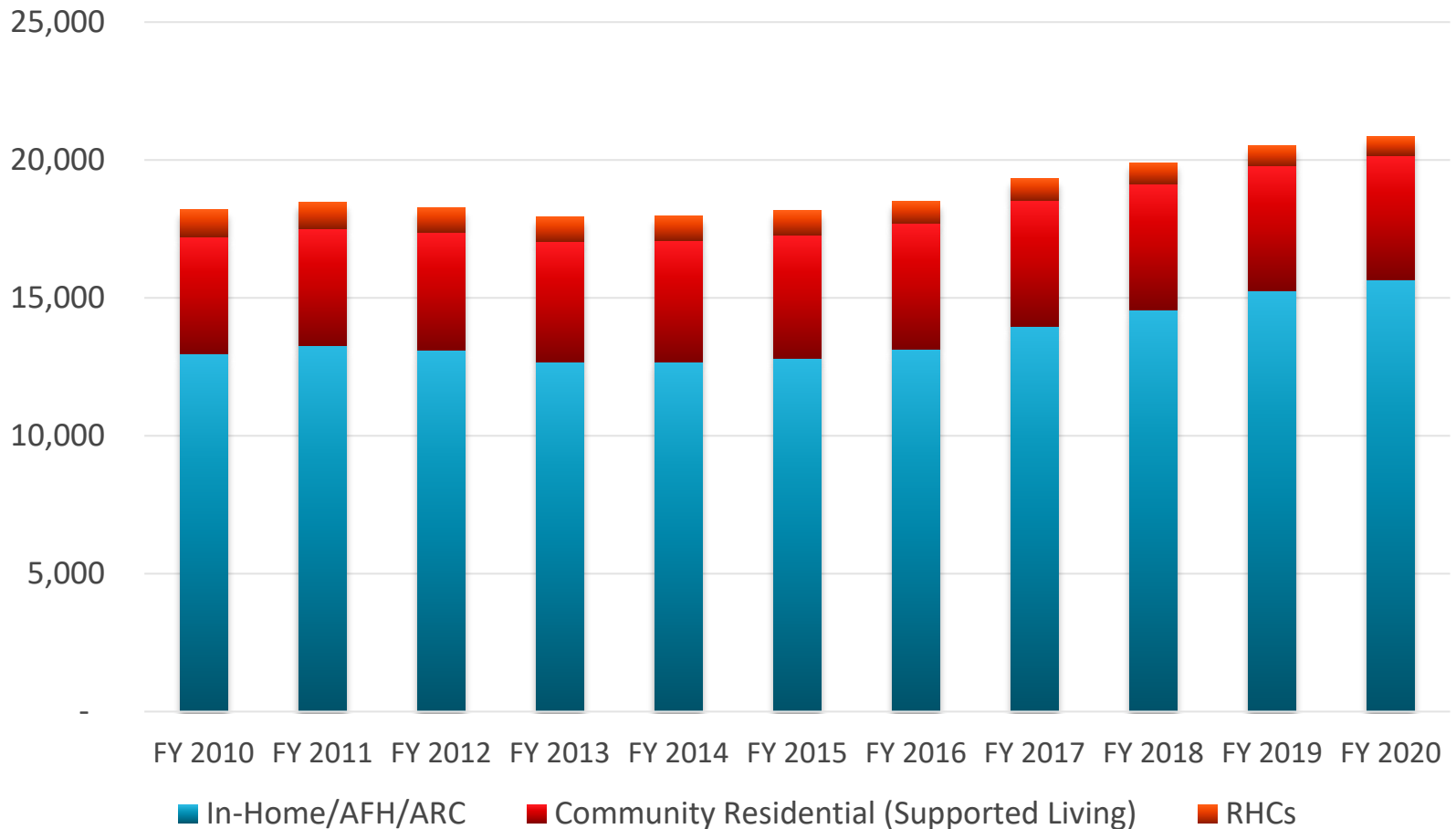
- » Home & Community-Based Services
- Residential Habilitation Centers (RHCs)
- Employment Services & Community Inclusion



# The majority of DDA clients receiving a Medicaid service are served in their own homes or in community settings. A relatively small share are served in RHCs.

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Average Monthly Client Caseload



\*RHC caseload includes short-term admissions. Chart does not include 100% of DDA clients receiving a paid Medicaid service.



# RHC Summary Information:

...habilitation, nursing care, short-term admissions

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	Fircrest	Rainier	Yakima Valley	Lakeland Village
<b>1. # of FTE*</b>	714	843	274	807
<b>2. Location (county)</b>	King	Pierce	Yakima	Spokane
<b>3. Location (city)</b>	Shoreline	Buckley	Selah	Medical Lake
<b>4. Size (acres)</b>	87	820	28	100
<b>5. Peak Census</b>	950	1,900	250	1,600
<b>6. Clients (ICF)**</b>	102	161	-	83
<b>7. Clients (Nursing Facility)**</b>	112	-	52	86
<b>8. New Admissions (Age Limit)</b>	>15 yrs	>15 yrs	None	>15 yrs

\*FTEs represent FY 2020 expended FTEs from the DDA 2020 Caseload & Cost report, slide 34.

