



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Department of Social and Health Services, Aging and Disability Services Administration

- Preproposal Statement of Inquiry was filed as WSR 08-23-042
- Expedited Rule Making--Proposed notice was filed as WSR _____; or
- Proposal is exempt under RCW 34.05.310(4).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

Title of rule and other identifying information: (Describe Subject)

The department is amending chapter 388-832 WAC, Individual and Family Services Program. See attachment for specific sections.

Hearing location(s):

Blake Office Park East – Rose Room
 4500 – 10th Ave. SE
 Lacey, Washington 98503
 (One block north of the intersection of Pacific Ave.
 SE and Alhadeff Lane. A map or directions are
 available at
<http://www.dshs.wa.gov/msa/rpau/docket.html> or
 by calling 360-664-6094)
 Date: **May 5, 2009** Time: **10:00 a.m.**

Submit written comments to:

Name: DSHS Rules Coordinator
 Address: PO Box 45850, Olympia, WA 98504
 Delivery: 4500 – 10th Ave. SE, Lacey, Washington 98503
 E-mail: DSHSRPAURulesCoordinator
 Fax: (360) 664-6185
 by
5 p.m. on May 5, 2009

Assistance for persons with disabilities: Contact Jennisha Johnson, DSHS Rules Consultant by April 21, 2009
 TTY (360) 664-6178 or (360) 664-6094 or
 by e-mail at johnsjl4@dshs.wa.gov

Date of intended adoption: Not earlier than May 6, 2009.
 (Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

These proposed rules clarify existing language and remove certain limitations for the receipt of services under the Individual and Family Services Program. See attachment for the specific changes proposed for each section.

Reasons supporting proposal: See above

Statutory authority for adoption:
 RCW 71A.12.030, RCW 71A.12.040

Statute being implemented:
 Title 71A RCW

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

DATE
 March 9, 2009

NAME (type or print)
 Stephanie Schiller

SIGNATURE

TITLE
 DSHS Rules Coordinator

CODE REVISER USE ONLY

**OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED**

**DATE: March 18, 2009
 TIME: 7:01 AM**

WSR 09-07-094

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Department of Social and Health Services

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Debbie Roberts	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail roberdx@dshs.wa.gov	(360) 725-3400 FAX (360) 404-0955
Implementation.... Debbie Couch	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail couch.dg@dshs.wa.gov	(360) 725-3515 FAX (360) 404-0955
Enforcement..... Doug Washburn	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail washbdc@dshs.wa.gov	(360) 725-3452 FAX (360) 404-0955

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone ()

fax ()

e-mail

No. Explain why no statement was prepared. DDD has analyzed these rules and concluded that they do not impact small businesses or small non-profits

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone ()

fax ()

e-mail

No: Please explain: These rules are exempt from the preparation of a CBA pursuant to RCW 34.05.328(5)(b)(ii) and (vii) as they incorporate Washington State legislation, clarify rules without changing their effect and relate only to client medical or financial eligibility

Attachment to CR 102
INDIVIDUAL AND FAMILY SERVICES PROGRAM
SUMMARY OF RULES
February 2009

Washington Administrative Code	Effect of Rule
388-832-0001 – Definitions (Amended)	Adds or amends definitions used in this chapter
388-832-0005 (Amended)	Reformats this section
388-832-0007 (Amended)	Removes unnecessary language
388-832-0015 (Amended)	Clarifies language
388-832-0020 (Amended)	Adds a cross-reference
388-832-0022 (Amended)	Clarifies the name of the assessment
388-832-0023 (Amended)	Adds a cross-reference
388-832-0024 (Amended)	Clarifies language
388-832-0025 (Amended)	Clarifies that a client cannot receive IFS and SSP for the same reason
388-832-0060 (Amended)	Clarifies language
388-832-0065 (Amended)	Removes the 12 month limitation for out of home placement and clarifies language
388-832-0067 (Amended)	Limits the receipt of IFS program services to children under age 18 if the parent is also a client of DDD
388-832-0070 (Amended)	Changes “wait” list to “request” list
388-832-0072 (Amended)	Changes “wait” list to “request” list and allows a client to remain on the request list if in a temporary placement with plans top return home
388-832-0075 (Amended)	Changes “wait” list to “request” list
388-832-0080 (Amended)	Changes “wait” list to “request” list and clarifies when a client must respond to a notification to schedule an assessment
388-832-0082 (Amended)	Changes “wait” list to “request” list and clarifies the request date
388-832-0085 (Amended)	Changes “wait” list to “request” list and changes “new” participants to “additional” participants
388-832-0087 (Amended)	Changes “wait” list to “request” list and clarifies language
388-832-0090 (Amended)	Clarifies language
388-832-0091 (Amended)	Clarifies language
388-832-0113 (Amended)	Clarifies language
388-832-0120 (Amended)	Corrects typographical errors
388-832-0123 (Amended)	Corrects the name of the “medically intensive children’s program”
388-832-0125 (Amended)	Spells out the acronym “COPEs”
388-832-0127 (Amended)	Removes the requirement to request an ETR and obtain approval from the Director of DDD
388-832-0128 (Amended)	Adds “review” as a time when the ISP plan may become effective
388-832-0135 (Amended)	Removes the limitation that the need must “result” from a developmental disability
388-832-0136 (Amended)	Clarifies language

