Residential Support Waiver (RSW)

Chapter 7f describes the Residential Support Waiver (RSW), a home and community-based services (HCBS) program approved by the Centers for Medicare and Medicaid in 2014 under the 1915c waiver authority. RSW is designed to support eligible individuals with personal care and behavior support services in residential settings.

Ask the Expert

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BACKGROUND

WHAT IS THE RESIDENTIAL SUPPORT WAIVER (RSW)?

The RSW is a 1915(c) Medicaid waiver program operated by Home and Community Services (HCS), a division of Home and Community Living Administration (HCLA). This program is designed to provide personal care assistance and behavior support to individuals who meet nursing facility level of care and who are experiencing mental health disorders, chemical dependency disorders, traumatic brain injury and/or cognitive impairments.

The RSW provides a cohesive and comprehensive continuum of specialized services in residential settings, with every service level including behavior support services. The waiver offers four levels of residential services with progressively intensive support designed to facilitate successful community living, while providing options based on client need, goals and preferences.

Guidelines for program eligibility are in WAC 388-106-0336 through 0348. Licensing regulations are found in Chapter 388-107 WAC.

Note: If a client is receiving Expanded Behavior Support (EBS) or Expanded Behavior Support Plus (EBS-Plus) services in a skilled nursing facility, those services are not part of the RSW. Please see LTC Manual Chapter 10 Nursing Facility Case Management and Relocation for more information on EBS or EBS-Plus in a skilled nursing facility.

WHAT IS THE TARGET POPULATION FOR THE RSW?

RSW services are designed for eligible clients who require support from caregiving staff who have completed specialized training for providing personal care, have completed training in how to provide crisis response techniques, and are able to implement proactive behavioral supportive interventions. The RSW serves clients who are either returning to the community from state or community psychiatric hospitals, have had a single or multiple failed/denied community residential settings, or are at risk of losing their current community residential setting due to behavioral challenges.

Many clients receiving RSW services have, historically, not had the support they needed to safely remain in other community residential settings. In order to provide a stable residential home environment, RSW clients—often with neurocognitive or traumatic brain disorders—require an array of behavioral health support both through the RSW and as coordinated with other community services.

WHAT IS THE ELIGIBILITY FOR RSW?

To be eligible for the RSW program, and before services can be authorized, the client must meet **ALL** of the following eligibility criteria, per WAC 388-106-0338:

Age:

- Age 18 or older & blind or has a disability as outlined in WAC 182-512-0050; or is
- Age 65 or older

Functional Eligibility:

To determine functional eligibility, a personal care assessment, also known as the Comprehensive Assessment Reporting & Evaluation (CARE) assessment, must be completed. Eligibility will be determined in accordance with WAC 388-106-0336 and WAC 388-106-0338:

- CARE algorithm determines that the individual meets nursing facility level of care as outlined in WAC 388-106-0355 or
- Meet the Nursing Facility Level-of-Care (NFLOC) per WAC 388-106-0355;
  - Have been assessed as medically or psychiatrically stable **and** have one or more of the following:
    - Currently resides at a state mental hospital or psychiatric unit of a hospital, and the hospital has found the client is ready for discharge to the community, **or**
    - Has a history of frequent or protracted psychiatric hospitalizations, **or**
    - Has a history of not receiving the level of support needed to remain medically or behaviorally stable for more than six months **and**
      - Within the last year, has exhibited serious challenging behaviors **or**
      - Has had problems managing medications, which has affected their ability to live in the community.

Financial Eligibility:

Financial eligibility and client income requirements for RSW are the same as those for the COPES waiver program.

- Meet the Supplemental Security Income (SSI) disability criteria; and
- Be eligible for institutional categorically needy (CN) medical coverage group.
- See Chapter 7a of the LTC manual for more information regarding financial eligibility for LTC programs.
  - For a complete list of medical coverage groups eligible for RSW, see the Medicaid Programs - LTSS Chart.

When does RSW eligibility begin?
The RSW Medicaid coverage period begins on the first day the client arrives at the community residential setting that is contracted to provide the service. For ECS and SBS services, the Behavioral Support Provider must be confirmed by the Case Manager to initiate services.

When communicating with Public Benefits Specialists (PBS) regarding RSW clients, Case Managers will use the Financial/Social Services Communication Form (DSHS 14-443). On the form:

- Select the RSW program for all RSW clients
- Select the CFC program if the RSW client is also receiving an ongoing CFC Ancillary service. Do not select CFC if the RSW client is getting a one-time CFC service.

> **NOTE**: For MAGI/N05: Fast Track can be considered for RSW.
> Review Fast Track (13-713) process outlined in Chapter 7a.

PERSON-CENTERED RSW SERVICE PLANNING AND SELECTION

CMS [42 CFR 441.301(c)(2)] requires that the person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports, proportional with the level of need of the individual, and the scope of services and supports available under the waiver.

Once RSW eligibility has been confirmed, Case Managers are then responsible for facilitating, supporting, and assisting the individual **with making an informed choice among RSW services and setting options that align with the individual's goals, preferences and interests while avoiding over utilization of the waiver.** In other words, waiver services (including RSW) need to correspond with the level and scope of assessed need **AND** the desired outcomes of the individual.

CARE assessment: My Goals and Plans

Using person-centered principles and practices, complete the "My Goals and Plans" section on the Profile screen in CARE: Documenting and assisting clients to identify goals is a foundational part of person-centered service planning. Goals identify what motivates a person, what is important to the person, where they want to live, with whom they want to live, what community resources the person wants to access, where they want to work and what are their desired outcomes for their health, for their lives, as defined by the individual. RSW service selection should be aligned with the individual's goals and outcomes and avoid unnecessary service utilization Person Centered Planning: Tools and Approaches

Changing Needs Over Time and Planned Transitions

It is important to note that the client needs, wishes and goals change over time. **At every assessment**, person-centered practices should be used to review **if** the current setting and service continues to meet the needs and wants of the Client. Service needs, goals and preferences must be evaluated annually to determine their appropriateness, efficacy and whether or not the current level of service meets the current needs of the client, while ensuring that the services correspond to the level of need.

ASSESSMENT ESSENTIALS

Completion of the Profile screen and subsequent CARE Assessment is to provide a comprehensive reflection of who the Client is, identify, record and center their needs and wants, identify eligibility for services and engage in robust person-centered service planning. The CARE Assessment should provide as much detailed information as possible for providers to determine if they can meet the needs of the client.

BEHAVIOR SUPPORT & PERSON-CENTERED SERVICE PLANNING (PCSP) MEETINGS

Each RSW client will have a Person-Centered Service Plan (PCSP) Team that will use a person-centered planning process to ensure the client's Behavior Support Plan, Crisis Plan, and PCSP are consistent, person-centered, effective and will support the client in the community.

Who should be at the meetings?
Members of the Person-Centered Planning Team include the Individual, the individual's Case Manager, Behavior Support Professionals, the personal care and services provider, the individual's representative, and others relevant to the behavioral and functional stability of the individual. Meeting attendees may be diverse based on what services the client is receiving. Attendees may also include service providers funded by Managed Care Organizations, such as Intensive Residential Treatment (IRT) teams.

What is the goal of the meeting?
The goals of person-centered service planning meetings are to review client goals and desired outcomes, monitor current behaviors and the effectiveness of current Behavior Support Plan interventions, make recommendations to promote client stability, wellness and quality of life.