\*\*ICF/NF Clients represent the census as of 12/30/2020 as provided by DDA. Excludes short-term residents..

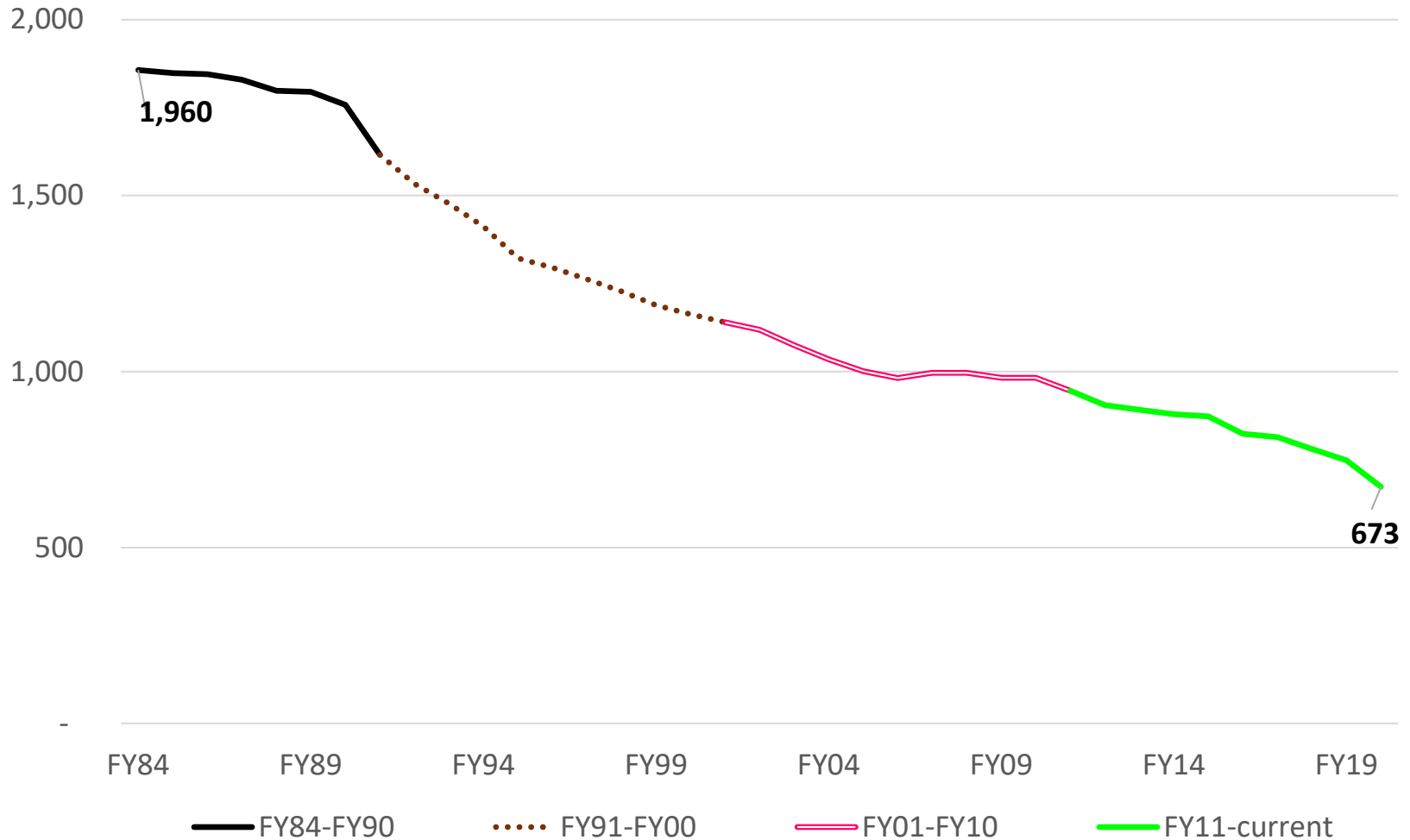


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# The RHC Caseload: *Extended View*

## ...consistent decline for 30 years, -64% since 1984

Average Monthly RHC Census (incl. short-term admissions)



\*673 figure represents the avg. monthly caseload for FY 2020 incl. short-term admissions.