**Attachment to CR 102
INDIVIDUAL AND FAMILY SERVICES PROGRAM
SUMMARY OF RULES
February 2009**

Washington Administrative Code	Effect of Rule
388-832-0137 (Amended)	Clarifies language when the annual allocation may be used
388-832-0160 (Amended)	Removes “guardian” at work as a condition when respite care can be given
388-832-0165 (Amended)	Clarifies language and replaces “related to the person’s disability” with “deemed necessary by their health care professional”
388-832-0166 (Amended)	Adds that excess medical costs may be paid to a DDD contracted provider, changes “family support contract” to IFS contract and extends the length of time to remit receipts from thirty days to ninety days
388-832-0168 (Amended)	Replaces “related to the person’s disability” with “deemed necessary by their health care professional”, specifies that therapies included under 388-332-0170 may not be paid as an excess medical cost and adds a cross-reference
388-832-0170 (Amended)	Clarifies language
388-832-0175 (Amended)	Specifies that DDD will pay the contracted therapist directly for therapy services
388-832-0180 (Amended)	Clarifies language, specifies that DDD will determine the need and amount of services based on the information from the treating professional and adds a cross-reference
388-832-0185 (Amended)	Adds repairs for damages to a client’s residence resulting from the client’s disability to allowable architectural modifications and adds repairs and maintenance to vehicular modifications to allowable vehicular modifications
388-832-0195 (Amended)	Clarifies language
388-832-0200 (Amended)	Removes the limitation that equipment and supplies must be “specialized medical” and clarifies language
388-832-0205 (Amended)	Clarifies who are qualified providers of equipment and supplies
388-832-0210 (Amended)	Removes the limitation that equipment and supplies must be “specialized medical” and excludes supplies for incontinence as requiring prior approval by the DDD regional administrator
388-832-0215 (Amended)	Specifies that specialized clothing must be “non-restrictive”
388-832-0220 (Amended)	Changes “family support” contract to “IFS” contract
388-832-0225 (Amended)	Clarifies language
388-832-0235 (Amended)	Clarifies the definition of co=pays
388-832-0240 (Amended)	Changes “family support” contract to “IFS” contract
388-832-0245 (Amended)	Clarifies language
388-832-0255 (Amended)	Changes “family support” contract to “IFS” contract

**Attachment to CR 102
INDIVIDUAL AND FAMILY SERVICES PROGRAM
SUMMARY OF RULES
February 2009**

Washington Administrative Code	Effect of Rule
388-832-0260 (Amended)	Clarifies language, removes the prohibition against purchasing bus passes, removes the need for prior approval and clarifies what may be reimbursed as per diem costs
388-832-0275 (Amended)	Clarifies language and removes the need for prior approval
388-832-0285 (Amended)	Adds a cross reference to a DDD policy
388-832-0290 (Amended)	Specifies that DDD will determine the need and amount of behavior management based on the information from the treating professional
388-832-0308 (Amended)	Changes “family support” contract to “IFS” contract and clarifies language
388-832-0310 (Amended)	Removes the need for prior approval
388-832-0315 (Amended)	Clarifies language
388-832-0320 (Amended)	Changes “family support” contract to “IFS” contract and adds the Recreational Opportunity Contract as an additional method for reimbursement
388-832-0325 (Amended)	Clarifies language and removes the requirement of prior approval
388-832-0330 (Amended)	Clarifies language
388-832-0332 (Amended)	Clarifies language
388-832-0333 (Amended)	Adds DVR as a source of funding that must be accessed and clarifies language
388-832-0335 (Amended)	Reformats the section for clarity
388-832-0340 (Amended)	Reformats the section for clarity
388-832-0345 (Amended)	Changes the requirement of prior approval from the DDD director to the DDD regional administrator
388-832-0350 (Amended)	Clarifies language
388-832-0353 (Amended)	Clarifies language
388-832-0366 (Amended)	Lengthens the period of time from sixty to ninety days
388-832-0367 (Amended)	Lengthens the period of time from sixty to ninety days and clarifies language
388-832-0369 (Amended)	Clarifies language
388-832-0460 (Amended)	Clarifies language

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0001 What definitions apply to this chapter? The following definitions apply to this chapter:

"Agency provider" means a licensed and/or ADSA certified business that is contracted with ADSA or a county to provide DDD services (e.g., personal care, respite care, residential services, therapy, nursing, employment, etc.).

"Allocation" means an amount of funding available to the client and family for a maximum of twelve months, based upon assessed need.

"Authorization" means DDD approval of funding for a service as identified in the individual support plan or evidence of payment of a service.

"Back-up caregiver" is a person who has been identified as an informal caregiver and is available to provide assistance as an informal caregiver when other caregivers are unavailable.

"Client" means a person who has a developmental disability as defined in RCW 71A.10.020(3) who also has been determined eligible to receive services by the division under chapter 71A.16 RCW.

"DDD" means the division of developmental disabilities, a division within the aging and disability services administration (ADSA), department of social and health services (DSHS).

"Department" means the department of social and health services (DSHS).

"Emergency" means the client's health or safety is in jeopardy.

"Family" means (~~((individuals, of any age, living together in the same household and related by blood, marriage, adoption or as a result of sharing legal custody of a minor child))~~) relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

"Family home" means the residence where you and your relatives live.

"Formal caregiver" is a person/agency who receives payment from DDD to provide a service.

"Individual and family services contract" means a contract between DDD and the family to reimburse the family for the purchase of goods and services.

"Individual provider" means an individual who is contracted with DDD to provide medicaid or waiver personal care, respite care, or attendant care services.