Can the meetings be done virtually?
PCSP Team meetings have the option of in-person or virtual (Telehealth) meetings that are based on client consent and coordination with the Behavior Support Provider and residential facility staff Telehealth meetings are specifically designed for clients who are stable with services, and there are no immediate concerns for de-stabilization or modifications to the CARE assessment.

GUIDANCE FOR 1:1/ENHANCED STAFFING IN RESIDENTIAL SETTINGS

Referrals to CBHS/1915i and RSW should be initiated concurrently for clients who meet criteria for both programs and are interested in 1:1/enhanced staffing, allowing RSW services to provide additional wraparound supports.

To support this transition, Washington Administrative Code (WAC) sections 388-106-0336 and 388-106-0338 were amended, effective July 1, 2025. These amendments clarify CBHS/1915i State Plan is the first

program of consideration and authorization for 1:1/enhanced staffing in a residential setting. If a client meets eligibility for CBHS, this service must be referred to, prior to RSW services.

- **CBHS State Plan**: Administered by HCA under the 1915(i) authority, this program offers 1:1/enhanced staffing referred to as supportive supervision.
- **RSW program**: Managed by HCLA, this waiver provides enhanced staffing services through various levels of services.

For CBHS specific information and documentation please reference *Community Behavioral Health Support (CBHS) Services formerly Behavioral Health Personal Care (BHPC) Residential* section in the Long-Term Care Manual Chapter 22a: Apple Health Managed Care and Apple Health Medicare Connect (D-SNP).

RSW and CBHS staff resource please reference Community Behavioral Health Support (CBHS) Services SharePoint

1:1/Enhanced Staffing Eligibility Decision Tree

Is the client interested in 1:1/enhanced staffing in a residential setting?

- **Yes** → Proceed and review questions below
- **No** → 1:1/Enhanced staffing not applicable

Does the client meet CBHS/1915i referral criteria?

- **Yes** → Refer to CBHS/1915i State Plan for 1:1/enhanced staffing and refer to question below
- **No** → Refer to question below

Does the client meet RSW criteria?

- **Yes** → Proceed with Referral to RSW Committee to determine eligibility.
- **No** → Continue eligibility determination for other programs

> **What if my client declines a CBHS referral?**
> Declining a referral for 1:1 / enhanced staffing through CBHS means they are also declining a referral for 1:1/enhanced staffing through RSW (SBS, CSS and ESF).

See LTC Manual Chapter 22a – Apple Health Managed Care and Medicare Dual-Eligible Special Needs Plans (D-SNP) to review criteria for **Community Behavioral Health Support (CBHS)** services paid by a Managed Care Organization (MCO) or Health Care Authority (HCA). Chapter 22a includes the process for requesting funding from the MCO/HCA if additional supports are needed. CBHS services is a State Plan service and must be utilized prior to authorizing RSW services if the client is eligible.

RSW Services Offering 1:1/Enhanced Staffing

Specialized Behavior Support (SBS)

- Can only be authorized for clients who do not meet CBHS eligibility.
- *Existing SBS clients will transition to CBHS at their next annual or significant change assessment occurring between July 1, 2025 through June 30, 2026.*

Community Stability Supports (CSS)

- Prior to authorizing CSS services, a CBHS referral must be considered and sent if client meets CBHS/1915i eligibility and consents to services.
- Full CSS rate is only available to clients not eligible for CBHS.

Enhanced Services Facility (ESF)

- Prior to authorizing ESF services, a CBHS referral must be considered and sent if client meets CBHS/1915i eligibility and consents to services.
- Full ESF rate is only available to clients not eligible for CBHS.

NOTE: Expanded Community Services (ECS) does not offer 1:1/enhanced staffing. CBHS referral is not required.

HOW TO SUBMIT AN RSW REFERRAL FOR ELIGIBILITY DETERMINATION?

CARE Assessment and RSW Referral

- The HCS/AAA Case Manager completes a CARE assessment, in accordance with Chapter 3 and Chapter 8 of the LTC Manual
- The HCS/AAA Case Manager submits the RSW referral to the RSW Committee using the RSW Referral Submission Process for HCS/AAA Case Managers.

RSW Referral Submission Process for HCS/AAA Case Managers

HCS Case Managers submit RSW referrals to:
Region 1: hcsrsw@dshs.wa.gov
Region 2: http://region4aasa.dshs.wa.gov/RSW/Main.asp
Region 3: R3 RSW Referral request

AAA Case Manager emails RSW referrals (DSHS form 11-130) to:
Region 1: hcsrsw@dshs.wa.gov
Region 2: r2rsw@dshs.wa.gov
Region 3: aaarswreferrals@dshs.wa.gov

EBS and ECS Service Coordination

- Clients may be approved for Expanded Behavior Support (EBS) services based on the Regional RSW Committee's determination and documented needs.
- Concurrent Approval: Clients approved for EBS services may also be concurrently approved for Enhanced Community Services (ECS) if financial eligibility for waiver services is confirmed. Likewise, ECS-approved clients may be eligible for EBS services depending on committee review.
- When recommending Respite, EBS, EBS Plus, or EBS Plus Specialized Services, Case Managers must clearly document challenging behaviors in the referral. This ensures the Regional RSW Committee can make informed service level determinations, especially when a current assessment is unavailable.
- For RSW level-specific and EBS referral processes, refer to the RSW/EBS Referral Flow Chart.

NOTE: If a client is receiving Expanded Behavior Support (EBS) or Expanded Behavior Support Plus (EBS-Plus) services in a skilled nursing facility, those services are not part of the RSW. Please see Chapter 10 of the LTC Manual for information on EBS or EBS-Plus in a skilled nursing facility.

RSW Referral Standards and Eligibility & RSW Committee Review Process

- All referrals must adhere to statewide referral standards and align with RSW eligibility requirements per WAC 388-106-0338.
- The RSW Committee reviews the referral and determines eligibility.
- If the client *does not meet eligibility*, the committee documents the outcome on DSHS form 11-130, explains which criteria were not met, and communicates the decision to the Case Manager.
- If the client *meets eligibility*, the Case Manager coordinates discussion and coordination with the client to identify how their assessed needs will be aligned with their chosen service level.
- The completed DSHS form 11-130 is submitted to DMS by the RSW Committee or Case Manager.

WHERE CAN INDIVIDUALS RECEIVE RESIDENTIAL SERVICES UNDER THE RSW?

RSW services are available in contracted Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities.

Residential Settings	Expanded Community Services (ECS)	Specialized Behavior Support (SBS)	Community Stability Supports (CSS)	Enhanced Services Facility (ESF)
Adult Family Home (AFH)	Yes, with ECS Contract	Yes, with SBS Contract	No	No
Assisted Living Facility (ALF)	Yes, with ECS Contract	No	Yes, with CSS Contract	No

Enhanced Services Facility (ESF)	No	No	No	Yes, with ESF Contract

WHAT RESIDENTIAL SERVICE LEVELS ARE AVAILABLE IN THE RSW?

RSW residential services are designed to provide four (4) progressive levels of services based on the client's needs.

Expanded Community Services (ECS)

ECS is the first level of service, and is offered in an Adult Family Home or Licensed Assisted Living facility with an ECS contract. Individuals receiving ECS are eligible to receive personal care services, medication oversight, and contracted Behavior Support services. Client services and supports are available 24-hours per day by on-site staff for support with crisis response.