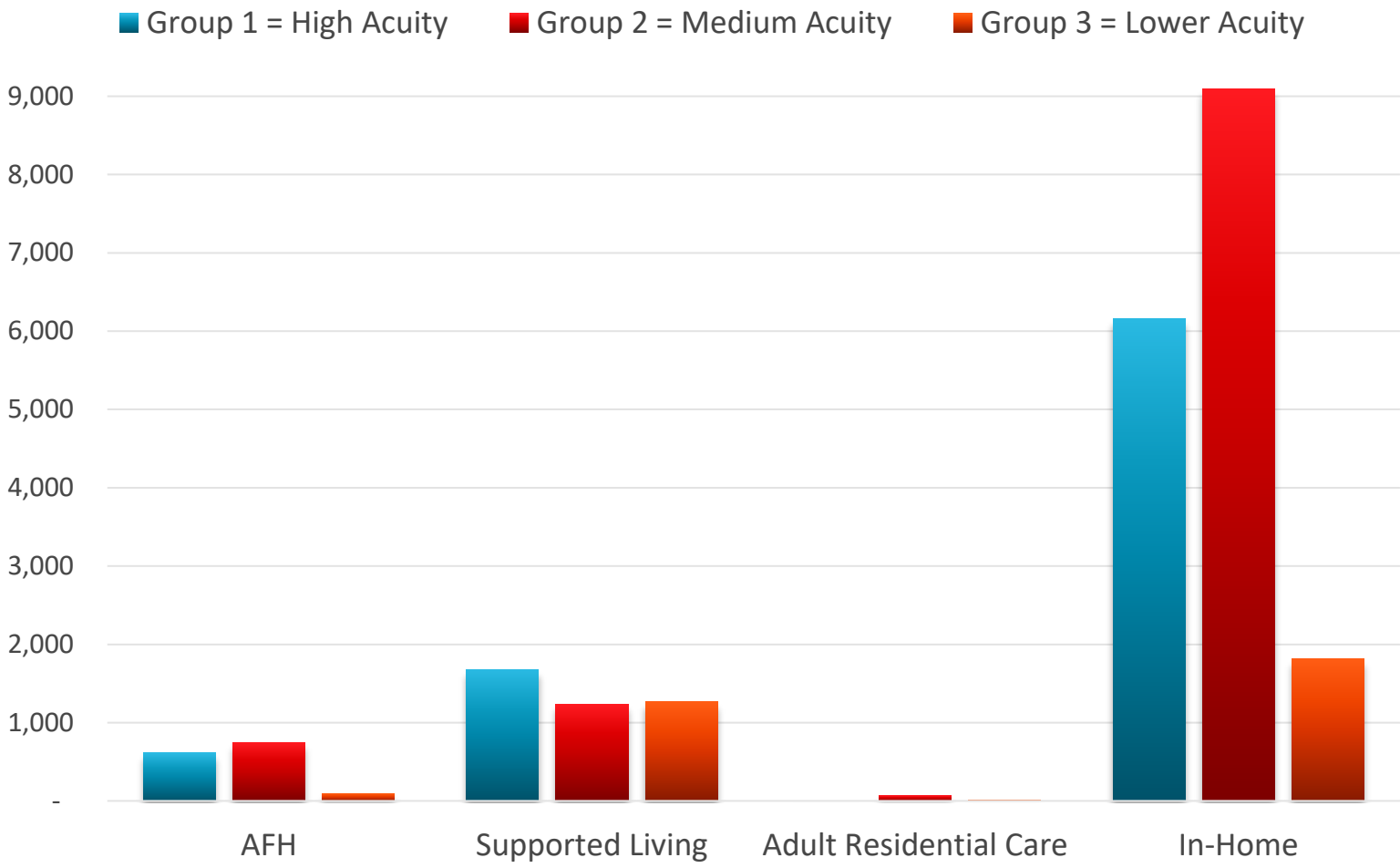




# A declining RHC caseload...why?

## ..high-acuity clients served in home and community settings

Client Caseload



DSHS data provided on 1/15/2021.



# Employment & Community Inclusion Services: Types of services available include...

- ▶ Individual Supported Employment
  - Assist clients with finding jobs in integrated community settings that pay at least minimum wage
  - 6,998 clients served as of 9/1/2020
- ▶ Group Supported Employment
  - Clients work in supervised groups (up to 8) in an integrated setting
  - 358 clients served as of 9/1/2020
- ▶ Community Inclusion
  - Individualized service w/activities designed around a client's interests; intended to support clients in making connections with people who are not paid to be with them
  - 1,605 clients served as of 9/1/2020

Source: CARE system, DDA 2020 Caseload & Cost Report, slide 31

Clients served through group supported employment was lower than the norm on 9/1/2020 due to the Covid-19 pandemic.



# COVID-19 & DDA

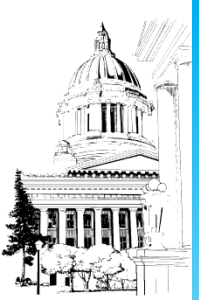
- » Impacts on Clients & Providers
- » COVID-19 Response & Funding



## DDA clients & service providers have experienced many of the same COVID-19 fiscal impacts described in the ALTSA presentation, as well as other unique impacts.

- ▶ Revenue loss (fewer clients)
- ▶ Increased PPE needs
- ▶ Need for remote technology supports that are DD-accessible
- ▶ Vaccine logistics for small residential providers
  - DD-accessible transportation to vaccine sites for AFHs
  - Supported Living “vaccine clinics”
- ▶ Vaccine hesitancy among direct care staff
- ▶ Impacts to supported employment opportunities
- ▶ Limited community activities
- ▶ COVID-safe visit coordination

\*The list is not all-inclusive of the COVID-19 fiscal or programmatic impacts that DDA clients or providers may experience. Further details are available upon member request.



