



RULE-MAKING ORDER

CR-103 (June 2004) (Implements RCW 34.05.360)

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

- Permanent Rule
 Emergency Rule

Effective date of rule:

Permanent Rules

- 31 days after filing.
 Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Effective date of rule:

Emergency Rules

- Immediately upon filing.
 Later (specify) _____

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose:

Second Substitute Senate Bill 5467, as amended by the House (chapter 283, Laws of 2007), directs the department to create the Individual and Family Services program for persons with developmental disabilities. These proposed rules combine the previous three Family Support programs into one comprehensive program and include the algorithm to determine the individual and family service levels and award amount. When effective, these rules replace the emergency rules filed as WSR 08-14-014 and WSR 08-15-115.

See Attachment for the specific topics of each section.

Citation of existing rules affected by this order:

Repealed: None
 Amended: None
 Suspended: None

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

Other authority: Second Substitute Senate Bill 5467 (chapter 283, Laws of 2007)

PERMANENT RULE ONLY (Including Expedited Rule Making)

Adopted under notice filed as WSR 08-11-095 on May 20, 2008

Describe any changes other than editing from proposed to adopted version:

None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: N/A. 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 and relate to client medical or financial eligibility.

Name: _____ phone () _____
 Address: _____ fax () _____
 e-mail _____

EMERGENCY RULE ONLY

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
 That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding:

Date adopted:

July 30, 2008

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: August 05, 2008
 TIME: 4:05 PM

WSR 08-16-121

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	<u>107</u>	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted in the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	___	Repealed	___
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The number of sections adopted using:

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	<u>107</u>	Amended	___	Repealed	___

Chapter 388-828 WAC

INDIVIDUAL AND FAMILY SERVICES ASSESSMENT

WAC 388-828-9000 What is the individual and family services assessment?

WAC 388-828-9020 What is the purpose of the individual and family services assessment?

WAC 388-828-9040 How does DDD determine your individual and family services level?

WAC 388-828-9060 How does DDD determine your individual and family services rating?

WAC 388-828-9100 How does DDD determine the number to use in the adjustment of your individual and family services support rating?

WAC 388-828-9120 How does DDD determine your individual and family services score?

WAC 388-828-9140 How does DDD determine the amount of your individual and family service award?

Chapter 388-832 WAC

INDIVIDUAL AND FAMILY SERVICES PROGRAM

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

WAC 388-832-0005 What is the individual and family services program?

WAC 388-832-0007 What is the purpose of the individual and family services (IFS) program?

WAC 388-832-0015 Am I eligible to participate in the IFS program?

WAC 388-832-0020 Will I be authorized to receive IFS services if I meet the eligibility criteria in WAC 388-832-0015?

WAC 388-832-0022 What determines the allocation of funds available to me to purchase IFS services?

WAC 388-832-0023 If I qualify for another DDD service, will my IFS program be reduced or terminated?

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?

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

WAC 388-832-0045 What if there are two or more family members who are eligible for the IFS program?

WAC 388-832-0050 How do I request IFS program services?

WAC 388-832-0055 How long do I remain eligible for the IFS program?

WAC 388-832-0060 Can DDD terminate my eligibility for the IFS program?

WAC 388-832-0065 If I go into a temporary out of home placement, will I be eligible for IFS upon my return home?

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?

WAC 388-832-0070 What is the IFS program wait list?

WAC 388-832-0072 Who is eligible to be on the IFS program wait list?

WAC 388-832-0075 Do I have to have a DDD assessment before I can be added to the IFS wait list?

WAC 388-832-0080 How or when am I taken off the IFS wait list?

WAC 388-832-0082 If the DDD assessment determines I am not eligible for the IFS program, may I remain on the IFS wait list?

WAC 388-832-0085 When there is state funding available to enroll new clients in the IFS program, how will DDD select from the clients on the IFS program wait list?

WAC 388-832-0087 What happens next if I am selected from the IFS program wait list?

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?

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?

WAC 388-832-0095 What happens if DDD finds me ineligible for the IFS program?

WAC 388-832-0100 What assessment will DDD use to assess my need?

WAC 388-832-0110 Will DDD ask about my family's income?

WAC 388-832-0113 Will my IFS allocation be impacted by my income?

WAC 388-832-0114 What is family income?

WAC 388-832-0115 How is an individual's access to DDD paid services affected if family income information is not provided?

WAC 388-832-0120 Will my IFS allocation be impacted if I am eligible for Medicaid personal care services?

WAC 388-832-0123 Will my IFS allocation be impacted if I am eligible for private duty nursing or the medically intensive program?

WAC 388-832-0125 Will my IFS allocation be impacted if I am eligible for COPES?

WAC 388-832-0127 What if I have assessed needs that cannot be met by the IFS program?

WAC 388-832-0128 When is the individual support plan effective?

WAC 388-832-0130 What is the amount of the IFS program allocation my family is going to receive?

WAC 388-832-0132 May I request to exceed the level at which I was assessed?

WAC 388-832-0135 How can my family use its IFS program allocation?

WAC 388-832-0136 If I have a family support reimbursement contract, can DDD ask me to verify my purchases through reviewing receipts?

WAC 388-832-0137 May I use my allocation over a two year period for large costly expenditures?