Behavior Support services

Clients in ECS-contracted facilities receive support from contracted Behavior Support Providers. Services include:

- Person-centered, on-site training for the client and caregiving staff;
- An individualized crisis response and Behavior Support Plan that is reviewed every six months and is modified as the client's needs change; and
- Monthly psychopharmacological medication reviews, if needed and not available through other Medicaid benefits such as Apple Health.

All ECS clients should receive Behavior Support services, with these considerations:

- ECS clients who do not want (or decline) to participate in Behavior Support services should be re-evaluated to determine what other services are better suited for the client.
- If a client is unable to participate in Behavior Support services but wants to continue receiving RSW, the client may remain on the RSW as an ECS client; the contracted Behavior Support Provider may still support the client by providing training and working with the facility provider and staff.
- If a client needs Behavior Support but is not eligible for the RSW or resides in a facility home without an ECS or SBS contract, the client may access Client Training Behavior Support services through CFC+COPES. See Chapters 7b and Chapter 7d of the LTC Manual for additional information.

Specialized Behavior Supports (SBS)

SBS is the second level of service and is offered in an AFH setting, only if the client does not qualify for CBHS services. Clients receiving SBS will get the same support as the ECS level, and an additional 6-8 hours of one-to-one daily staffing to provide behavioral support interventions as identified in the Client's behavior support plan.

What services are available under SBS?
Personal care services, medication oversight, contracted Behavior Support services and supportive supervision through 1:1/enhanced staffing.

Behavior support services
Clients in SBS contracted AFHs receive support from contracted Behavior Support Providers. Services include:

- Person-centered, on-site training for the client and caregiving staff;
- An individualized and targeted crisis response and Behavior Support Plan that is reviewed every six months and modified as the client's needs change; **and**
- Monthly psychopharmacological medication reviews, if needed and not available through other Medicaid benefits such as Apple Health.

SBS Staffing Requirements
Before an SBS client moves in (and again when the staffing schedule changes), the provider must develop an SBS supportive supervision 1:1/enhanced staffing schedule, reflecting 6-8 hours per day of 1:1 staff, and provide it promptly to the case manager. The case manager will record receipt of the staffing schedule in a service episode record (SER) and upload it to the document management system (DMS).

A statewide example of an SBS Staffing Schedule may be given to AFH providers to assist in understanding what the SBS staffing schedule should include. If the AFH provider chooses not to use the statewide staffing example, the submitted SBS staffing schedule must reflect the assigned caregiver(s) and hours/times of the day that the one-to-one staffing will be provided for each SBS client and must indicate how the additional one-to-one staffing schedule supports the SBS client in accordance with the client's plan of care. Record receipt of the SBS staffing plan in a SER note in CARE and submit a copy to DMS.

Once the SBS supportive supervision 1:1/enhanced staffing schedule is approved by the client, the HCS Case Manager will review the staffing schedule. The Case Manager must confirm with the AFH that the additional staff are included in the client's Negotiated Care Plan (NCP) and hired **prior** to authorizing the additional SBS add-on rate in CARE. The HCS Case Manager must document this conversation with the AFH in a CARE SER. The required 1:1 support to the client must be included in the client's assessment/plan of care in the relevant section(s). Assigned Case Manager will document in CARE (General Comments screen) that client is receiving additional support per SBS and a copy of staffing schedule is submitted to DMS. The assigned Case Manager will provide the client and AFH provider with the printed CARE assessment that reflects utilization of SBS caregiver supports.

The authorization start date for the SBS add-on rate must be no earlier than the start date of the additional staff.

All SBS clients should receive Behavior Support services, with these considerations:

- SBS clients who do not want (or decline) to participate in Behavior Support services should be re-evaluated to determine what other services are better suited for the client.

- If a client is unable to participate in Behavior Support services but wants to continue receiving the service, the client may remain on the RSW as an SBS client; the contracted Behavior Support Provider may still support the client by training and working with the facility provider and staff.
- If a client needs Behavior Support but is not eligible for the RSW or resides in a facility without an ECS or SBS contract, the client may access Behavior Support-Client Training through the COPES program if functional and financial eligibility is met. . Please see Chapter 7b and Chapter 7d of the LTC Manual for additional information.

Community Stability Supports (CSS)

CSS is the third level of service that may be accessed and is only available in a licensed Assisted Living facility with a CSS contract. This service is appropriate for clients who, due to their behavioral and personal care needs, require a higher level of support than is available in ECS or SBS settings.

What services are available under CSS?
Personal care, medication oversight, person-centered activities, and specialized staffing, including on-site nursing 40 hours per week and on-call coverage 24 hours, seven days a week. This service provides additional caregiver staffing and a Behavior Support clinician on-site 40 hours per week. A person-centered Behavior Support Plan is written and implemented by staff.

Clients receiving the CSS service will receive person-centered activities. Each client will receive an individualized monthly activities calendar specifically tailored for them and incorporated in their Behavior Support Plan.

Enhanced Services Facility (ESF)

ESF is the fourth and highest level of RSW services available and only provided in a ESF-contracted setting.

What services are available under ESF?
Clients in an ESF will receive personal care services, medication oversight, and the highest level of specialized staffing, with 24-hour on-site nursing and 8 hours per day of Behavior Support provided by on-site mental health professionals. ESF staff implement client-specific Behavior Support Plans and provide proactive support and crisis response.

Enhanced Services Facility has unique criteria per RCW and WAC that differs from other services.

Below is the statute (or RCW) that describes ESF admission criteria and notates the area of the CARE Assessment relevant information must be observed, entered, described and updated as necessary.

Per RCW 70.97.030, Clients must be or require:

1. Daily care by or under the supervision of a mental health professional or nurse; **AND**
2. Assistance with three or more activities of daily living, **AND**

3a. A behavioral health disorder; **OR**
3b. An organic or traumatic brain injury; **OR**
3c. A cognitive impairment that results in symptoms or behaviors requiring supervision and support services; **AND**

4. Has been assessed by the department to need the services provided in an Enhanced Services Facility; **AND**
5. Has been assessed as medically and psychiatrically stable and **two or more** of the following apply:
    a. Is currently residing in a state mental hospital or psychiatric unit of a hospital and the hospital has found the person to be ready for discharge, **OR**
    b. Has a history of an inability to remain medically or psychiatrically stable for more than six months, **OR**
    c. Has exhibited serious challenging behaviors within the last year, **OR**
    d. Has complex medication needs and an inability to manage these medications, which has affected their ability to live in the community, **OR**
    e. Has a history of or likelihood of unsuccessful placements in other licensed long-term care facilities or a history of rejected applications for admission to other licensed facilities based on the person's behaviors, history, or needs, **OR**
    f. Has a history of frequent or prolonged behavioral health disorder-related hospitalizations, **OR**
    g. Requires caregiving staff with training in providing behavioral supports to adults with challenging behaviors.