## What are the major COVID-19 response activities funded to date?\*

COVID-19 Response	Fund Source**	Total Funding (2019-21 Biennium) \$ in 000s	Description
COVID-19 Rate Enhancements	Coronavirus Relief Fund (FY 2020 – Q2 FY 2021) Enhanced Federal/GF-S (Q3 FY 2021)	\$ 174,700	Provides rate add-ons, and in some cases PPE, to contracted providers to help address increased costs related to COVID-19. Table shows estimated funding through 3/2021.
Strike Teams (through 12/2020)	Coronavirus Relief Fund	\$ 1,200	Purchases 6 teams of 8 staff to provide emergency staffing in care facilities that have staff/caregiver COVID-19 outbreaks. Table includes funding for strike teams that serve both ALTSA and DDA-contracted facilities.

\*This slide is not all-inclusive of funding that DDA has received for COVID-19 in the unanticipated receipts (UAR) process, nor does it include relief funds that contracted service providers may apply directly to the federal government for. Additional detail is available on member request.

\*This slide reflects fund sources at the time of this presentation. Some fund sources may be subject to change.

NOTE: This slide does not include funding proposed in the Governor’s 2021 Supplemental or 2021-23 budgets, or in any legislative proposals.



# Four key takeaways...

- **To receive services, clients must be both functionally eligible (state DD determination) and financially eligible.**
  - The developmental disability must present before age 18, be expected to last throughout the person's lifetime, and limit the person's intellectual and/or adaptive functioning.
  
- **Almost 90% of the DDA budget goes towards client services.**
  - The largest areas of expenditure are for residential services including RHCs, supported living, and services for clients living in their own homes.
  - Most DDA FTEs work in RHCs or provide client case management in the field.
  
- **Not all DDA clients receive paid services.**
  - Medicaid waivers, through which clients may access services including personal care in community residential settings, are limited by capacity as funded by the Legislature.
  - The total DDA-eligible caseload continues to grow.
  
- **Many more clients are served in home- and community-based settings than in RHCs.**
  - The RHC caseload has declined significantly in the past few decades to an average monthly caseload of 693 clients, including short-term admissions, in FY 2020.



**Questions?**



# Appendix



- Medicaid State Plan & Waivers
- Brief Descriptions of Care Settings
- Average Per-Capita Cost by Care Setting
- Budget Detail
- FTE History
- RHC/CMS Compliance Status
- Proposed 2021-23 IP Collective-Bargaining Agreement/AP Parity
- Provider Rate Basics
- Covid-19 Rate Enhancements





# Appendix A: Medicaid State Plan & Waivers\*

## 1. State Plan: Community First Choice Option....approx. 15,850 DDA clients

- ▶ No caseload cap
- ▶ In-Home, AFH, or ARC/EARC
- ▶ Typical services: personal care, Personal Emergency Response System (PERS), skill development training, training on how to manage personal care providers, assistive technology

## 2. State Plan: Medicaid Personal Care...approx. 27 DDA clients

- ▶ No caseload cap
- ▶ RHCs (institutional option); In-Home; or Community (AFH, ARC).
- ▶ Typical services: personal care, nurse delegation

## 3. Waiver: Basic Plus....7,546 clients

- ▶ Caseload capacity is limited
- ▶ Serves clients functionally eligible for institutional level of care (ICF/ID) but who choose to remain in a community setting
- ▶ Typical services: personal care, respite, employment support or community access, therapies, home modification

## 4. Waiver: Core....4,436 clients

- ▶ Caseload capacity is limited
- ▶ Provides residential options for individuals at immediate risk of institutional placement or who have an identified health/welfare need for services that cannot be met under the Basic Plus Waiver. Typical services: residential habilitation, supervision, personal care, employment, therapies, behavior support

## 5. Waiver: Community Protection....402 clients

- ▶ Caseload capacity is limited
- ▶ Voluntary services that provide intensive, 24-hour supervision for those who pose a significant risk to the community due to criminal/behavioral history
- ▶ Typical services: habilitation, supervision, personal care, employment, therapies, & behavior support

## 6. Waiver: Children's In Home Intensive Behavior Supports (CIIBS)...70 clients

- ▶ Caseload capacity is limited
- ▶ Supports children/youth age 8-20 who live with their family and are assessed at high or severe risk of out-of-home placement due to challenging behaviors
- ▶ Typical services: behavior support & consultation, staff/family consultation & training; may include services such as assistive technology & nurse delegation

## 7. Waiver: Individual & Family Services (IFS)...4,843 clients

- ▶ Provides families caring for a DDA-eligible person 3 years or older with an annual allocation based on assessed need
- ▶ Examples: respite, physical therapy, speech or hearing services

*\*Client counts include duplication. Clients may receive CFCO and one waived service.*