WAC 388-832-0139 If I have a significant change assessment, what happens to my allocation?

WAC 388-832-0140 What services are available through the IFS

program?

WAC 388-832-0143 What is respite care?

WAC 388-832-0145 Who is eligible to receive respite care?

WAC 388-832-0150 Where can respite care be provided?

WAC 388-832-0155 Who are qualified providers of respite care?

WAC 388-832-0160 Are there limits to the respite care I receive?

WAC 388-832-0165 What are considered excess medical costs not covered by another source?

WAC 388-832-0166 How are excess medical costs paid?

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

WAC 388-832-0170 What therapies can I receive?

WAC 388-832-0175 Who is a qualified therapist?

WAC 388-832-0180 Are there limits to the therapy I can receive?

WAC 388-832-0185 What are architectural and vehicular modifications?

WAC 388-832-0190 Who is a qualified provider for architectural and vehicular modifications?

WAC 388-832-0195 What limits apply to architectural and vehicular modifications?

WAC 388-832-0200 What are specialized medical equipment and supplies?

WAC 388-832-0205 Who are qualified providers of specialized medical equipment and supplies?

WAC 388-832-0210 Are there limitations to my receipt of specialized medical equipment and supplies?

WAC 388-832-0215 What are specialized nutrition and specialized clothing?

WAC 388-832-0220 How do I pay for specialized nutrition and specialized clothing?

WAC 388-832-0225 Are there limits for specialized nutrition and specialized clothing?

WAC 388-832-0235 What are co-pays for medical and therapeutic services?

WAC 388-832-0240 How do I pay for medical and therapeutic co-pays?

WAC 388-832-0245 Are there limits to medical and therapeutic co-pays?

WAC 388-832-0250 What are transportation services?

WAC 388-832-0255 Who is a qualified provider for transportation services?

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

WAC 388-832-0265 What is training and counseling?

WAC 388-832-0270 Who is qualified provider for training and counseling?

WAC 388-832-0275 Are there limitations to the training and counseling I can receive?

WAC 388-832-0280 What is behavior management?

WAC 388-832-0285 Who is a qualified provider of behavior management

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

WAC 388-832-0300 What is parent/sibling education?

WAC 388-832-0305 Who are qualified providers for parent/sibling education?

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

WAC 388-832-0310 Are there limitations to parent/sibling education?

WAC 388-832-0315 What are recreational opportunities?

WAC 388-832-0320 How are recreational opportunities paid for?

WAC 388-832-0325 Are there limitations to recreation opportunities?

WAC 388-832-0330 Does my family have a choice of IFS program services?

WAC 388-832-0331 May I receive IFS program services out of state?

WAC 388-832-0332 Will I have a choice of provider?

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

WAC 388-832-0335 What is a one-time award?

WAC 388-832-0340 Who is eligible for a one-time award?

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

WAC 388-832-0350 How do I apply for the one-time award?

WAC 388-832-0353 Do I need to have a DDD assessment before I receive a one-time award?

WAC 388-832-0355 What is an emergency service?

WAC 388-832-0360 What situations qualify for emergency services?

WAC 388-832-0365 Who is a qualified provider of emergency services?

WAC 388-832-0366 What limitations apply to emergency services?

WAC 388-832-0367 What if the client or family situation requires more than sixty days of emergency service?

WAC 388-832-0369 Do I need to have a DDD assessment before I receive an emergency service?

WAC 388-832-0370 What are the IFS community service grants?

WAC 388-832-0375 How does a proposed project qualify for funding?

WAC 388-832-0460 How will DDD notify me on their decisions?

WAC 388-832-0470 What are my appeal rights under the individual family services program?

Individual and Family Services Assessment

NEW SECTION

WAC 388-828-9000 What is the individual and family services assessment? The individual and family services assessment is an algorithm in the DDD assessment that determines an award amount that you may receive if DDD has authorized you to receive individual and family services per chapter 388-832 WAC.

NEW SECTION

WAC 388-828-9020 What is the purpose of the individual and family services assessment? The purpose of the individual and family services assessment is to determine your individual and family services level and score using your assessed support levels from:

- (1) The DDD protective supervision acuity scale (See WAC 388-828-5000 to WAC 388-828-5100);
- (2) The DDD caregiver status acuity scale (See WAC 388-828-5120 to WAC 388-828-5360);
- (3) The DDD behavioral acuity scale; (See WAC 388-828-5500 to WAC 388-828-5640)
- (4) The DDD medical acuity scale; (See WAC 388-828-5660 to WAC 388-828-5700); and
- (5) The DDD activities of daily living (ADL) acuity scale (See WAC 388-828-5380 to WAC 388-828-5480)

NEW SECTION

WAC 388-828-9040 How does DDD determine your individual and family services level? (1) DDD determines your individual and family services level using the following table:

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
0	None	1	None	1
0	None	1	Low	1
0	None	1	Medium	1
0	None	1	High	2
0	None	2 or 3	None	1
0	None	2 or 3	Low	1
0	None	2 or 3	Medium	2
0	None	2 or 3	High	2
0	Low	1	None	1
0	Low	1	Low	1
0	Low	1	Medium	1
0	Low	1	High	2
0	Low	2 or 3	None	1
0	Low	2 or 3	Low	1
0	Low	2 or 3	Medium	2
0	Low	2 or 3	High	2
0	Medium	1	None	1
0	Medium	1	Low	1
0	Medium	1	Medium	1
0	Medium	1	High	2
0	Medium	2 or 3	None	1
0	Medium	2 or 3	Low	1
0	Medium	2 or 3	Medium	2
0	Medium	2 or 3	High	2
0	High	1	None	1
0	High	1	Low	1
0	High	1	Medium	2
0	High	1	High	2
0	High	2 or 3	None	2
0	High	2 or 3	Low	2
0	High	2 or 3	Medium	2
0	High	2 or 3	High	3

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
0	Immediate	1	None	1
0	Immediate	1	Low	1
0	Immediate	1	Medium	2
0	Immediate	1	High	2
0	Immediate	2 or 3	None	2
0	Immediate	2 or 3	Low	2
0	Immediate	2 or 3	Medium	2
0	Immediate	2 or 3	High	3
1	None	1	None	1
1	None	1	Low	1
1	None	1	Medium	1
1	None	1	High	2
1	None	2 or 3	None	1
1	None	2 or 3	Low	1
1	None	2 or 3	Medium	2
1	None	2 or 3	High	3
1	Low	1	None	1
1	Low	1	Low	1
1	Low	1	Medium	1
1	Low	1	High	2
1	Low	2 or 3	None	1
1	Low	2 or 3	Low	1
1	Low	2 or 3	Medium	2
1	Low	2 or 3	High	3
1	Medium	1	None	1
1	Medium	1	Low	1
1	Medium	1	Medium	2
1	Medium	1	High	3
1	Medium	2 or 3	None	1
1	Medium	2 or 3	Low	2
1	Medium	2 or 3	Medium	2
1	Medium	2 or 3	High	3

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
1	High	1	None	2
1	High	1	Low	2
1	High	1	Medium	2
1	High	1	High	3
1	High	2 or 3	None	2
1	High	2 or 3	Low	2
1	High	2 or 3	Medium	3
1	High	2 or 3	High	4
1	Immediate	1	None	2
1	Immediate	1	Low	2
1	Immediate	1	Medium	2
1	Immediate	1	High	3
1	Immediate	2 or 3	None	2
1	Immediate	2 or 3	Low	2
1	Immediate	2 or 3	Medium	3
1	Immediate	2 or 3	High	4
2 or 3	None	1	None	1
2 or 3	None	1	Low	1
2 or 3	None	1	Medium	2
2 or 3	None	1	High	3
2 or 3	None	2 or 3	None	2
2 or 3	None	2 or 3	Low	2
2 or 3	None	2 or 3	Medium	2
2 or 3	None	2 or 3	High	4
2 or 3	Low	1	None	1
2 or 3	Low	1	Low	1
2 or 3	Low	1	Medium	2
2 or 3	Low	1	High	3
2 or 3	Low	2 or 3	None	2
2 or 3	Low	2 or 3	Low	2
2 or 3	Low	2 or 3	Medium	2
2 or 3	Low	2 or 3	High	4

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
2 or 3	Medium	1	None	2
2 or 3	Medium	1	Low	2
2 or 3	Medium	1	Medium	2
2 or 3	Medium	1	High	3
2 or 3	Medium	2 or 3	None	2
2 or 3	Medium	2 or 3	Low	2
2 or 3	Medium	2 or 3	Medium	3
2 or 3	Medium	2 or 3	High	4
2 or 3	High	1	None	2
2 or 3	High	1	Low	2
2 or 3	High	1	Medium	2
2 or 3	High	1	High	3
2 or 3	High	2 or 3	None	2
2 or 3	High	2 or 3	Low	2
2 or 3	High	2 or 3	Medium	3
2 or 3	High	2 or 3	High	4
2 or 3	Immediate	1	None	2
2 or 3	Immediate	1	Low	2
2 or 3	Immediate	1	Medium	2
2 or 3	Immediate	1	High	3
2 or 3	Immediate	2 or 3	None	2
2 or 3	Immediate	2 or 3	Low	2
2 or 3	Immediate	2 or 3	Medium	3
2 or 3	Immediate	2 or 3	High	4
4	None	1	None	2
4	None	1	Low	2
4	None	1	Medium	2
4	None	1	High	3
4	None	2 or 3	None	2
4	None	2 or 3	Low	2
4	None	2 or 3	Medium	3
4	None	2 or 3	High	4

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
4	Low	1	None	2
4	Low	1	Low	2
4	Low	1	Medium	2
4	Low	1	High	3
4	Low	2 or 3	None	2
4	Low	2 or 3	Low	2
4	Low	2 or 3	Medium	3
4	Low	2 or 3	High	4
4	Medium	1	None	2
4	Medium	1	Low	2
4	Medium	1	Medium	3
4	Medium	1	High	3
4	Medium	2 or 3	None	2
4	Medium	2 or 3	Low	3
4	Medium	2 or 3	Medium	3
4	Medium	2 or 3	High	4
4	High	1	None	2
4	High	1	Low	2
4	High	1	Medium	3
4	High	1	High	3
4	High	2 or 3	None	2
4	High	2 or 3	Low	3
4	High	2 or 3	Medium	4
4	High	2 or 3	High	4
4	Immediate	1	None	2
4	Immediate	1	Low	2
4	Immediate	1	Medium	3
4	Immediate	1	High	3
4	Immediate	2 or 3	None	2
4	Immediate	2 or 3	Low	3
4	Immediate	2 or 3	Medium	4
4	Immediate	2 or 3	High	4