"Individual support plan" or **"ISP"** is a document that authorizes the DDD paid services to meet a client's needs identified in the DDD assessment.

"Informal caregiver" is a person who provides supports without payment from DDD for a service.

"Legal guardian" means a person/agency, appointed by a court,

which is authorized to make some or all decisions for a person determined by the court to be incapacitated. In the absence of court intervention, parents remain the legal guardian for their child until the child reaches the age of eighteen.

~~((**"Parent family support contract"** means a contract between DDD and the parent to reimburse the parent for the purchase of goods and services paid for by the parent.))~~

"Pass through contract" means a contract between DDD and a third party to reimburse the third party for the purchase of goods and services ((paid for by the third party)).

"Primary caregiver" is the formal or informal caregiver who provides the most support.

"Residential habilitation center" or **"RHC"** is a state operated facility certified to provide ICF/MR and/or nursing facility level of care for persons with developmental disabilities per chapter 71A.20 RCW.

"Significant change" means changes in your medical condition, caregiver status, behavior, living situation or employment status.

"State funded services" means services that are funded entirely with state dollars.

"State supplementary payment" or **"SSP"** means a state paid cash assistance program for certain DDD clients eligible for supplemental security income per chapter 388-827 WAC.

"You" means the client.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0005 What is the individual and family services program? The "individual and family services program" (IFS program) is a state-only funded program that:

(1) Provides an array of services to families to help maintain and stabilize the family unit; and

(2) Replaces (~~WAC 388-825-200 through 388-825-242 (the family support opportunity program), WAC 388-825-252 through 388-825-256 (the traditional family support program), WAC 388-825-500 through 388-825-595, (the flexible family support pilot program), and WAC 388-825-244 through 388-825-250 (other family support rules))~~);

(a) The family support opportunity program (WAC 388-825-200 through 388-825-242);

(b) The traditional family support program (WAC 388-825-252 through 388-825-256);

(c) The family support pilot program (WAC 388-825-500 through 388-825-595); and

(d) Other family support rules (WAC 388-825-244 through 388-825-250).

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective

9/5/08)

WAC 388-832-0007 What is the purpose of the individual and family services (IFS) program? The purpose of the IFS program is to ~~((have one DDD family support program that will))~~:

(1) Form a partnership between the state and families to help support families who have a ~~((client of))~~ DDD eligible family member living in the family home; and

(2) Provide families with a choice of services and allow families more control over the resources allocated to them.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0015 Am I eligible ~~((to participate in))~~ for the IFS program? (1) You are eligible to be considered for the IFS program if you meet the following criteria:

(a) You are currently an eligible client of DDD;

(b) You live in your family home;

(c) You are not enrolled in a DDD home and community based services waiver defined in chapter 388-845 WAC;

(d) You are currently enrolled in traditional family support, family support opportunity or the family support pilot or funding has been approved for you to receive IFS program services;

(e) You are age three or older ~~((as of July 1, 2007))~~;

(f) You have been assessed as having a need for IFS program services as listed in WAC 388-832-0140; and

(g) You are not receiving a DDD adult or child residential service or licensed foster care.

(2) If you are a parent who is a client of DDD, you are eligible to receive IFS program services in order to promote the integrity of the family unit, provided:

(a) You meet the criteria in subsections (1)(a) through (f) above; and

(b) Your minor child who lives in your home is at risk of being placed up for adoption or into foster care.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0020 Will I be authorized to receive IFS services if I meet the eligibility criteria in WAC 388-832-0015? Meeting eligibility criteria per WAC 388-832-0015 for the IFS program does not ensure access to or receipt of the IFS program services.

(1) Receipt of IFS services is limited by availability of funding and your assessed need.

(2) WAC 388-832-0085 through 388-832-0090 describes how DDD will determine who will be approved to receive funding.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0022 What determines the allocation of funds available to me to purchase IFS services? The allocation of funds is based upon the ((IFS)) DDD assessment described in chapter 388-828 WAC. The DDD assessment will determine your service level based on your assessed need.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0023 If I qualify for another DDD service, will my IFS program be reduced or terminated? Since your IFS amount is based on the assessed need, if your needs change, the dollar amount ((will)) may be impacted. However, if you are qualified for another DDD service, you can still receive IFS as long as you continue to have an assessed need and have met the eligibility criteria per WAC 388-832-0015 for the IFS program with the exception of WAC 388-832-0024.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0024 If I participate in the IFS program, will I be eligible for services through the DDD home and community based services (HCBS) waiver? (1) If you participate in the IFS program you may not participate in the DDD HCBS waiver ((at the same time)).

(2) You may request enrollment in a DDD HCBS waiver at any time per WAC 388-845-0050.

(3) Participation in the IFS program will not affect your potential waiver eligibility.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0025 Am I eligible for the IFS program if I currently receive other DDD paid services? (1) If you receive

other nonwaiver DDD funded services, you may be eligible for the IFS program.

(2) If you receive SSP in lieu of traditional family support or family support opportunity, you are not eligible to receive IFS program funding.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0060 ((Can)) May DDD terminate my eligibility for the IFS program? You may be terminated from the IFS program for any of the following reasons:

(1) You no longer meet DDD eligibility per WAC 388-823-0010 through 388-823-0170;

(2) You no longer meet the eligibility criteria for the IFS program per WAC 388-832-0015;

(3) You have not used an IFS program service during the last twelve calendar months;

(4) You cannot be located or do not make yourself available for the annual DDD assessment;

(5) You refuse to participate with DDD in service planning; and/or

(6) You begin to receive a DDD residential service.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0065 If I go into a temporary out of home placement, will I be eligible for IFS upon my return home? ((You can apply for)) (1) If you are disenrolled in the IFS program due to out of home placement, you may request reinstatement in the IFS program once you return to your family home ((from placement)).