Referrals for ESF admission have distinct admission criteria that Case Managers must take into account per WAC 388-107-0030:

A Client MUST:

1. **Require daily care by or under the supervision of a mental health professional, chemical dependency professional, or nurse**; **AND**
2. Benefit from the enhanced staffing levels and professional supports provided in this setting; **AND**
3. Be unable to find appropriate placement in other community settings due to a history of **two or more** of the following:
    a. Aggressive, threatening, or assaultive behaviors that create a risk to the health or safety of other residents or staff, or a significant risk to property and these behaviors are frequent or difficult to manage; **OR**
    b. Intrusive behaviors that put residents or staff at risk; **OR**
    c. Complex medication needs which include psychotropic medications; **OR**
    d. A history of or likelihood of unsuccessful placements in either a licensed facility or other state facility or a history of rejected applications for admission to other licensed facilities based on the resident's behaviors, history, or security needs; **OR**
4. A history of offenses against a person or felony offenses that created substantial damage to property.

HOW TO SUBMIT REFERRALS TO A RESIDENTIAL PROVIDER?

Referrals Must Include

Referrals must include Assessment Details (AD) and Service Summary (SS) to allow the provider to review prior to admission. Additionally, for individuals with challenging behaviors (i.e., assaultive, property destruction, self-injurious, challenging sexualized behaviors, history of arson, and/or history or criminal activity), the assigned case manager or assessor must complete DSHS 10-234a include in the residential provider referral packet per Chapter 9a of the LTC Manual.

Behavior Support Requirements

Clients authorized for RSW services must have at least one of the following identified in CARE under the Medical Treatment section for all residential settings (AFH, ALF, and ESF):

- Behavior Management Plan (BMP)
- Behavior Evaluation Program (BEP)

Implementation Guidelines

Utilization of BMP or BEP is dependent on the client's specific needs and setting ESF and CSS providers are required to complete a BSP prior to admission and have a functional BMP for ongoing supports. AFH providers are required to coordinate with Behavior Support Providers for the completion of a BMP for the entirety of a client's admission.

FACILITY LOCATOR

- AFH Facility Search (wa.gov)
- Assisted Living Facility Locator
- ESF Locator

RSW COMMITTEE

The Case Manager completing the CARE assessment submits the RSW Referral to the Regional RSW Committee that has been designated by regional HCS leadership. The RSW Committee is comprised of designees from the regional HCS offices.

The RSW Committee reviews each client referral to ensure that the client is eligible for RSW.

NOTE: A client can be eligible for ECS/SBS when outpatient mental health services are also being provided through local Community Mental Health (i.e., PACT, SUD, out-patient services). If that is the case, document this in CARE Medical Treatment section and select "Mental Health Therapy/Program". (Please review the details for utilization of BEHAVIOR SUPPORT PROVIDERs to support the AFH provider; this is not applicable for CSS or ESFs).

HOW ARE RSW SERVICES AUTHORIZED?

Authorization for RSW Medicaid coverage (ECS, SBS, CSS, ESF) is a two-step process for initiating Recipient Aid Categories (RACs) and services. Case Managers may open RSW RACs for Clients who have no pre-existing HCS services (CFC, CFC+COPES, etc.) on the day of approval for RSW Services by the RSW Committee.* This will allow for any needed pre-transitional Behavior Support services prior to the Client's admission to ECS or SBS contracted AFHs. In the case where a Client has no pre-existing services, the authorization period for RSW Services begins on the first day the client arrives at the community residential setting that is contracted to provide the service.

For ECS and SBS services, the Behavioral Support Provider (BSP) must also be confirmed by the Case Manager to authorize services. Authorization of BSP services is dependent on confirmation by the BSP to provide services, if any pre-transitional BSP support planning is needed or requested by the referent or AFH provider, and the start date the BSP provider commits to. In some situations, contracted Behavior Support Services may be authorized for a limited number of episodes to facilitate pre-transition behavior support activities with the aim of supporting a successful transition.

Clients admitted to an ESF or CSS facility require coordination with the assigned regional Transitional Coordinator/Specialist to determine authorization start date to ensure all transition activities and preparations have been completed resulting in the client and provider readiness for admission. See Chapter 388-107 WAC for further admission and assessment requirements for ESFs.

In cases where Clients are transitioning from existing services to RSW, start dates for RSW RACs and authorization of services require Case Manager coordination to determine effective end and start dates for RACs and authorization of services.

*Special circumstances may exist where the coordination of opening RACs & authorizing services may be preceded with previous approval but services were discontinued.

When communicating with Public Benefits Specialists (PBS) regarding RSW clients, Case Managers will use the Financial/Social Services Communication Form (DSHS 14-443). On the form:

- Select the RSW program for all RSW clients
- Select the CFC program if the RSW client is also receiving an ongoing CFC Ancillary service. Do not select CFC if the RSW client is getting a one-time CFC service.

For more information on how financial eligibility is determined, see Chapter 7a: Financial Eligibility of Core Programs of the LTC Manual.

AUTHORIZING RSW SERVICES

RACs for RSW Services

Program Name	RAC Code
ESF	3030
AFH-SBS	3031
Expanded Community Services	3032
ESF Fast Track*	3033
SBS Fast Track*	3034
ECS Fast Track*	3035
CSS Fast Track*	3038
CSS	3039
CFC Ancillary Services	3056
RSW CFC Ancillary Services Fast Track*	3057

*For more information on Fast Track, see Chapter 7a of the LTC Manual.

FAST TRACK

Fast Track may be considered for RSW if a client does not have a disability determination and is open on MAGI-based NO5 program. A Non-Grant Medical Application (NGMA) must be completed to begin this process and should be done early in the assessment process. For more information on Fast Track, see LTC Manual Chapter 7h: Appendices.

Utilization of the RSW Fast Track RAC is dependent on Case Manager submission of NGMA application and approval from regional RSW Committee for RSW services and should only be done in rare cases if the

NGMA has not yet been approved. By using the Fast Track RACs for these clients, they will be able to receive RSW services as soon as they move into a community setting. However, best practice is to confirm NGMA approval prior to discharge to ensure waiver eligibility and service continuation.

Case Managers are required to monitor the NGMA determination of a client. Once approval of NGMA is received, adjust RACs and authorizations to reflect financial approval for waiver services.

In rare cases, a client may be found ineligible for waiver services because of NGMA denial, requiring adjustment of RACs to State Only Adjustment of Payment (SOAP) RACs. Utilization of RSW RACs will require supervisory oversight to override mismatch authorization errors. Person-centered planning will need to occur, to transition the client to an eligible program such as Community First Choice (CFC) state plan option.

Authorizing Personal Care and RSW Add-On Rates

In the RSW, personal care services are bundled into the client's daily rate. When selecting one of the RACs listed above, authorization includes these personal care services.

> For ECS, SBS, CSS, and ESF personal care add-ons include both clients eligible and not eligible for CBHS. Refer to the current *All_HCS_Rates.xls* or consult the Service Code Data Sheets for additional details.

Authorizing ECS or SBS Add-on Rates

When a client is approved for ECS and chooses a contracted residential provider, the Case Manager will authorize the following codes:

1. Personal Care Service Code: T1020_U1_Personal_Care_Residential_AFH*
2. ECS Service Code: T2033, U1 for AFHs*

   or

1. Personal Care Service Code: T2031, Assisted Living Facility*
2. ECS Service Code: T2033_U3_EARC_Add_On *

When a client is approved for SBS and chooses a contracted AFH, the Case Manager will confirm that the SBS staffing Schedule is completed (Reference SBS Staffing Requirements) and will:

1. Personal Care Service Code: T1020_U1_Personal_Care_Residential_AFH*
2. SBS Service Code: T2033_U5_RSW_SBS_AFH_Add_on*

Temporary Authorization in Absence of Behavioral Health Provider

ECS or SBS add-ons may be temporarily authorized for AFHs when:

- The client has an assessed behavioral health need
- The client elects to receive ECS or SBS services
- A behavioral health provider is not currently available

In these cases, the HCS Case Manager will coordinate with the local RSW supervisor to review alterative plans to temporarily meet the client's behavioral health needs until a qualified behavioral health provider is authorized to serve the client. (Per FY2023-2025 AFHC CBA)

High Acuity Clients

Clients with high acuity may have daily rates that exceed the ECS rate based on their CARE assessment. These individuals may still receive ECS services when residing in an ECS contracted facility on RSW. In these cases, the residential provider is paid at the higher CARE rate.