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
5	None	1	None	2
5	None	1	Low	2
5	None	1	Medium	3
5	None	1	High	4
5	None	2 or 3	None	3
5	None	2 or 3	Low	3
5	None	2 or 3	Medium	4
5	None	2 or 3	High	5
5	Low	1	None	2
5	Low	1	Low	2
5	Low	1	Medium	3
5	Low	1	High	4
5	Low	2 or 3	None	3
5	Low	2 or 3	Low	3
5	Low	2 or 3	Medium	4
5	Low	2 or 3	High	5
5	Medium	1	None	2
5	Medium	1	Low	2
5	Medium	1	Medium	3
5	Medium	1	High	4
5	Medium	2 or 3	None	3
5	Medium	2 or 3	Low	3
5	Medium	2 or 3	Medium	4
5	Medium	2 or 3	High	5
5	High	1	None	2
5	High	1	Low	2
5	High	1	Medium	3
5	High	1	High	4
5	High	2 or 3	None	3
5	High	2 or 3	Low	3
5	High	2 or 3	Medium	4
5	High	2 or 3	High	5

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
5	Immediate	1	None	2
5	Immediate	1	Low	2
5	Immediate	1	Medium	3
5	Immediate	1	High	4
5	Immediate	2 or 3	None	3
5	Immediate	2 or 3	Low	3
5	Immediate	2 or 3	Medium	4
5	Immediate	2 or 3	High	5
6	None	1	None	2
6	None	1	Low	3
6	None	1	Medium	3
6	None	1	High	4
6	None	2 or 3	None	3
6	None	2 or 3	Low	3
6	None	2 or 3	Medium	4
6	None	2 or 3	High	5
6	Low	1	None	2
6	Low	1	Low	3
6	Low	1	Medium	3
6	Low	1	High	4
6	Low	2 or 3	None	3
6	Low	2 or 3	Low	3
6	Low	2 or 3	Medium	4
6	Low	2 or 3	High	5
6	Medium	1	None	3
6	Medium	1	Low	3
6	Medium	1	Medium	3
6	Medium	1	High	4
6	Medium	2 or 3	None	3
6	Medium	2 or 3	Low	4
6	Medium	2 or 3	Medium	4
6	Medium	2 or 3	High	5

If your protective supervision support level is:	And your primary caregiver risk level is:	And your backup caregiver risk score is:	And your behavioral acuity level is:	Then your individual and family services level is:
6	High	1	None	3
6	High	1	Low	3
6	High	1	Medium	4
6	High	1	High	4
6	High	2 or 3	None	4
6	High	2 or 3	Low	4
6	High	2 or 3	Medium	5
6	High	2 or 3	High	5
6	Immediate	1	None	3
6	Immediate	1	Low	3
6	Immediate	1	Medium	4
6	Immediate	1	High	4
6	Immediate	2 or 3	None	4
6	Immediate	2 or 3	Low	4
6	Immediate	2 or 3	Medium	5
6	Immediate	2 or 3	High	5

(2) DDD adds one level to your individual and family services level when your individual and family services level is determined to be:

(a) Level one, two, three, or four; and

(b) You have a score of four for question two "Other caregiving for persons who are disabled, seriously ill, or under five" in the DDD caregiver status acuity scale. See WAC 388-828-5260.

NEW SECTION

WAC 388-828-9060 How does DDD determine your individual and family services rating? (1) Your individual and family services rating is determined by using the following table:

If your individual and family services level is:	Then your individual and family services support rating is:
1	0

2	240
3	336
4	432
5	528

NEW SECTION

WAC 388-828-9100 How does DDD determine the number to use in the adjustment of your individual and family services support rating? DDD determines the amount of the adjustment for your individual and family services support rating using the following tables:

(1)

If your individual and family services level is 1, 2, 3, 4, or 5 and you are not eligible for Medicaid personal care		And your ADL support needs level for the SIS per WAC 388-828-5480			
		None	Low	Medium	High
And your medical acuity level per WAC 388-828-5700	None	57	57	76	85
	Low	57	57	76	85
	Medium	57	88	122	145
	High	57	145	245	287

(2)

If your individual and family services level is 1, 2, 3, 4, or 5 and you are eligible for Medicaid personal care per chapter 388-106 WAC		And your ADL support needs level for the SIS per WAC 388-828-5480			
		None	Low	Medium	High
And your medical acuity level per WAC 388-828-5700	None	0	0	0	0
	Low	0	0	0	0
	Medium	0	0	0	0
	High	0	0	0	0

Example: If your individual and family service level is 3 and you are not eligible for Medicaid personal care services and your ADL support needs level is "low" and your medical acuity level is "medium," the amount of your adjustment is 88.

NEW SECTION

WAC 388-828-9120 How does DDD determine your individual and family services score? DDD adds your individual and family support rating from WAC 388-828-9060 to the adjustment amount in WAC 388-828-9100 to determine your individual and family services score.