(2) You may make this request by contacting your DDD case manager((, if your out of home placement does not exceed twelve months)).

(3) Your case manager will schedule an assessment with you and, if you meet all the eligibility criteria described in WAC 388-832-0015, have an assessed need, and funding is available, you ((will)) may receive an IFS program allocation.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0067 ((If I am a parent with a developmental

~~disability and a client of DDD,))~~ **Are my children eligible for IFS program services, if I am a client of DDD?** If you are a parent with a developmental disability and a client of DDD, your children may be eligible for IFS program services if funding is available and your children:

- (1) Are ages birth through ~~((twenty-one))~~ seventeen years of age;
- (2) Are at risk of out of home placement; and
- (3) Live with you.

INDIVIDUAL AND FAMILY SERVICES PROGRAM ((wait)) REQUEST LIST

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0070 What is the IFS program ((wait)) request list? The IFS ((wait)) request list is a list of clients who live with their family and the family has requested family support services. At the time of the family's request for IFS program services, funding was not available; therefore these clients were placed on the IFS program ((wait)) request list effective on the date of their request.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0072 Who is eligible to be on the IFS program ((wait)) request list? (1) To be on the IFS ((wait)) request list you must live in your family home and remain eligible for DDD services.

(2) If you are in temporary placement and the plan is to return home you may remain on the IFS request list.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0075 Do I have to have a DDD assessment before I can be added to the IFS ((wait)) request list? You do not have to have a DDD assessment prior to your name being added to the IFS ((wait)) request list.

- (1) Your name and request date will be added to the ~~((wait))~~ request list.
- (2) A notice will be sent to you to let you know your name has been added to the IFS ~~((wait))~~ request list.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0080 How or when am I taken off the IFS ~~((wait))~~ request list? You are taken off the ~~((wait))~~ IFS request list if:

- (1) You no longer live in your family home;
- (2) You are no longer eligible for DDD services;
- (3) You request your name to be removed from the IFS ~~((wait))~~ request list;
- (4) You do not respond ~~((to))~~ by the date outlined on the IFS notification to schedule the DDD assessment;
- (5) You are offered IFS services and ~~((accept or))~~ refuse services; or
- (6) You are on the HCBS waiver ~~((; or~~
- ~~(7) Your DDD assessment determines you are not eligible for the IFS program))~~.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0082 If the DDD assessment determines I am not eligible for the IFS program, may I remain on the IFS ~~((wait))~~ request list? If the DDD assessment determines you are not eligible for the IFS program, you may request to remain on the ~~((wait list; however, your))~~ request list. The date ~~((will change))~~ you ask to remain on the list becomes your new request date ~~((of your current assessment))~~.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0085 When there is state funding available to enroll ~~((new))~~ additional clients in the IFS program, how will DDD select from the clients on the IFS program ~~((wait))~~ request list? When there is state funding available for ~~((new))~~ additional IFS participants, DDD may enroll participants based on the following considerations:

- (1) Clients who have requested residential habilitation center (RHC) respite, emergency services, or residential placement, prior

to June 30, 2007.

(2) Clients with the highest scores in caregiver and behavior status on the mini assessment.

(3) Clients who have been on the IFS program (~~(wait)~~) request list the longest.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0087 What happens next if I am selected from the IFS program (~~(wait)~~) request list? If you are selected from the IFS program (~~(wait)~~) request list:

(1) Your DDD case/resource manager will contact you, and determine if you meet the eligibility criteria for IFS program per WAC 388-832-0015 (~~((1) through (6);)~~).

(2) If you meet the criteria per (1) above, your case/resource manager will schedule an appointment to complete your DDD assessment or reassessment.

(3) If you have not been receiving any DDD paid services, your DDD eligibility (~~(will)~~) may need to be reviewed per WAC 388-823-1010(3).

(4) Your DDD eligibility review must be (~~(completed)~~) finalized prior to (~~(completing)~~) the completion of the DDD assessment for the IFS program.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0090 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will I qualify for the IFS program? If you currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, you may qualify for the IFS program if you meet the eligibility criteria in WAC 388-832-0015.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0091 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will that funding continue until my next assessment? If you currently receive funding from the traditional family support (TFS) program, the

family support opportunity (FSO) program or the family support pilot (FSP) program, you (~~will~~) may continue to receive funding under the TFS, FSO, or the FSP program until your next DDD assessment.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0113 Will my IFS allocation be impacted by my income? The amount of (~~services you receive~~) your allocation will be solely based on your assessed needs. Your income will not affect your (~~level of service~~) IFS allocation.