NOTE: If a client is receiving Expanded Behavior Support (EBS) or Expanded Behavior Support Plus (EBS-Plus) services in a skilled nursing facility, those services are not part of the RSW. Please see Chapter 10 of the LTC Manual for information on EBS or EBS-Plus in a skilled nursing facility.

Authorizing CSS Add-on Rates

When a client is approved for CSS and chooses a CSS-contracted ALF the Case Manager will authorize the following:

1. Personal Care Service Code : T1020, U3 Personal Care Residential – EARC*
2. CSS Service Code: T2033 U4 CSS Add On*
    - If the client is eligible for Community Behavioral Health Support (CBHS) Services (Reference for detailed CBHS information). Authorize the CSS Add On rate which does not include the 1:6 enhanced staffing.
    - If the client does not meet eligibility criteria for CBHS, authorize the CSS Add On rate, which includes the 1:6 enhanced staffing ratio.

Authorizing ESF Rates

When a client qualifies for Enhanced Services Facility (ESF) support and selects an ESF-contracted residential provider, the Case Manager will authorize the following:

1. Personal Care Service Code: T1020_U5_Personal_Care_RSW_ESF*
2. The authorized rate depends on the client's funding source and CBHS tier approval.
    - Clients Not eligible for CBHS
        - Service Code: T1020_U5_Personal_Care_RSW_ESF*
        - Reason Code: Not required
    - Clients Eligible for CBHS
        - Clients approved for Community Behavioral Health Support (CBHS) services will be assigned one of six tiers. Each tier includes:
            - Service Code: T1020_U5_Personal_Care_RSW_ESF*
            - Reason Code: CBHS Funded Tier Level client is approved for
                - A supplemental payment made directly by CBHS/HCA to the ESF provider (not entered in CARE)

NOTE: ETRs will not be accepted for ESFs.

Authorizing Contracted Behavior Support for ECS or SBS Clients

The maximum number of episodes or units of Behavior Support is 10 per month. Authorized units in excess of 10 per month will require supervisory approval. Each ECS/SBS client must receive a minimum of 1 unit per month to remain qualified for ECS/SBS.

The contracted Behavior Support service is not available for the CSS service or in an ESF as those settings provide behavior support as part of the service package provided in the facility.

When an ECS or SBS client is approved for Behavior Support, the Case Manager will authorize the Behavior Support service using Service Code: T2025, U3 Client Training, Intensive Behavior Support.

Behavior Support services include:

- A professional evaluation to assess the client's behavior support needs and a written Behavior Support Plan;
- A Crisis Plan to address steps for the residential setting staff to take when faced with a crisis situation, including a list of all formal and informal supports, medications, and strategies to use for de-escalation;
- Regularly scheduled behavior support visits in the client's residence, usually one to two times per week, with no more than ten visits per month (the HCS Field Services Administrator or designee may pre-approve additional visits on a case-by-case basis);
- Specialized training and consultation to facility staff on managing the client's behaviors; and
- Monthly psychopharmacological management to ensure that appropriate levels and types of medications are prescribed.

An episode of service by a Behavior Support Provider must be at least a 15-minute interaction that is usually done in-person (but can be done by phone or virtually on a limited basis). If a staff of the Behavior Support Provider is dually credentialed (such as a Prescriber and a Clinician), the Behavior Support Provider may **not** bill for two separate services delivered by a dually credentialed staff on the same day.

Behavior Support Plans and crisis plans must be updated at least every six months. The Behavior Support Provider must provide a copy of all updated Behavior Support and crisis plans to both the residential setting provider and the Case Manager.

Note: The Behavior Support Provider may **provide up to two episodes** of service to individuals who are not in a residential setting, under the following specific criteria:

> **Criteria #1**: The individual has not yet moved into a residential setting – The Behavior Support Provider could visit potential client to develop a Behavior Support Plan and prepare the individual to transition into a community setting. These visits would occur in acute care hospitals or

institutional settings (such as state hospitals, residential treatment facilities, or evaluation and treatment centers). *The Behavior Support provided must not include any duplicative services that would otherwise be available to the individual in the inpatient setting.*

If the individual has already moved into a residential setting and subsequently leaves the residential setting for a medical hospitalization in an acute care hospital or community hospital for a temporary stay, the Behavior Support Provider **may** visit the client to provide services in alignment with the Behavior Support Plan.

Criteria #2: If the individual has already moved into a residential setting and subsequently leaves the residential setting for a mental health or behavioral hospitalization by going into an institutional setting (such as a state hospital, residential treatment facility, or evaluation and treatment center), the Behavior Support Provider **may not** provide services to the client, as that would be duplicative of the services already available in an institutional setting.

These visits are an important component of the client's Behavior Support services; however, the Behavior Support Provider cannot bill for these visits until the ECS/SBS client moves into (or returns to) the residential setting.

When an ECS or SBS client is authorized to receive services under the RSW, the assigned Case Manager will follow the Region-to-Region transfer process. Coordination includes identifying contact person(s) for communicating intent to transfer and coordinating with the residential provider and Behavior Support Provider services.

Clients eligible for ECS or SBS may receive both Behavior Support services and outpatient mental health services through the MCO to maintain their community residential setting, if needed.

Document the name and contact information of the client's Behavior Support Provider and outpatient Mental Health services provider (if applicable) on the Contact Details CARE screen.

Note: Individuals accessing a Behavior Management Plan provided through a local community mental health provider (i.e. – PACT, IRT, SUD, out-patient mental services) are not eligible for ECS or SBS. This provision is created for instances where a client declines a Behavior Support Provider referral in preference of a Behavior Management Plan from a community mental health provider. In this case, the case the CARE assessment must reflect the use of "Mental Health Therapy/Program" in the Medical Treatment section.

Case Managers must ensure that Behavior Support Provider services are not authorized when community mental services are providing a Behavior Management Plan to avoid duplication of services.

WHAT OTHER SERVICES ARE OFFERED UNDER THE RSW?

Adult Day Health (ADH)

Nursing, or rehabilitative therapy, services are available for clients with medical or disabling conditions that require interventions or services from a registered nurse, licensed speech therapist, occupational therapist, or physical therapist under the supervision of the client's physician, when required. The need for ADH services must be identified in the client's PCSP. Example – an ESF client is eligible for speech therapy from an ADH center because the client's assessment indicates this is needed.

ADH services may not duplicate any other Medicaid service received by the client. See Chapter 12 of the LTC Manual for more information on ADH.

Wellness Education

Wellness Education supports client health literacy and client engagement in healthcare. This service is provided by Smart Source. If a client chooses to receive Wellness Education, it may be authorized for one unit per month using Service Code SA080. Wellness Education provides targeted information based on the individual's CARE details and is mailed to the individual's address.