Example: If you are not eligible for medicaid personal care services and your individual and family services support rating is 336 and the amount of your adjustment is 122, your individual and family services score is 458.

NEW SECTION

WAC 388-828-9140 How does DDD determine the amount of your individual and family service award? DDD uses the following table to determine the amount of your individual and family services award:

If your individual and family services score is:	Then the amount of your award is up to:
0 to 60	No Award
61 to 240	\$2000
241 to 336	\$3000
337 to 527	\$4000
528 or more	\$6000

Chapter 388-832 WAC

INDIVIDUAL AND FAMILY SERVICES PROGRAM

NEW SECTION

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.

"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 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.

DESCRIPTION

NEW SECTION

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).

NEW SECTION

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 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.

ELIGIBILITY

NEW SECTION

WAC 388-832-0015 Am I eligible to participate in 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 residential service.

(2) If you are a parent, 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 child who lives in your home is at risk of being placed up for adoption or into foster care.

NEW SECTION

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 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.

NEW SECTION

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 assessment described in chapter 388-828 WAC. The DDD assessment will determine your service level based on your assessed need.

NEW SECTION

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 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 for the IFS Program.

NEW SECTION

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.

NEW SECTION

WAC 388-832-0025 Am I eligible for the IFS program if I currently receive other DDD paid services? If you receive other non-waiver DDD funded services, you may be eligible for the IFS program.

NEW SECTION

WAC 388-832-0045 What if there are two or more family members who are eligible for the IFS program? If there are two or more

family members who are eligible for the IFS program, each family member will be assessed to determine their IFS program allocation based on their individual need.

NEW SECTION

WAC 388-832-0050 How do I request IFS program services? You may contact your DDD case/resource manager at any time to request IFS program services. You will receive written notice of DDD's approval or denial along with your administrative hearing rights.

NEW SECTION

WAC 388-832-0055 How long do I remain eligible for the IFS program? To remain eligible for the IFS program you must be reassessed at least every twelve months or sooner if there is a significant change in your needs per WAC 388-828-1500 and you must meet all eligibility criteria described in WAC 388-832-0015.

NEW SECTION

WAC 388-832-0060 Can 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.

NEW SECTION

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 the IFS program once you return home from placement by contacting your DDD case manager, if your out of home placement does not exceed twelve months. 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 receive an IFS program allocation.

NEW SECTION

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 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 years of age;
- (2) Are at risk of out of home placement; and
- (3) Live with you.

INDIVIDUAL AND FAMILY SERVICES PROGRAM WAIT LIST

NEW SECTION

WAC 388-832-0070 What is the IFS program wait list? The IFS wait 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 list effective on the date of their request.

NEW SECTION

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

NEW SECTION

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

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

NEW SECTION

WAC 388-832-0080 How or when am I taken off the IFS wait list? You are taken off the wait 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 list;
- (4) You do not respond to IFS notification to schedule the DDD assessment;
- (5) You are offered IFS services and accept or refuse services;
- (6) You are on the HCBS waiver; or
- (7) Your DDD assessment determines you are not eligible for the IFS program.

NEW SECTION

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

NEW SECTION

WAC 388-832-0085 When there is state funding available to enroll new clients in the IFS program, how will DDD select from the clients on the IFS program wait list? When there is state funding available for new 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 list the

longest.

NEW SECTION

WAC 388-832-0087 What happens next if I am selected from the IFS program wait list? If you are selected from the IFS program wait 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 need to be reviewed per WAC 388-823-1010(3)

(4) Your DDD eligibility must be completed prior to completing the DDD assessment.

NEW SECTION

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 qualify for the IFS program if you meet the eligibility criteria in WAC 388-832-0015.

NEW SECTION

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 continue to receive funding under the TFS, FSO, or the FSP program until your next DDD assessment.

NEW SECTION

WAC 388-832-0095 What happens if DDD finds me ineligible for the IFS program? If you do not meet the criteria for the IFS program, DDD will terminate your individual and family services eligibility and funding. You will receive written notice of this decision along with your administrative hearing rights.

ASSESSMENT

NEW SECTION

WAC 388-832-0100 What assessment will DDD use to assess my need? The DDD assessment will be used to assess your need. The DDD assessment is an assessment tool designed to measure the support needs of persons with developmental disabilities, and is described in chapter 388-828 WAC.

NEW SECTION

WAC 388-832-0110 Will DDD ask about my family's income? DDD is required to request family income information for:

- (1) Families of children who are seventeen years of age or younger; and
- (2) All individuals who are receiving state-only funded services.

NEW SECTION

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

NEW SECTION

WAC 388-832-0114 What is family income? Family income is defined as the total unadjusted, annual family (or household)

income from all sources for the last calendar year as reported to the internal revenue service (IRS).

NEW SECTION

WAC 388-832-0115 How is an individual's access to DDD paid services affected if family income information is not provided? An individual's access to DDD paid services is not affected when families decline to provide DDD with family income information.

NEW SECTION

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.

NEW SECTION

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

NEW SECTION

WAC 388-832-0125 Will my IFS allocation be impacted if I am eligible for COPEs? If you are eligible for COPEs, your IFS allocation will not be adjusted.

NEW SECTION

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 nonDDD community-based supports;

(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.