*Waiver client counts show the avg. monthly paid caseload in FY 2020*

*All client counts are from ProviderOne and EMIS as of 9/15,2020, as shown in the 2020 DDA Caseload & Cost Report, slide 23.*

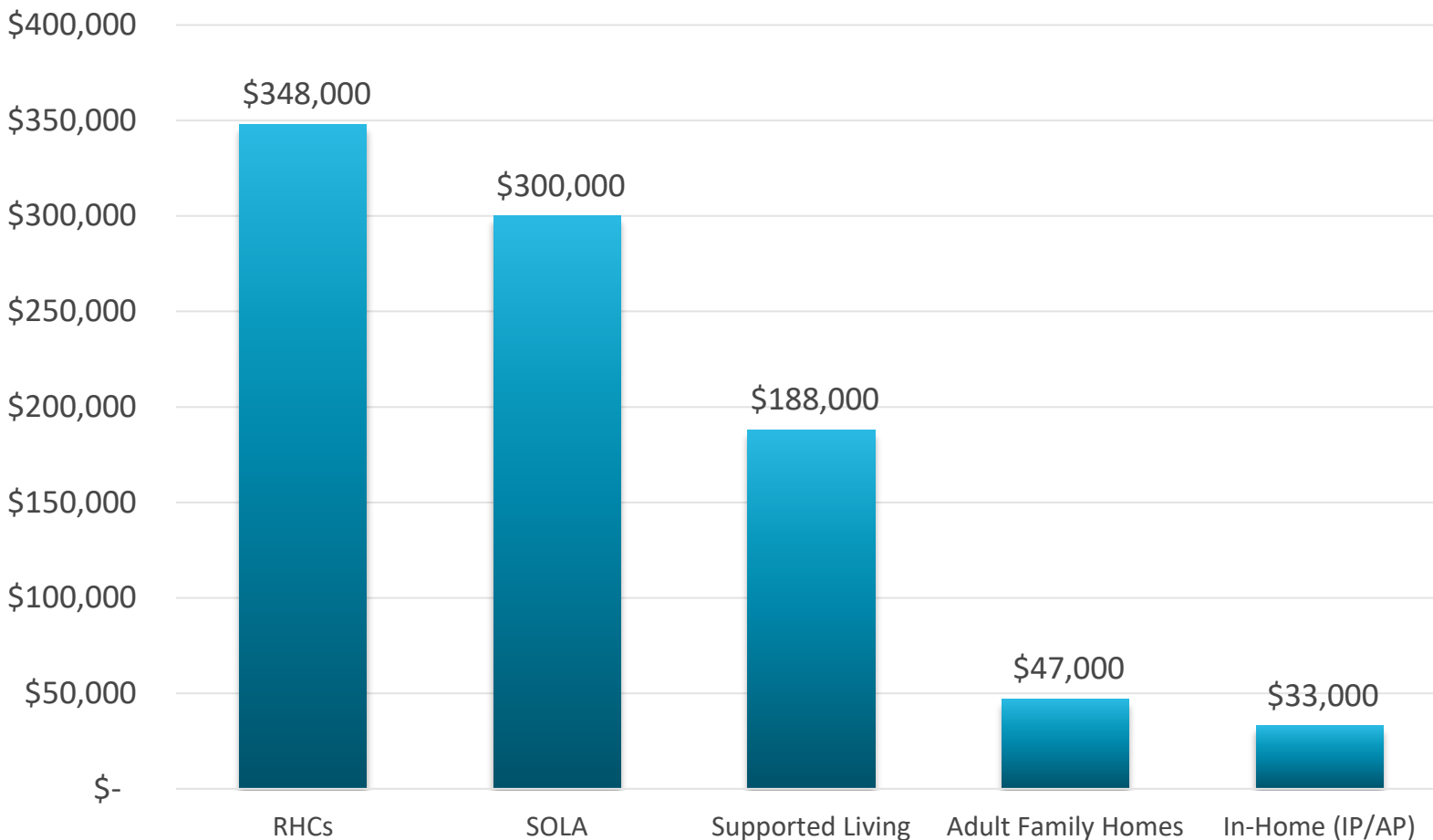


# Appendix B: Brief descriptions of care settings

- ▶ **ICF/ID Level of Care** = “Intermediate Care Facility for the Intellectually Disabled” Level of Care
  - Functional level of care, based on DDA assessment, in which the individual is eligible for institutional care
- ▶ **Residential Habilitation Centers (RHCs)** = 24-hour state institutions established to provide services to persons with DD ([RCW 71A.20.020](#)). RHCs may have ICF cottages and state-operated nursing facility cottages.
- ▶ **Individual Provider** = A person who is contracted with DSHS to provide personal care or respite care to eligible individuals ([RCW 74.39A.240](#)). The care receiver handles most employer functions but there are exceptions (for example, the state is the employer for collective bargaining and has established policies regarding overtime).
- ▶ **Agency Provider** = Similar to an IP, but the provider is employed by a licensed agency. The agency is the provider’s employer and the agency contracts with the state.
- ▶ **Adult Family Home** = A residential home in which a person or persons provide personal care, special care, and room & board to 1-8 adults not related by blood or marriage to the service provider. [RCW 70.128.010](#).
- ▶ **Adult Residential Care** = A package of services provided by a specially licensed Assisted Living Facility that has a contract with DDA to provide personal care. Serves 7+ adults. [WAC 388-110-020](#).
- ▶ **Enhanced Adult Residential Care** = A package of services provided a specially licensed Assisted Living Facility that has a contract with DDA to provide personal care, intermittent nursing services, and medication administration. Serves 7+ adults. [WAC 388-110-020](#).
- ▶ **Community Residential Service Business** ([RCW 74.39A.009](#)) = A business that is certified and contracted with DDA to serve individuals with DDA in the following settings:
  - **Supported Living** = Residential services provided to up to four clients living in homes that are rented, owned, or leased by the clients or their legal representatives;