> **Note:** the start date for this service can be between the 1st and the 20th of each month. If the start date will be after 7:00pm on the 20th, the start date should be the first of the following month.

Wellness Education is available in 28 languages, based on the client's preferred written language in CARE. Some clients indicate Braille in CARE but prefer to have Wellness Education read to them. If a client with visual impairment wants Wellness Education in Braille, please contact the Wellness Education Program Manager to have the client added to the list for Braille transcription.

Wellness Education Newsletters are offered in the following languages:

Albanian	English	Large Print	Somali
Arabic	Farsi/Persian/Dar	Moldavian/Romanian	Tagalog
Amharic	Hindi	Punjabi	Thai
Armenian	Ilocano	Russian	Tigrinya
Braille	Japanese	Samoan	Ukrainian
Cambodian/Khmer	Korean	Serbo-Croatian	Urdu
Chinese	Lao	Spanish	Vietnamese

Specialized Equipment/Supplies and Durable Medical Equipment

Specialized Equipment and Supplies (SES) are non-medical equipment and supplies that are not covered by Health Care Authority, such as waterproof mattress covers, handheld showers (when

used by the caregiver), urinals, and portable ramps that don't involve any structural modifications to the client's home. These items are:

- Necessary to increase the client's ability to perform activities of daily living; **or**
- Necessary for the client to perceive, control, or communicate with the environment in which the client lives; **and**
- Of direct remedial benefit to the client; **and**
- In addition to any medical equipment and supplies provided under the Medicaid State Plan, Medicare or other insurance.

Maintenance and upkeep of items covered under this service are also available, as well as training for the client and caregivers for how to operate and maintain the equipment. Items reimbursed under RSW exclude items that are not of direct medical or remedial benefit to the client; items requested that are not of a direct medical or remedial benefit are limited to $700 per occurrence without an ETR.

Durable Medical Equipment (DME) as defined under Chapter 182-543 WAC include items which are:

- Medically necessary under WAC 182-500;
- Necessary to increase the client's ability to perform ADLs, or to perceive, control, or communicate with the environment in which the client lives;
- Directly medically or remedially beneficial to the client; and
- In addition to, and do not replace, any medical equipment and/or supplies otherwise provided under Medicare and/or Medicaid.

Refer to LTC Manual COPES Chapter 7d for additional directions on durable medical equipment, including how to authorize this service.

Nurse Delegation

This waiver service is authorized under RCW 18.79.260 and Chapter 246-840 WAC, and is available in AFHs with either an SBS or ECS contract. **This service is not available in ESFs or ALFs.** Nurse delegation can be provided in ALFs by the facility nurses. When the ALF provides nurse delegation, it is included in the ALF rate and is not authorized by the Social Services Specialist.

Under Nurse Delegation, a Registered Nurse (RN) delegates specific nursing care tasks, which are normally done by a nurse, to a qualified long-term care worker who has completed the required training and is able to demonstrate that they are competent to perform the tasks to the satisfaction of the delegating RN.

For more information on nurse delegation, please see Chapter 13 of the LTC Manual.

Private Duty Nursing Services

This state plan service is available in AFHs, provided it does not duplicate nursing services included in the residential service. **It is not available in ESFs because nursing services are already provided in**

this setting. Private Duty Nursing (PDN) is a program that provides in-home or Adult Family Home based skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a Medicaid Medical Institution (MMI). Home and Community Services (HCS) is responsible for this service. PDN is an alternative to institutional care and is the program of last resort.

For more information about Nursing Services, including referral process and resources, see LTC Manual Chapter 25 Private Duty Nursing.

Nursing Services

This is not a specific waiver service but is available to RSW clients per RCW 74.09.520 (2) (b) and (c) and is available in AFHs with either an SBS or ECS contract. **This service is not available in ESFs.** Nursing Services offer clients, providers, and Case Managers, health-related assessment and consultation to enhance the development and implementation of the client's plan of care. These services are provided as an administrative function. This service does not require an authorization in ProviderOne since HCS and AAA nursing staff provide this function.

For more information about Nursing Services, including referral process and resources, see LTC Manual Chapter 24 Nursing Services.

CAN A RSW CLIENT RECEIVE COMMUNITY CHOICE GUIDE (CCG) SERVICES?

It is the responsibility of the case manager to determine the appropriate ECS/SBS setting; setting determination may not be assigned to a CCG, though after the setting is chosen the CCG can support the client's move to that new community setting.

Community Choice Guiding (CCG)

SA263 - Payment for specialty services which provide assistance and support to ensure the participant's successful transition to the community and/or maintenance of community living as authorized by HCS and/or AAA staff. CCG services may include, but are not limited to the following:

- Locating and arranging appropriate, accessible housing; including working with local housing authorities and other community resource providers. Assisting with subsidy applications, move-in logistics, and coordinating with other providers to promote housing stability. Supporting clients in setting housing goals, identifying preferences, and addressing barriers. Set up client's new home such as arranging lease documentation, arranging utility hook-ups or acquiring furnishings and household goods.
- Assist a client with touring Adult Family Homes (AFH) and Assisted Living Facilities (ALF) to determine whether this setting is preferred by the client.
- Supporting the establishment of a network of relevant client partners: nursing or institutional facility staff, case managers, community providers (including AFH and ALF providers), medical personnel, legal representatives, paid caregivers, family members, housing agencies and landlords, informal supports and any other involved parties.

- Assisting with filling out forms and obtaining needed documentation to aid in the client's successful transition from an institutional setting or stabilization within the community (forms may be related to Public Benefits, housing subsidy, lease agreements, etc.).
- Assisting client in developing a basic household budget.

NOTE: If the client needs additional assistance to manage their finances or learn independent living skills related to household management, consider authorizing **Client Training: Non-Medical** services.

- Assisting client with locating and arranging transportation resources to effectively connect with community and community resources. An example would be a one-time purchase and reimbursement of a bus pass.

NOTE: Transportation for medical appointments should be provided by existing non-emergency medical transportation benefits if the client is eligible.

- Coordinating and linking the client to resources which will establish or stabilize their community setting, including arrangements with pharmacies, primary care physicians, financial institutions, utility companies, housing providers, social networks, local transportation, housing budgeting, Durable Medical Equipment providers and other needs identified in the Plan of Care.
- Shopping for necessary household goods/items or paying for rental deposits (to include first month rent), utility hookup fees, or rent/emergency rental assistance service. This service assists clients transitioning out of institutions or when needed to stabilize a client's community setting.

NOTE: The provider is also reimbursed for the authorized purchases after it is verified the client received the goods or service. Authorization for the item/service is under a separate service code and case managers will process the reimbursement(s) for these one-time goods or services supports to the CCG as timely as possible. This reimbursement should not exceed 30 days after the CCG has provided an invoice/receipt as proof of the purchase.

Community Choice Guiding (CCG) for Assistive Technology (AT) Goods

Issuing Payment* for Assistive Technology (AT) Goods: *SA266

AT Goods can be purchased from an AT contracted provider with the AT Goods subcode, or if needed, a third-party purchaser such as a Community Choice Guide (CCG) for HCS/AAA clients.

Based on a client's eligibility:

- The case manager will supply detailed information for the covered assistive technology good, which retailer it is to be purchased from, the amount it should cost, and where it should be delivered.
- The provider is also reimbursed for the authorized purchase of assistive technology after it is verified the client received the good. Authorization for the good is under a separate service code and case managers will process the reimbursement(s) for assistive technology to the CCG as timely as possible. This reimbursement should not exceed 30 days after the CCG has provided an invoice/receipt as proof of the purchase.