NEW SECTION

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 a signature or verbal consent is obtained.

(2) For a reassessment 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.

ALLOCATION

NEW SECTION

WAC 388-832-0130 What is the amount of the IFS program allocation my family is going to receive? The DDD assessment, described in chapter 388-828 WAC, will determine your level of need. The IFS program annual allocations are as follows:

- (1) Level 1 - Up to \$2,000;
- (2) Level 2 - Up to \$3,000;
- (3) Level 3 - Up to \$4,000; and
- (4) Level 4 - Up to \$6,000.

NEW SECTION

WAC 388-832-0132 May I request to exceed the level at which I was assessed? (1) The DDD assessment was designed to measure the

support needs of persons with developmental disabilities; therefore your level may not exceed the level at which you were assessed.

(2) If a significant change occurs, you may contact your DDD case manager for a possible reassessment of your support needs.

NEW SECTION

WAC 388-832-0135 How can 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.

NEW SECTION

WAC 388-832-0136 If I have a family support reimbursement contract, can DDD ask me to verify my purchases through reviewing receipts? (1) If you have a family support reimbursement contract, you will 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 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.

NEW SECTION

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 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.

(4) If at least some of your IFS program services are not used in the twelve month period, you will be terminated from the IFS program.

NEW SECTION

WAC 388-832-0139 If I have a significant change assessment, what happens to my allocation? If you have a significant change assessment, one of the following changes may occur under WAC 388-828-9000 through 388-828-9140:

(1) If the algorithm does not change your IFS program level, your funding will not change.

(2) If the algorithm changes your level to a higher IFS program level, the difference is added to your fiscal years allocation.

(3) If the algorithm changes your level to a lower IFS program level, your allocation will not be changed until your next annual assessment. At that time your allocation will be calculated with your current information.

SERVICES

NEW SECTION

WAC 388-832-0140 What services are available through the IFS program? The services available in the IFS program are limited to the following:

- (1) Respite care (WAC 388-832-0143 through 388-832-0160);
- (2) Therapies (WAC 388-832-0170 through 388-832-0180):
 - (a) Physical therapy (PT);
 - (b) Occupational therapy (OT); and
 - (c) Speech, language and communication therapy.
- (3) Architectural and vehicular modifications (WAC 388-832-0185 through 388-832-0189);
- (4) Specialized medical equipment and supplies (WAC 388-832-0200 through 388-832-0210);
- (5) Specialized nutrition and clothing (WAC 388-832-0215 through 388-832-0225);
- (6) Excess medical costs not covered by another source (WAC 388-832-0165 through 388-832-0168);
- (7) Co-pays for medical and therapeutic services (WAC 388-832-0235 through 388-832-0245);
- (8) Transportation (WAC 388-832-0250 through 388-832-0260);
- (9) Training and counseling (WAC 388-832-0265 through 388-832-0275);
- (10) Behavior management (WAC 388-832-0280 through 388-832-0290);
- (11) Parent/sibling education (WAC 388-832-0300 through 388-832-0310);
- (12) Recreational opportunities (WAC 388-832-0315 through 388-832-0325); and
- (13) Community service grants (WAC 388-832-0370 through

NEW SECTION

WAC 388-832-0143 What is respite care? Respite care is short term intermittent relief for persons normally providing care for individuals receiving IFS program services.

NEW SECTION

WAC 388-832-0145 Who is eligible to receive respite care? You are eligible to receive respite care if you are approved for IFS program services and:

- (1) You live in your family home and no one living with you is paid to be your caregiver.
- (2) You live with a paid caregiver who is your natural, step, or adoptive parent.

NEW SECTION

WAC 388-832-0150 Where can respite care be provided? (1) Respite care can be provided in the following location(s):

- (a) Individual's family home; or
 - (b) Relative's home.
- (2) Respite care can be also be provided in the following location(s) but require a DDD agency respite contract:
- (a) Licensed children's foster home;
 - (b) Licensed, contracted and DDD certified group home;
 - (c) Licensed boarding home contracted as an adult residential center;
 - (d) Licensed and contracted adult family home;
 - (e) Children's licensed group home, licensed staffed residential home, or licensed childcare center; or
 - (f) Adult day health.
- (3) Additionally, your respite care provider may take you into the community while providing respite care.

NEW SECTION

WAC 388-832-0155 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDD for respite care:

(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;

(2) Homecare/home health agencies, licensed under WAC 246-335-012(1);

(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;

(4) Licensed and contracted adult family home;

(5) Licensed and contracted adult residential care facility;

(6) Licensed and contracted adult residential rehabilitation center under WAC 246-325-012;

(7) Licensed childcare center under chapter 388-295 WAC;

(8) Licensed child daycare center under chapter 388-295 WAC;

(9) Adult day/health care centers contracted with DDD; or

(10) Certified provider per chapter 388-101 WAC when respite is provided within the DDD contract for certified residential services.

NEW SECTION

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 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.

NEW SECTION

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 after medicaid or private insurance have been accessed or when the client does not have medical insurance. This may include the following:

- (1) Skilled nursing services (ventilation, catheterization, and insulin shots);
- (2) Psychiatric services;
- (3) Medical and dental services related to the person's disability and an allowable medicaid covered expense;
- (4) Prescriptions for medications; and/or
- (5) Co-pays and deductible limited to your IFS allocation.