AMENDATORY SECTION (Amending 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0120 Will my IFS allocation be impacted if I am eligible for medicaid personal care services? If you meet financial and functional eligibility for medicaid personal care services, your IFS allocation will be adjusted according to WAC 388-828-9100 through 388-828-9140.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0123 Will my IFS allocation be impacted if I am eligible for private duty nursing or the medically intensive children's program? If you meet eligibility for private duty nursing described in WAC 388-106-1000, or the medically intensive children's program described in WAC 388-551-3000, your IFS allocation will be adjusted according to WAC 388-828-9100 through 388-828-9140.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0125 Will my IFS allocation be impacted if I am eligible for the community options programs entry system (COPES)? If you are eligible for the community options programs entry system (COPES), your IFS allocation will not be adjusted.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0127 What if I have assessed needs that cannot be met by the IFS program? If you complete the DDD assessment and are assessed to have an unmet need and there is no approved funding to support that need, DDD will offer you referral information for ICF/MR services. In addition, DDD may:

(1) Provide information and referral for non-DDD community-based supports; and

(2) Add your name to the waiver data base, if you have requested enrollment in a DDD HCBS waiver per chapter 388-845 WAC(, and

~~(3) Request short term emergency services as an exception to rule (ETR) per WAC 388-440-0001. Approval is required by the director of DDD or designee).~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0128 When is the individual support plan effective? (1) For an initial individual support plan, the plan is effective the date DDD signs and approves ~~((it after))~~ the plan based on a signature or verbal consent ~~((is obtained))~~.

(2) For a reassessment, amendment or review of the individual support plan, the plan is effective the date DDD signs and approves it after a signature or verbal consent is obtained.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0135 How ~~((can))~~ may my family use its IFS program allocation? Your IFS program allocation is available to pay for any of the services listed in WAC 388-832-0140 if:

(1) The service need relates to ~~((and results from))~~ your ~~((developmental))~~ disability, and

(2) The need is identified in your DDD assessment and identified on your ISP.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0136 **If I have a family support reimbursement contract, ((can)) may DDD ask me to verify my purchases through reviewing receipts?** (1) If you have a family support reimbursement contract, you ((will)) must first need prior approval from your DDD case manager and then DDD will ask you to verify your purchases through reviewing receipts.

(2) You ((need to)) must submit receipts to your case manager whenever you are asking for reimbursement.

(3) Your request for reimbursement must be received within ninety days of the date that the service was received and no later than thirty days after the end of your allocation year.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0137 **May I use my allocation over a two year period for large costly expenditures?** (1) You may not use your allocation over a two year period for a large costly expenditure.

(2) Your annual allocation ((must)) can only be used during the twelve month period your assessed needs were determined.

(3) If you do not use all of your allocation, your remaining dollars do not carry over to next ((year's allocation)) year.

(4) ((if at least some)) You must use a portion of your IFS program ((services are not used in the)) allocation within your twelve month assessment period((7)) or you ((will)) may be terminated from the IFS program.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0160 **Are there limits to the respite care I receive?** The following limitations apply to the respite care you can receive:

(1) Respite cannot replace:

(a) Daycare, childcare or preschool while a parent ((or guardian)) is at work; and/or

(b) Personal care hours available to you. When determining your unmet need, DDD will first consider the personal care hours available to you.

(2) Respite providers have the following limitations and requirements:

(a) If respite is provided in a private home, the home must be licensed unless it is the client's home or the home of a relative of specified degree per WAC 388-825-345;

(b) The respite provider cannot be the spouse of the caregiver

receiving respite if the spouse and the caregiver reside in the same residence; and

(c) If you receive respite from a provider who requires licensure, the respite services are limited to those age-specific services contained in the provider's license.

(d) The respite care provider cannot be your natural, step or adoptive parent living with you.

(3) Your caregiver will not be paid to provide DDD services for you or other persons at the same time you receive respite services.

(4) The need for respite must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocation.

(5) If your personal care provider is your parent, your parent provider may not be paid to provide respite services to any client in the same month that you receive respite services.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0165 What are considered excess medical costs not covered by another source? Excess medical costs are medical expenses incurred by ~~((a client))~~ you after medicaid or private insurance have been accessed or when ~~((the client does))~~ you do not have medical insurance. This may include the following:

(1) Skilled nursing services (e.g., ventilation, catheterization, and insulin shots);

(2) Psychiatric services;

(3) Medical and dental services ~~((related to the person's disability))~~ deemed medically necessary by your health care professional and an allowable medicaid covered expense;

(4) Prescriptions for medications; and/or

(5) ~~((Copays))~~ Medical and ~~((deductible limited to your IFS allocation))~~ dental premiums.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0166 How are excess medical costs paid? (1) Excess medical costs ~~((are))~~ may be paid directly to a DDD contracted provider or reimbursed to a family member who has an individual and family ~~((support))~~ services contract with the division of developmental disabilities ~~((and))~~ if receipts are received within ~~((thirty))~~ ninety days from the date of service.

(2) Skilled nursing services are paid to the DSHS contracted nurse directly.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0168 Are there limits to excess medical costs? There are limits to excess medical costs.

(1) The ~~((payment))~~ service must be of direct medical or remedial benefit to ~~((the individual))~~ you and deemed medically necessary ~~((as a result of the individual's disability;))~~ by your health care professional.

(2) Therapies included under WAC 388-832-0170 may not be paid under excess medical costs.

(3) Medical and dental premiums are excluded for family members other than the DDD eligible clients ~~((; and))~~.

~~((+3))~~ (4) The need for excess medical costs must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocation.

~~((+4))~~ (5) Other restriction per WAC 388-832-0333 also apply.