NOTE: For more information on how to authorize CCG services please refer to the
For more information and guidance related to CCG services and authorization steps, please review Chapter 7d – COPES and the CCG Services SharePoint.

Community Choice Guide is one of the several stabilization services available to RSW participants. The Washington Roads service package may also be beneficial. See Chapter 5a for more information.

WHAT IF A RSW CLIENT NEEDS HOSPICE?

An RSW client may receive hospice services as long as the hospice services are not duplicative of any service available under the RSW.

WHAT ARE THE CASE MANAGEMENT RESPONSIBILITIES REGARDING HOSPITAL DISCHARGES TO AN ESF?

When a client chooses an ESF setting, the HQ SHDD Transition Coordinator will coordinate with the ESF Administrator—who is contractually responsible for oversight of the facility—to ensure all needed services and supports are in place for the client prior to the client moving into the ESF. The ESF Administrator is responsible for coordinating with the local MCO to provide mental health services to the client.

The HQ SHDD Transition Coordinator and/or the Case Manager will work with the "transferring facility" (state hospital, psychiatric facility, or residential facility) to coordinate details such as medications, appointments with prescribers, equipment, legal issues, etc., in preparation for the client's move into the ESF.

The Case Manager should be involved in all activities and planning for the client's transition to the community and has the following specific duties:

- Review and approve the ESF provider's pre-admission assessment and transition plan prior to admission;
- Ensure the client has an adequate supply of medications prior to discharge;
- Ensure the client has an appointment with a medication prescriber in the community prior to discharge; and

When the client is ready to move to the facility, the Case Manager or hospital assessor will:

- Authorize services;
- Notify the financial worker of the discharge date using DSHS Form 14-443; and
- Authorize the payment to the provider, effective the date the client is to move into the facility.

As best practice, when a client is transitioning to an ESF, the Case Manager must:

- Ensure clients only move into an ESF at the beginning of the week (Monday-Wednesday);
- Visit the client in the facility frequently;

- Regularly review the Behavior Support Plans;
- Participate in the client's PCSP Team meetings; and
- Conduct the initial client visit within three business days of the client transitioning into the ESF.

WHAT IF A RSW CLIENT WANTS TO MOVE?

If a RSW client wants to voluntarily move out of the community residential setting, the Case Manager will work with the client and provider to address any related issues, and work with the client to find another community residential setting option if issues are unable to be resolved. If case management responsibilities are transferred to another Case Manager, the former and current Case Managers will coordinate to ensure a smooth transition for the client.

WHAT IF A RSW CLIENT'S LESS-RESTRICTIVE ALTERNATIVE (LRA) IS EXPIRING?

Any RSW client who wants to transition from an RSW setting to another living situation should receive support and transition services from the client's PCSP Team. If a client is on a Less-Restrictive Alternative (LRA), the PCSP Team should begin the transition planning well in advance of the LRA expiration date. The RSW client must be included in all discussions regarding transition planning.

WHAT ARE THE RESIDENTIAL PROVIDER MEDICAID CONTRACT REQUIREMENTS?

ECS Contract Requirements

To be eligible for the ECS contract:

- ALFs and EARCs must be licensed under Chapter 18.20 RCW and Chapter 388-78A WAC, meet all qualifications established within this RCW and WAC, and:
  - The license holder must be licensed with the State of Washington for twelve months preceding the application for an AL-ECS or EARC-ECS contract; and
  - The license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the AL-ECS or EARC-ECS contract.
- AFHs must be licensed under Chapter 70.128 RCW and Chapter 388-76 WAC and meet all qualifications established within the RCW and WAC. In addition, AFHs must meet the criteria and qualifications of the Expanded Community Services contract, and:
  - The AFH license holder must be licensed with the State of Washington for twelve months preceding the application for an AFH-ECS contract; and
  - The AFH license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the AFH-ECS contract.

An AFH or ALF Provider must complete ECS Contract Training (provided by the Regional Resource Specialist) prior to receiving the contract.

SBS Contract Requirements

To be eligible for the SBS contract, AFHs must be licensed under Chapter 70.128 RCW and Chapter 388-76 WAC, meet all qualifications established within this RCW and WAC, and:

- The AFH license holder must have a Washington State AFH license for at least 12 months prior to applying for this contract;
- The AFH license holder and any affiliations must have had no significant enforcement actions during 12 months prior to applying for this contract; and
- The AFH license holder must have a demonstrated history of successfully working with people with behavioral challenges.

  Note: A demonstrated history can be either positive or negative. The HCS Regional Administrator may deny an SBS contract if the provider has a **negative** history of working with individuals with challenging behavior that includes any of the following:

  - Not accepting clients back when they go to the hospital;
  - Frequently issuing 30-day discharge notices to clients;
  - A pattern of disregarding client rights;
  - A pattern of not complying with general AFH contract requirements;
  - A pattern of not working with the contracted Behavior Support Provider; or
  - Declining referrals for ALTSA assistance (RCS Behavioral Health Support Team and/or HCS Behavioral Support Training).

An AFH provider must complete SBS Contract Training (provided by the Regional Resource Specialist) prior to receiving the contract.

Note: An AFH with an SBS contract may only serve up to three SBS residents at any given time. One additional SBS resident may be authorized at the discretion of the HCS Regional Administrator, who must review the performance history of the AFH. If the AFH has a positive history and has had no RCS citations or RCS enforcement actions within the prior 12 months, the HCS Regional Administrator may authorize up to one additional SBS resident for the AFH. **An AFH may not have more than four SBS residents.** If the fourth SBS client leaves or is discharged, any new SBS referral for the fourth SBS bed must be staffed with the HCS Regional Administrator. The HCS Regional Administrator will coordinate with the assigned Case Manager to submit documentation of the approval or denial of the specific fourth SBS resident. Documentation may be represented as either email confirmation of approval/denial or formalized regional letter.

CSS Contract Requirements

To be eligible for the CSS contract, ALFs must be licensed under Chapter 18.20 RCW and Chapter 388-78A WAC, meet all qualifications established within this RCW and WAC, and:

- The license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the CSS contract.
- The ALF must have the EARC **and** ECS contracts.

- The ALF license holder must have a demonstrated history of successfully working with people with behavioral challenges.

  Note: A demonstrated history can be either positive or negative. HQ may deny a CSS contract if the provider has a **negative** history of working with individuals with challenging behavior that includes any of the following:
  - Not accepting clients back when they go to the hospital.
  - Frequently issuing 30-day discharge notices to clients.
  - A pattern of disregarding client rights.
  - A pattern of not complying with general ALF/ECS contract requirements.
  - A pattern of not working with the contracted Behavior Support Provider.
  - Declining referrals for ALTSA assistance (RCS Behavioral Health Support Team and/or HCS Behavioral Support Training).
- Have demonstrated ability to provide or arrange for all required staff trainings.
- Ensure that qualified professionals are available as required by the CSS contract to provide direct services and supports to the clients.

NOTE: Providers interested in contracting for CSS should contact the HQ Resource Support and Development team at ResourceDevelopment@dshs.wa.gov.