NEW SECTION

WAC 388-832-0166 How are excess medical costs paid? (1) Excess medical costs are reimbursed to a family member who has a family support contract with the division of developmental disabilities and receipts are received within thirty days from the date of service.

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

NEW SECTION

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

- (1) The payment must be of direct medical or remedial benefit to the individual and necessary as a result of the individual's disability;
- (2) Medical and dental premiums are excluded for family members other than the DDD eligible clients; and
- (3) The need for excess medical costs must be identified in your ISP and, in combination with other IFS services, cannot exceed your IFS allocation.
- (4) Prior approval by regional administrator or designee is required.

NEW SECTION

WAC 388-832-0170 What therapies can I receive? The therapies you can receive are:

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

NEW SECTION

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.

NEW SECTION

WAC 388-832-0180 Are there limits to the therapy I can 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 determine the need for and amount of service you can receive;
 - (a) DDD may require a second opinion from a DDD selected provider.
 - (b) DDD will require 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 exceed your IFS allocations.
- (5) Prior approval by the regional administrator or designee is required.

NEW SECTION

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.

(3) Vehicular modifications include the following:

(a) Wheel chair lifts;

(b) Strap downs; or

(c) Other access modifications.

NEW SECTION

WAC 388-832-0190 Who is a qualified provider for architectural and vehicular modifications? The provider making these architectural and vehicular modifications must be a registered contractor per chapter 18.27 RCW and contracted with DDD.

NEW SECTION

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 add to the square footage of the home.

(4) DDD will require 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 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 exceed your annual IFS allocation.

NEW SECTION

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 to:

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

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

(2) Durable and nondurable medical equipment are defined in WAC 388-543-1000 and 388-543-2800 respectively.

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

NEW SECTION

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 equipment supplier contracted with DDD (or a parent who has a contract with DDD or the pass through contract).

NEW SECTION

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 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 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 exceed your IFS allocation.

NEW SECTION

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 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).

NEW SECTION

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 family support contract and the pass through contract.

NEW SECTION

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 exceed your IFS allocation.

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

NEW SECTION

WAC 388-832-0235 What are co-pays for medical and therapeutic services? Co-pays for medical and therapeutic services are for disability related services you may have received that were not covered by your private insurance or medicaid.

NEW SECTION

WAC 388-832-0240 How do I pay for medical and therapeutic co-pays? Medical and therapeutic co-pays can be a reimbursable expense through the parent family support contract and the pass through contract.

NEW SECTION

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

(2) The co-pays 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.

NEW SECTION

WAC 388-832-0250 What are transportation services? Transportation services are reimbursements to a provider when the transportation is required and specified in the individual support plan. This service is available for all IFS program services if the cost and responsibility for transportation is not already included in your provider's contract and payment.

(1) Transportation provides you access to IFS program services specified by your individual support plan.

(2) Whenever possible you must use family, neighbors, friends, or community agencies that can provide this service without charge.

NEW SECTION

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 family support contract.

NEW SECTION

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) Reimbursement to the provider is limited to transportation that occurs when you are with the provider.

(9) 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) Per diem costs may be reimbursed with prior approval from DDD regional administrator or designee to access medical services if over one hundred fifty miles one way for client receiving medical services and one family member.

(12) 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) The need for transportation services must be identified in your ISP and, in combination with other IFS services, cannot exceed your IFS allocation.

NEW SECTION

WAC 388-832-0265 What is training and counseling? Training and counseling is professional assistance provided to families to better meet the specific needs of the individual outlined in their ISP including:

- (1) Health and medication monitoring;
- (2) Positioning and transfer;
- (3) Augmentative communication systems; and
- (4) Family counseling.

NEW SECTION

WAC 388-832-0270 Who is a qualified provider for training and counseling? To provide training and counseling, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDD for the service specified in the individual support plan:

- (1) Audiologist;
- (2) Licensed practical nurse;
- (3) Marriage and family therapist;
- (4) Mental health counselor;
- (5) Occupational therapist;
- (6) Physical therapist;
- (7) Registered nurse;
- (8) Sex offender treatment provider;
- (9) Speech/language pathologist;
- (10) Social worker;
- (11) Psychologist;
- (12) Certified American sign language instructor;
- (13) Nutritionist;
- (14) Registered counselor; or
- (15) Certified dietician.

NEW SECTION

WAC 388-832-0275 Are there limitations to the training and counseling I can 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 exceed your IFS allocation.

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

NEW SECTION

WAC 388-832-0280 What is behavior management? Behavior management is the development and implementation of programs designed to support the client using positive behavioral techniques. Behavior management programs help the client decrease aggressive, destructive, sexually inappropriate or other behaviors that compromises the client's ability to remain in the family home, and develop strategies for effectively relating to caregivers and other people in the client's life.

NEW SECTION

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 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.

NEW SECTION

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 receive.
- (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 exceed your IFS allocation.
- (6) Psychological testing is not allowed.
- (7) Behavior management services require prior approval by the regional administrator or designee.

NEW SECTION

WAC 388-832-0300 What is parent/sibling education?