(6) Prior approval by regional administrator or designee is required.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0170 What therapies ~~((can))~~ may I receive? The therapies you ~~((can))~~ may receive are:

- (1) Physical therapy;
- (2) Occupational therapy; and/or
- (3) Speech, hearing and language therapy.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0175 Who is a qualified therapist? Providers must be certified, registered or licensed therapists as required by law and contracted with DDD for the therapy they are providing. DDD will pay the contracted therapist directly for the therapy services they provide.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0180 Are there limits to the therapy I ~~((can))~~ may receive? The following limitations apply to therapy you may receive:

(1) Additional therapy may be authorized as a service only after you have accessed what is available to you under medicaid and any other private health insurance plan or school;

(2) DDD does not pay for treatment determined by DSHS to be experimental;

(3) DDD ~~((and the treating professional))~~ determines the need ~~((for))~~ and amount of services you ~~((can))~~ will receive based upon information received from the therapist;

(a) DDD may require a second opinion from a DDD selected provider.

(b) DDD ~~((will))~~ requires you to provide evidence that you have accessed your full benefits through medicaid, private insurance and the school before authorizing this service.

(4) The need for therapies must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocations.

(5) ~~((Prior approval by the regional administrator or designee is required))~~ Other restrictions per WAC 388-832-0333 also apply.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0185 What are architectural and vehicular modifications? (1) Architectural and vehicular modifications are physical adaptations to the home and vehicle of the individual to:

(a) Ensure the health, welfare and safety of the client and or caregiver; or

(b) Enable a client who would otherwise require a more restrictive environment to function with greater independence in the home or in the community.

(2) Architectural modifications include the following:

(a) Installation of ramps and grab bars;

(b) Widening of doorways;

(c) Modification of bathroom facilities; ~~((or))~~

(d) Installing specialized electrical and/or plumbing systems necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual;

(e) Repairs for damages to the client's residence as a result of the client's disability up to the balance of the client's allocation; or

(f) Repairs to architectural modifications if necessary for client safety.

(3) Vehicular modifications include the following:

(a) Wheel chair lifts;

(b) Strap downs; ~~((or))~~

(c) Other access modifications; or

(d) Repairs and maintenance to vehicular modifications if necessary for client safety.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0195 What limits apply to architectural and vehicular modifications? The following service limitations apply to architectural and vehicular modifications are in addition to any limitations in other rules governing this service:

(1) Prior approval by the regional administrator or designee is required.

(2) Architectural and vehicular modifications to the home and vehicle are excluded if they are of general utility without direct medical or remedial benefit to the individual, such as floor covering (e.g., carpeting, linoleum, tile, hard wood flooring, decking), roof repair, central air conditioning, fencing for the yard, etc.

(3) Architectural modifications (~~((cannot))~~) may not add to the square footage of the home.

(4) DDD (~~((will))~~) requires evidence that you accessed your full benefits through medicaid, private insurance and the division of vocational rehabilitation (DVR) before authorizing this service.

(5) Architectural and vehicular modifications must be the most cost effective modification based upon a comparison of contractor bids as determined by DDD.

(6) Architectural and vehicular modifications (~~((will be))~~) are prorated by the number of other members in the household who use these modifications.

(7) The need for architectural and vehicular modifications must be identified in your ISP and, in combination with other IFS services, (~~((cannot))~~) may not exceed your (~~((annual))~~) IFS allocation.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0200 What are (~~((specialized medical))~~) equipment and supplies? (1) (~~((Specialized medical))~~) Equipment and supplies are (~~((durable and nondurable medical equipment not available through Medicaid or the state plan which enables individuals))~~) designed to assist clients to:

(a) Increase or maintain their abilities to perform their activities of daily living; or

(b) Perceive, control or communicate with the environment in which they live.

(2) Equipment and supplies may include durable and nondurable (~~((medical))~~) equipment that are (~~((defined in WAC 388-543-1000 and 388-543-2800 respectively))~~) specialized or adapted, and generally not useful to a person in the absence of illness, injury or disability.

(3) Also included are items (~~((necessary for life support and ancillary supplies))~~) and (~~((equipment))~~) services necessary to the proper functioning of the equipment and supplies (~~((described in subsection (1) above))~~).

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0205 Who are qualified providers of ((specialized medical)) equipment and supplies? The provider of ((specialized medical)) equipment and supplies must be ((a medical)) an equipment supplier contracted with DDD ((or)) a parent who has an individual and family services contract ((with DDD)), or a provider who purchases goods and services through the pass through contract((†)).

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0210 Are there limitations to my receipt of ((specialized medical)) equipment and supplies? The following limitations apply to your receipt of ((specialized medical)) equipment and supplies:

(1) ((Specialized medical)) Equipment and supplies with the exception of supplies for incontinence (e.g., diapers, disposable underpads, and wipes) require prior approval by the DDD regional administrator or designee for each authorization.

(2) DDD reserves the right to require a second opinion by a department-selected provider.

(3) Items reimbursed with state funds ((shall)) must be in addition to any medical equipment and supplies furnished under medicaid or private insurance.

(4) Items must be of direct medical or remedial benefit to the individual and necessary as a result of the individual's disability.

(5) Medications, prescribed or nonprescribed, and vitamins are excluded.

(6) The need for ((specialized medical)) equipment and supplies must be identified in your ISP and, in combination with other IFS services, ((cannot)) may not exceed your IFS allocation.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0215 What are specialized nutrition and specialized clothing? (1) Specialized nutrition is specialized formulas or specially prepared foods for which a written recommendation has been provided by a qualified and appropriate professional and when it constitutes fifty percent or more of the person's caloric intake (e.g., licensed physician or registered dietician).

(2) Specialized clothing is nonrestrictive clothing adapted for a physical disability, excessive wear clothing, or specialized

footwear for which a written recommendation has been provided by a qualified and appropriate professional (e.g., a podiatrist, physical therapist, or behavior specialist).