  - **Group Homes** = Licensed adult family homes or assisted living facilities that are contracted and certified by DDA to support adults with DD; or
  - **Group Training Homes** = Certified nonprofit residential facility that provides full-time care, treatment, training, and maintenance for persons with DD.
  - A business may also be certified to provide voluntary placement services in a **Licensed Staffed Residential** facility for children.
- **State Operated Living Alternative (SOLA)** = Provides the same services as supported living, but is operated and staffed by state employees ([RCW 71A.10.020](#))



## Appendix C: Avg. Annual Per-Capita Cost for Key Residential Settings



\*Client per-caps vary by individual needs as well as setting and may not be represented by the average per-cap.  
Not all care settings have equal levels of client acuity, and high-acuity clients tend to have higher costs regardless of setting. RHC per-caps do not include capital expenditures or the net benefit of the ICF bed tax.  
All data is sourced from the 2020 DDA Caseload & Cost Report, except if In-Home, which represents the Fall 2020 forecast.



# Appendix D: FY 2020 Actuals + FY 2021 Allotments\*

Activity/Service	GF-State	Total	Clients**	FTE^	% of Total \$
<b>TOTAL</b>	<b>\$ 1,720</b>	<b>\$ 3,850</b>	<b>35,800</b>	<b>4,088</b>	
1. Community Residential (Supported Living)	\$ 647	\$ 1,473	4,480	-	38%
2. In-Home (IP/AP)	\$ 410	\$ 1,054	14,394	-	27%
3. RHCs	\$ 251	\$ 520	530	2,456	14%
4. Adult Family Homes/Adult Resd. Care	\$ 46	\$ 118	1,490	-	3%
5. Field Services/Staff	\$ 107	\$ 188	-	882	5%
6. Employment & Day Programs	\$ 101	\$ 189	13,370	-	5%
7. SOLA	\$ 57	\$ 122	190	727	3%
8. Respite Services	\$ 36	\$ 72	2,960	-	2%
9. Other Professional Services	\$ 13	\$ 26	-	-	1%
10. Headquarters	\$ 10	\$ 29	-	23	1%
11. Individual & Family Services	\$ 12	\$ 24	6,390	-	1%
12. Other Community Services	\$ 25	\$ 39	-	-	1%

Source: AFRS data provided by agency staff on 1/20/2021

\*Table includes the impact of COVID-19 response funding and differs from the appropriation in the 2020 Supplemental budget. Percentages of budget may not total to 100% due to rounding.