Parent/sibling education is class training for parents and siblings who have a family member with a developmental disability offering relevant topics. Examples of topics could be coping with family stress, addressing your child's behavior, managing the family's daily schedule or advocating for your child.

NEW SECTION

WAC 388-832-0305 Who are qualified providers for parent/sibling education?

(1) The provider of parent/sibling education must be one of the following licensed, registered or certified professionals and be contracted with DDD for the service specified in the ISP:

- (a) Audiologist;
- (b) Licensed practical nurse;
- (c) Marriage and family therapist;
- (d) Mental health counselor;
- (e) Occupational therapist;
- (f) Physical therapist;
- (g) Registered nurse;
- (h) Sex offender treatment provider;
- (i) Speech/language pathologist;
- (j) Social worker;
- (k) Psychologist;
- (l) Certified American sign language instructor;
- (m) Nutritionist;
- (n) Registered counselor; or
- (o) Certified dietician.

(2) Along with these professional providers, the Arc, Parent to Parent, PAVE and Families Together may be utilized for parent/sibling education.

NEW SECTION

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

Parent/sibling education may be a reimbursable expense through the parent family support contract, the pass through contract or directly to the contracted provider.

NEW SECTION

WAC 388-832-0310 Are there limitations to parent/sibling education? (1) Parent/sibling education does not include conference fees or lodging.

(2) Viewing of VHS or DVD at home by yourself 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 exceed your IFS allocation.

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

NEW SECTION

WAC 388-832-0315 What are recreational opportunities? (1) Recreational opportunities are 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.

NEW SECTION

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

NEW SECTION

WAC 388-832-0325 Are there limitations 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 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.

NEW SECTION

WAC 388-832-0330 Does my family 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.

NEW SECTION

WAC 388-832-0331 May I receive IFS program services out of state? You may receive IFS program services in a recognized out-of-state bordering city on the same basis as in-state services. The only recognized bordering cities are: Coeur d'Alene, Moscow, Sandpoint, Priest River and Lewiston Idaho; and Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater, and Astoria Oregon.

NEW SECTION

WAC 388-832-0332 Will I have a choice of 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.

NEW SECTION

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, or child development services.

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

(3) DDD will contract directly with a service provider or parent for the reimbursement of goods or services purchased by the family member.

(4) DDD will 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 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 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 not pay for psychological evaluations or testing, or DNA testing.

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

ONE TIME AWARDS

NEW SECTION

WAC 388-832-0335 What is a one-time award? 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. One time awards can only be used for architectural/vehicular modifications, or specialized equipment.

NEW SECTION

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 you and your family have no other resource to

meet the need or your resources do not cover all of the expense.

NEW SECTION

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 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.

NEW SECTION

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

NEW SECTION

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 receiving a one-time award.

EMERGENCY

NEW SECTION

WAC 388-832-0355 What is an emergency service? Emergency services are respite care, behavior management or nursing services

in response to a single incident, situation or short term crisis.

NEW SECTION

WAC 388-832-0360 What situations qualify for emergency services? The following situations qualify as an emergency:

(1) You lose your family caregiver due to caregiver hospitalization, or death;

(2) There are changes in your caregiver's mental or physical status resulting in your family caregiver's inability to perform effectively for you; or

(3) There are significant changes in your emotional or physical condition that require emergency services.

NEW SECTION

WAC 388-832-0365 Who is a qualified provider of emergency services? The provider of the service you need to meet your emergency must meet the provider qualifications required to contract for that specific service per the following:

(1) Respite per WAC 388-832-0155.

(2) Behavior Management per WAC 388-832-0285.

(3) Nursing per WAC 388-845-1705.

NEW SECTION

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 days.

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

NEW SECTION

WAC 388-832-0367 What if the client or family situation requires more than sixty days of emergency service? (1) 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.

NEW SECTION

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 receiving an emergency service; however the regional manager/designee may request a DDD assessment for a client at any time.

GRANTS

NEW SECTION

WAC 388-832-0370 What are the IFS community service grants? Community service grants are grants to agencies or individuals funded by the IFS program to promote community oriented projects that benefit families. Community service grants may fund long-term or short-term projects that benefit children and/or adults.

NEW SECTION

WAC 388-832-0375 How does a proposed project qualify for funding? To qualify for funding, a proposed project must:

- (1) Address one or more of the following topics:
 - (a) Provider support and development;
 - (b) Parent helping parent; or
 - (c) Community resource development for inclusion of all.
- (2) Meet most of the following goals:
 - (a) Enable families to use generic resources which are integrated activities and/or resources community members typically have access to;
 - (b) Reflect geographic, cultural and other local differences;
 - (c) Support families in a variety of non crisis-oriented ways;
 - (d) Prioritize support for unserved families;
 - (e) Address the diverse needs of Native Americans, communities of color and limited or non-English speaking groups;
 - (f) Be family focused;
 - (g) Increase inclusion of persons with developmental

disabilities;

(h) Benefit families who have children or adults eligible for services from DDD and who do not receive other DDD paid services; and

(i) Promote community collaboration, joint funding, planning and decision making.

HEARINGS AND APPEALS

NEW SECTION

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

NEW SECTION

WAC 388-832-0470 What are my appeal rights under the individual family services program? You have the appeal rights described in WAC 388-825-100 through 388-825-165.