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0220 How do I pay for specialized nutrition and specialized clothing? Specialized nutrition and specialized clothing can be a reimbursable expense through the ~~((parent))~~ individual and family ~~((support))~~ services contract and the pass through contract.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0225 Are there limits for specialized nutrition and specialized clothing? (1) The need for specialized nutrition and specialized clothing must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocation.

(2) Prior approval by regional administrator or designee is required.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0235 What are copays for medical and therapeutic services? Copays ~~((for medical and therapeutic services))~~ are fixed fees that subscribers to a medical plan must pay ~~((for disability related))~~ to use specific medical or therapeutic services ~~((you may have received that were not))~~ covered by the plan. These services must have been deemed medically necessary by your ~~((private insurance or Medicaid))~~ health care professional.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0240 How do I pay for medical and therapeutic copays? Medical and therapeutic copays can be a reimbursable

expense through the ~~((parent))~~ individual and family ~~((support))~~ services contract and the pass through contract.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0245 Are there limits to medical and therapeutic copays? (1) Medical and therapeutic copays must be identified ~~((as a need))~~ in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS ~~((program))~~ allocation.

(2) The copays must be for your ~~((disability related))~~ medical or therapeutic needs.

(3) Prescribed or nonprescribed vitamins and supplements are excluded.

~~((4) Prior approval by regional administrator or designee is required.))~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0255 Who is a qualified provider for transportation services? (1) The provider of transportation services can be an individual or agency contracted with DDD.

(2) Transportation services can be a reimbursable expense through the ~~((parent))~~ individual and family ~~((support))~~ services contract.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0260 Are there limitations to the transportation services I can receive? The following limitations apply to transportation services:

(1) Transportation to/from medical or medically related appointments is a medicaid transportation service and is to be considered and used first.

(2) Transportation is offered in addition to medical transportation but cannot replace medicaid transportation services.

(3) Transportation is limited to travel to and from an IFS program service.

~~((4) ((Transportation does not include the purchase of a bus pass.))~~

~~((5) Reimbursement for provider mileage requires prior approval by DDD and is paid according to contract.))~~

~~(6))~~ This service does not cover the purchase or lease of vehicles.

~~((7) Reimbursement for provider travel time is not included in this service.~~

~~(8))~~ (5) Reimbursement to the provider is limited to transportation that occurs when you are with the provider.

~~((9))~~ (6) You are not eligible for transportation services if the cost and responsibility for transportation is already included in your provider's contract and payment.

~~((10) Transportation services require prior approval by the DDD regional administrator or designee.~~

~~(11))~~ (7) Per diem costs may be reimbursed ~~((with prior approval from DDD regional administrator or designee))~~ utilizing the state rate to access medical services if the DDD client and one family member must travel over one hundred fifty miles one way ~~((for client receiving medical services and one family member))~~.

~~((12))~~ (8) Air ambulance costs due to an emergency may be reimbursed after insurance, deductibles, medicaid and other resources have been exhausted not to exceed your annual IFS allocation.

~~((13))~~ (9) The need for transportation services must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocation.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0275 Are there limitations to the training and counseling ~~((I can receive))~~? There are limitations to training and counseling that your family may receive.

(1) Expenses to the family for room and board or attendance, including registration fees for conferences are excluded as a service under family counseling and training.

(2) The need for training and counseling must be identified in your ISP and, in combination with other IFS services, ~~((cannot))~~ may not exceed your IFS allocation.

~~((3) Prior approval by regional administrator or designee is required.))~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0285 Who is a qualified provider of behavior management? The provider of behavior management and consultation must be one of the following professionals contracted with DDD and must adhere to and follow DDD's positive behavior support policy and be duly licensed, registered or certified to provide this service:

- (1) Marriage and family therapist;
- (2) Mental health counselor;
- (3) Psychologist;
- (4) Sex offender treatment provider;
- (5) Social worker;
- (6) Registered nurse (RN) or licensed practical nurse (LPN);
- (7) Psychiatrist;
- (8) Psychiatric advanced registered nurse practitioner (ARNP);
- (9) Physician assistant working under the supervision of a psychiatrist;
- (10) Registered counselor; or
- (11) Polygrapher.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0290 Are there limits to behavior management?

The following limits apply to your receipt of behavior management:

- (1) DDD (~~((and the treating professional))~~) will determine the need and amount of service you (~~((will))~~) may receive based upon information from the treating professional.
- (2) DDD may require a second opinion from a DDD-selected provider.
- (3) Only scientifically proven, nonexperimental methods may be utilized.
- (4) Providers may not use methods that cause pain, threats, isolation or locked settings.
- (5) The need for behavior management must be identified in your ISP and, in combination with other IFS services, (~~((cannot))~~) may not exceed your IFS allocation.
- (6) Psychological testing is not allowed.
- (7) Behavior management services require prior approval by the regional administrator or designee.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0308 How is parent/sibling education paid?

Parent/sibling education may be a reimbursable expense through the (~~((parent))~~) individual and family (~~((support))~~) services contract, the pass through contract or paid directly to the contracted provider.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0310 Are there limitations to parent/sibling education? There are limitations to parent/sibling education that your family may receive.

(1) Parent/sibling education does not include conference fees or lodging.

(2) Viewing of VHS or DVD at home by ((yourself)) your parent or sibling does not meet the definition of parent or sibling education.