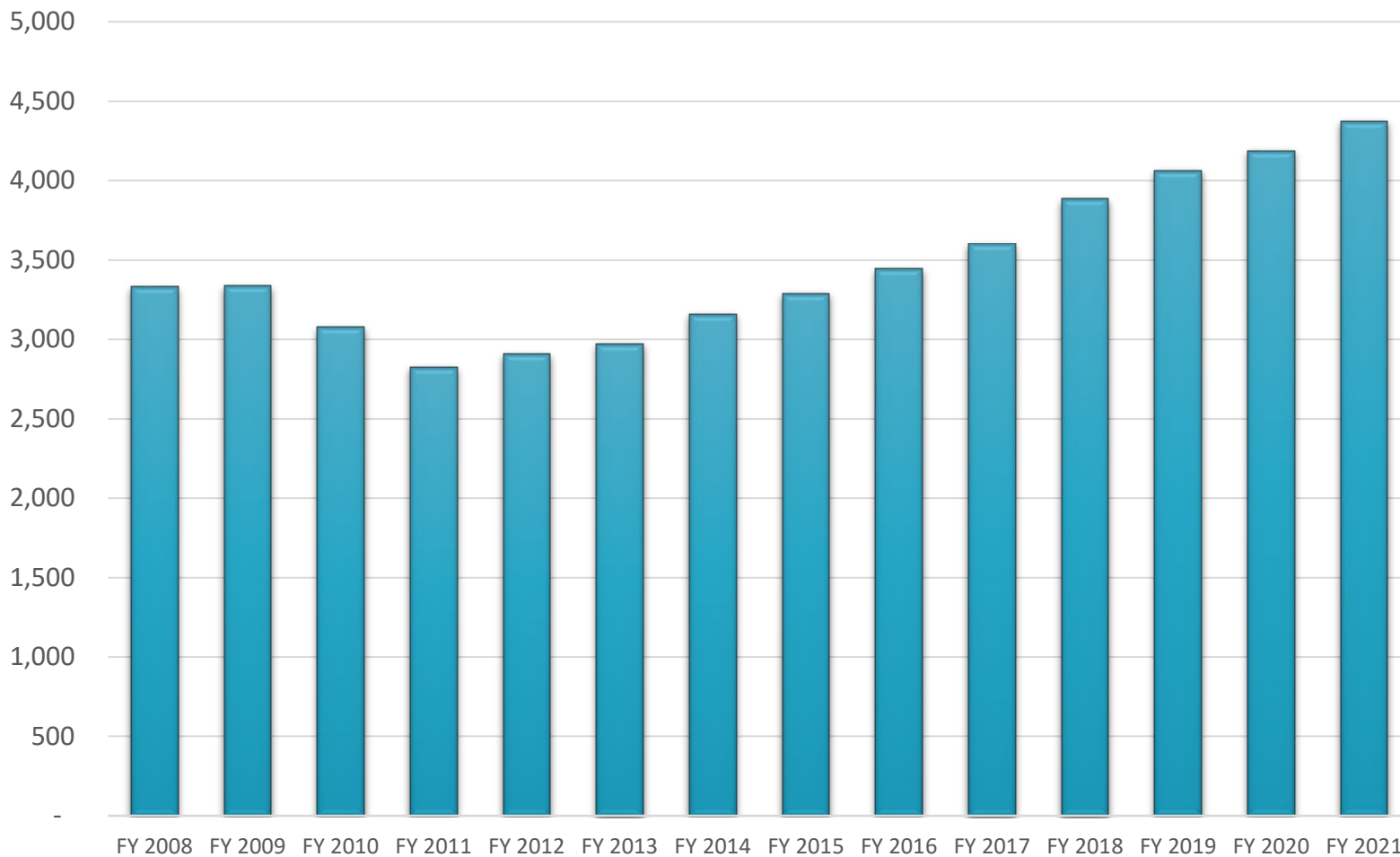
\*\*Client counts represent average monthly caseloads for clients receiving specific paid DDA services. Information is from the November 2020 caseload forecast and the Department.

^^ FTEs do not include 193 FTEs who work on Consolidated Maintenance & Operations.



# Appendix E: FTE History

Avg. Monthly FTEs per FY



Source: LEAP report H0040, 1/8/2021



# Appendix F: CMS Compliance Status of RHC Intermediate Care Facilities (ICFs) *(see definitions below)*

RHC	COMPLIANCE STATUS	NOTES
Fircrest PAT A	Standards out.	Plan of Correction (POC) submitted.
Fircrest PAT N	All clear.	-
Rainier PAT C	Standards out.	POC submitted.
Rainier PAT E	One condition out.	POC submitted.
Lakeland Village ICF	Out 3 conditions and in Denial of Payment.	Awaiting follow-up.

Standards = Relatively small deficiencies typically found during a survey.

Conditions = Larger deficiencies that may indicated a systemic problem and that can affect the ICF’s ability to receive federal Medicaid matching funds.

Denial of Payment = No federal match for newly admitted residents. Current residents continue with funding as usual. Frequent remedy for ICFs found to be out of compliance on CMS conditions.

Source: Information provided by DDA as of 1/1/2021.



# Appendix G: Proposed 2021-23 IP Contract Fiscal Impact

(includes all funding for both ALTSA and DDA clients)

Dollars in Millions

IP	2021-23		2023-25	
	GF-State	Total	GF-State	Total
Wages	\$ 20.2	\$ 46.0	\$ 35.3	\$ 80.3
AP Experience Inclusion	\$ 2.4	\$ 5.4	\$ 5.9	\$ 14.5
Increased Holiday Pay	\$ 1.6	\$ 3.7	\$ 3.5	\$ 8.0
Training Contribution	\$ 0.3	\$ 0.6	\$ 0.3	\$ 0.7
Comprehensive Health Benefit	\$ 15.1	\$ 34.3	\$ 22.0	\$ 49.5
Retirement Contribution	\$ 0.1	\$ 0.3	\$ 0.2	\$ 0.4
<b>All IP</b>	<b>\$ 39.7</b>	<b>\$ 90.3</b>	<b>\$ 67.2</b>	<b>\$ 153.4</b>
<b>AP Parity</b>	<b>\$ 10.4</b>	<b>\$ 23.6</b>	<b>\$ 17.5</b>	<b>\$ 39.7</b>
<b>Admin &amp; IT*</b>	<b>\$ 0.3</b>	<b>\$ 0.8</b>	<b>\$ 0.1</b>	<b>\$ 0.2</b>
<b>Total Estimated Impact</b>	<b>\$ 50.4</b>	<b>\$ 114.7</b>	<b>\$ 84.8</b>	<b>\$ 193.4</b>

\* The Governor's budget does not fund the administrative and IT costs associated with the CBA and parity.