(3) The need for parent/sibling education must be identified in your ISP and, in combination with other IFS services, ((cannot)) may not exceed your IFS allocation.

~~((4) Prior approval by regional administrator or designee is required.))~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0315 What are recreational opportunities? (1) Recreational opportunities are leisure activities that may be available to children and adults with a developmental disability such as summer camps, YMCA activities, day trips or typical activities available in your community.

(2) Recreational opportunities may include memberships in civic groups, clubs, crafting classes, or classes outside of K-12 school curriculum or sport activities.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0320 How are recreational opportunities paid for? Recreational opportunities may be a reimbursable expense through the ((parent)) individual and family ((support)) services contract ((and)) the pass through contract or the recreational opportunity contract.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0325 Are there limitations to recreation opportunities? The following limitations apply to recreation opportunities:

(1) ((The)) Recreational opportunities must occur in your community or the bordering states addressed in WAC 388-832-0331.

(2) The need for recreation opportunities must be identified

in your ISP and, in combination with other IFS services, (~~cannot~~) may not exceed your IFS allocation.

(3) DDD does not pay for recreational opportunities that may pose a risk to individuals with disabilities or the community at large.

~~((4) Prior approval by regional administrator or designee is required.))~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0330 (~~((Does my family))~~) Do I have a choice of IFS program services? In collaboration with your case manager and based upon your assessed need, you may choose the services available with this program.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0332 (~~((Will))~~) May I (~~((have a choice of))~~) choose my provider? You may choose a qualified individual, agency or licensed provider within the guidelines described in WAC 388-825-300 through 388-825-400. These WACs describe:

(1) Qualifications for individuals and agencies providing DDD services in the client's residence or the provider's residence or other settings; and

(2) Conditions under which DDD will pay for the services of an individual provider or a home care agency provider or other provider.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0333 What restrictions apply to the IFS program services? The following restrictions apply to the IFS program services:

(1) IFS program services are authorized only after you have accessed what is available to you under medicaid, including medicaid personal care, and any other private health insurance plan, school, division of vocational rehabilitation or child development services.

(2) All IFS program service payments must be agreed to by DDD and you in your ISP.

(3) DDD (~~((will))~~) may contract directly with a service provider

or parent for the reimbursement of goods or services purchased by the family member.

(4) DDD (~~(will)~~) may not pay for treatment determined by DSHS/MAA or private insurance to be experimental.

(5) Your choice of qualified providers and services may be limited to the most cost effective option that meets your assessed need.

(6) The IFS program (~~(will)~~) must not pay for services provided after the death of the eligible client. Payment may occur after the date of death, but not the service.

(7) DDD's authorization period (~~(will start)~~) begins when you agree to be in the IFS program and have given written or verbal approval for your ISP. The period will last up to one year and may be renewed if you continue to need and utilize services. If you have not utilized the services within one year period you will be terminated from this program.

(8) IFS program (~~(will)~~) must not pay for psychological evaluations or testing, or DNA testing.

(9) Supplies/materials related to (~~(community integration or recreational activities)~~) recreation opportunities are the responsibility of the family.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0335 What is a one-time award? (1) One-time awards are payments to individuals and families who meet the IFS program eligibility requirements and have a one time unmet need not covered by any other sources for which they are eligible.

(2) One-time awards can only be used for architectural/vehicular modifications, or specialized equipment.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0340 Who is eligible for a one-time award? You are eligible to be considered for a one-time award if:

(1) You are not currently authorized for IFS program services in your ISP(~~(-)~~);

(2) You meet the eligibility for the IFS program(~~(-)~~);

(3) The need is critical to the health or safety of you or your caregiver; and

(4) You and your family have no other resource to meet the need or your resources do not cover all of the expense.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0345 Are there limitations to one-time awards?

(1) One-time awards are limited to architectural/vehicular modifications or specialized equipment.

(2) One-time awards cannot exceed six thousand dollars in a twenty-four month period.

(3) One-time awards must be approved by the ~~((director of))~~ DDD regional administrator or designee.

(4) Eligibility for a one-time award does not guarantee approval and authorization of the service by DDD. Services are based on availability of funding.

(5) One-time awards will be prorated by the number of other members in the household who use these modifications or specialized equipment.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0350 How do I ~~((apply for the))~~ request a one-time award? If you have a need for a one-time award, you ~~((can))~~ may make the request to your case manager.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0353 Do I need to have a DDD assessment before I receive a one-time award? You need to have a DDD assessment ~~((prior to))~~ before receiving a one-time award.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0366 What limitations apply to emergency services? (1) Emergency services may be granted to individuals and families who are on the IFS wait list and have an emergent need.

(2) Funds are provided for a limited period not to exceed ~~((sixty))~~ ninety days.

(3) All requests are reviewed and approved or denied by the regional administrator or designee.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0367 What if the client or family situation requires more than ~~((sixty))~~ ninety days of emergency service? ~~((1))~~ If the client or family situation requires more than ninety days of emergency services ~~((are limited to sixty days.~~ ~~(2))~~), DDD will conduct an administrative review of ~~((other))~~ DDD services to determine if the need can be met through other services.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0369 Do I need to have a DDD assessment before I receive an emergency service? You do not need to have a DDD assessment ~~((prior to))~~ before receiving an emergency service; however the regional manager/designee may request a DDD assessment for a client at any time.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

WAC 388-832-0460 How will DDD notify me ~~((on))~~ of their decisions? Your DDD case resource manager will call you and send a written planned action notice per WAC 388-825-100 to notify you of their decision.