# Appendix H: Proposed 2021-23 IP Contract: Base Wage Scale

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Cumulative Career Hours	Current	FY 2022		FY 2023	
		July 2021-Dec 2021	Jan 2022-June 2022	July 2022-Dec 2022	Jan 2023-June 2023
0-2000	\$ 16.72	\$ 16.85	\$ 16.98	\$ 17.11	\$ 17.24
2001-4000	\$ 16.87	\$ 17.00	\$ 17.13	\$ 17.26	\$ 17.40
4001-6000	\$ 17.02	\$ 17.15	\$ 17.28	\$ 17.41	\$ 17.54
6001-8000	\$ 17.20	\$ 17.33	\$ 17.46	\$ 17.60	\$ 17.73
8001-10000	\$ 17.40	\$ 17.53	\$ 17.66	\$ 17.79	\$ 17.92
10001-12000	\$ 17.65	\$ 17.78	\$ 17.91	\$ 18.04	\$ 18.18
12001-14000	\$ 17.90	\$ 18.03	\$ 18.17	\$ 18.31	\$ 18.45
14001-16000	\$ 18.55	\$ 18.69	\$ 18.83	\$ 18.97	\$ 19.11
16000-20000	\$ 18.80	\$ 18.94	\$ 19.08	\$ 19.22	\$ 19.36
20001+	\$ 19.07	\$ 19.21	\$ 19.35	\$ 19.50	\$ 19.65





# Appendix I: DDA Provider Rate Basics *(as of January 2021)*

	SL	AFH	IP	AP
1. Hourly or Daily	Daily Tiers*	Daily	Hourly	Hourly
2. Client or Facility	Client	Client	Client	Client
3. Collectively Bargained	N	Y	Y	N (parity w/IP)
4. Location-based	Y	Y	N	N
5. Client Acuity	Y	Y	N	N
6. Minimum Occupancy	N	N	N	N
7. Safety Net Assessment	N	N	N	N
8. Rate Range (low)	\$ 64.87	\$ 80.25	Seniority-based	-
9. Rate Range (high)	\$ 722.61	\$ 192.59	Seniority-based	-
10. Avg. Rate	\$ 386.54	\$ 108.04	\$ 26.03	\$ 31.64
11. License Fee (annual)	-	\$225/bed	-	-
12. License Fee (initial)	-	\$2,750/home	-	-

- Reflects basic rates as of 1/1/2021; no rate add-ons are included, nor are impacts from proposed 2021-23 CBAs.
- SL reflects daily tiered rate system implemented 1/1/2019. Shows range for direct service (ISS) rate across three geographic regions, and the non-weighted avg. daily ISS rate across geographic regions. Administrative and other cost centers are additional.
- IP avg. rate shows fully-loaded weighted avg. compensation including benefits & pro-rated overtime impact for FY 2021.
- AP shows hourly rate for home care agencies as of 1/1/2021.
- This slide shows major service areas and is not all-inclusive of contracted DDA service providers.

SL = Supported Living  
 AFH = Adult Family Home  
 IP = Individual Provider  
 AP = Agency Provider



## Appendix J: COVID-19 Rate Enhancements in Major AL TSA/DDA Service Areas

Provider Setting or Service	Q2 FY 2021 COVID-19 Rate Add-Ons	Q3 FY 2021 COVID-19 Rate Add-Ons
Nursing Homes	\$7.50/day	\$8.30/day
DDA Supported Living/Comm. Residential	11.5% increase/day	11.3% increase/day
Adult Day Health	Retainer payment	Retainer payment
Adult Family Homes	\$13.54/day + Retainer payment	\$13.05/day + \$1.1M for N95 masks + \$1.0M for N95 mask fit-testing + Retainer payment
Assisted Living	\$4.79/day + Retainer payment	\$4.79/day + Retainer payment
Enhanced Service Facility	\$54.66/day + Retainer payment	\$54.66/day + Retainer payment
Individual Providers	\$2.56/hour + \$10.2M for PPE + \$1.8M for DSHS staff time and warehousing associated with acquiring and storing PPE	\$2.54/hour + \$11.6M for N95 masks and fit-testing
Agency Providers	\$4.48/hour	\$4.35/hour, including \$0.78 for N95 masks and fit-testing, plus \$0.50/hour for AP administration
PACE (Program of All-Inclusive Care for the Elderly)	Retainer payment	Retainer payment
Community Choice Guides	\$0.99/15 mins.	\$0.99/15 mins.
Supportive Housing	6% increase/unit	6% increase/unit
Behavior Support	\$1.59/15 mins.	\$1.59/15 mins.
Nurse Delegation	\$0.69/15 mins.	\$0.69/15 mins.
Private Duty Nursing	\$1.50/15 mins.	\$1.50/15 mins.

\*COVID-19 rate enhancements were also provided in the latter half of FY 2020 and in Q1 FY 2021. The most recent quarters are shown here. Additional detail is available on member request. Not all services receiving a rate enhancement are shown in this slide.