ESF Contract Requirements

To be eligible for the ESF contract, ESFs must be licensed under Chapter 70.97 RCW and Chapter 388-107 WAC, meet all criteria and qualifications within this RCW and WAC, and must:

- Have demonstrated experience providing services and supports to adults with challenging behavior;
- Have demonstrated ability to serve individuals whose criminal or behavioral history has kept them from being served in the community;
- Have demonstrated ability to provide or arrange for all required staff trainings; and
- Ensure that qualified professionals are available as required to provide the direct services and supports to the clients.

NOTE: An ESF may accept private-pay residents. In doing so, the ESF:

- Nurse will need to assess the individual;
- Must determine, in advance, the payment/rate for private-pay status;
- Must have a clear, documented list of all charges for private-pay status that is provided to the resident;
- Must have a clear, documented list of all charges for private-pay status that is provided to the resident;
- Must have a clear, documented process for private-pay billing; and
- Must utilize an Admission Agreement to ensure the resident understands – and agrees to – why and how the resident's funds are being spent.

HOW ARE CONTRACTS MONITORED?

Contracts with residential settings—Adult Family Homes (AFH), Assisted Living Facilities (ALF), and Enhanced Services Facilities (ESF)—that provide Residential Support Waiver (RSW) services are actively monitored. This includes oversight of Behavior Support Provider (BSP) contracts.

The Home and Community Programs Contract Monitoring Team is responsible for monitoring contracts for Enhanced Community Services (ECS), Specialized Behavioral Support (SBS), Community Support Services (CSS), and Behavior Support Providers. Each team member is assigned to a specific region and collaborates closely with HCS Regional Administrators to prioritize which facilities or agencies will be monitored.

The RSW Program Manager oversees monitoring of ESF contracts.

To meet the AFH provider contract requirement for monthly meetings, monthly staffing between BSPs and Case Managers are considered sufficient.

Any concerns regarding contract compliance should be immediately staffed with the local RSW Supervisor to determine whether a referral to the Contract Monitoring Team or the Behavior Training/Support Team is appropriate. Referrals for contract monitoring may be submitted via email: **hcpcontractmonitoring@dshs.wa.gov**.

RESOURCES

Related WACs and RCWs

WAC 182-500	Medical Definitions
WAC 182-512-0050	SSI-related medical—General information
WAC 182-551-2100	Skilled nursing services
WAC 182-543	Medical Equipment, Supplies, and Appliances
WAC 246-840	Practical and Registered Nursing
WAC 388-106-0336	What services may I receive under the residential support waiver?
WAC 388-106-0337	When are you not eligible for adult day health services?
WAC 388-106-0338	Am I eligible for services funded by the residential support waiver?
WAC 388-106-0340	When do services from the residential support waiver start?
WAC 388-106-0342	How do I remain eligible for residential support waiver services?
WAC 388-106-0344	How do I pay for residential support waiver services?
WAC 388-106-0346	Can I be employed and receive residential support waiver services?
WAC 388-106-0348	Are there waiting lists for the residential support waiver services?
WAC 388-106-0355	Am I eligible for nursing facility care services?
WAC 388-107-0030	Admission Criteria
WAC 388-107	Licensing requirements for enhanced services facilities
WAC 388-76	Adult Family Home Minimum Licensing Requirements
WAC 388-78A	Assisted Living Facility Licensing Rules
RCW 18.20	Assisted Living Facilities
RCW 18.79.260	Registered nurse—Activities allowed—Delegation of tasks
RCW 70.97	Enhanced services facilities
RCW 70.97.030	Admission criteria
RCW 70.128	Adult Family Homes
RCW 70.129	Long-term care resident rights
RCW 74.09.520	Medical assistance—Care and services included—Funding limitations.
CMS [42 CFR 441.301(c)(2)]	Home and Community-Based Services (HCBS)

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
11/26/2025	Jamie Tong	• Updated multiple chapter sections for grammar and flow in chapter per regional feedback. • Clarified Fast-Track process.	
07/01/2024	JD Selby	• Updated multiple chapter sections to reflect regional feedback to include: • Revisions for RSW referral process and regional contacts for RSW referral submissions and integration of State Hospital Discharge and Diversion (SHDD) teams for	H24-046

		ESF & Community Stability Supports (CSS) service coordination, • Updates for RSW Committee review for eligibility and service determinations, • Revised language for RSW Fast Track utilization, • Updates to ECS and SBS Case Management and frequency of monitoring, • Integration of CSS services into RSW chapter, • Updates for Wellness Education newsletter language and formats, • Updates for provider contract requirements section to reflect current contracting agreements, • Updates for contract monitoring • Inclusion of July 1, 2024 1915i waiver/Community Behavioral Health Support (CBHS) service information to include: • Updates for management of Behavioral Health Personal Care (BHPC) and Managed Care Organization (MCO) utilization of Behavioral Health Wraparound Supports (BHWS), • References for Chapter 22a for coordinating additional MCO behavioral supports, • Updates to CSS and ESF tier CARE authorizations • Corrected all broken or missing links • Added or updated attachments to the appendix: • Service Level Guidance For RSW-Eligible Individuals • RSW and EBS Eligibility Determination form • Repaired links for DSHS forms 11-130, 15-596 • RSW/EBS Referral Flow Chart • BHPC + RSW to CBHS Crosswalk	
12/14/2023	JD Selby	• Updated CMS approval for RSW renewal	H23-086
7/1/2023	JD Selby	• Updated “Ask the Expert” for current RSW Program Manager contact information • Chapter section updates for RSW Referrals, RSW Eligibility and Service determinations	

		• Inclusion of Community Stability Supports (CSS) information
		• Based on regional feedback, provided clarifying language and references regarding
		  ○ RSW referral and eligibility and service determination
		  ○ Utilization of ALTSA and MCO-funded codes for ESF
		• Corrected all broken or missing links
		• Added attachments to the appendix:
		  ○ Service Level Guidance For RSW-Eligible Individuals
		  ○ RSW Referral Requirements Elements
		  ○ RSW-SBS Staffing Schedule Template	

1/8/2020	Sandy Spiegelberg	• Minor content changes and updated to new format	
5/19/2020	Sandy Spiegelberg	• Clarify Wellness Education, add the RSW CFC Ancillary Fast Track RAC, and update the ESF Referral Process to replace the Clinical Review with a review by the Mental Health Nurse Program Manager	
11/1/2020	Sandy Spiegelberg	• Clarify the one-to-one additional support for SBS clients, clarify the use of Behavior Management Plan or Behavior Evaluation Program, update how to access MCO funding, update the Resource list to include additional statutes and the licensing regulations, and update the Table of Contents.	
3/1/2021	Sandy Spiegelberg	• Change ECS monthly meeting requirement to as needed, but at least every six months; add financial eligibility language; clarify that AFH Providers are responsible for scheduling monthly SBS PCSP Team meetings; clarify the services provided by the Behavior Support Provider; and make formatting and grammatical changes	
8/1/2021	Sandy Spiegelberg	• Explain how an AFH can increase the number of SBS clients from 3 to 4; add a limit of 4 SBS clients per home; allow HCS regions to provide SBS staffing schedule examples to AFH providers; require AFHs to receive SBS contract training before receiving the contract; clarify the role of the contracted	

		Behavior Support Provider; and make formatting and grammatical changes.	
3/1/2022	Sandy Spiegelberg	• Clarify that Case Managers must ensure SBS 1:1 staffing is hired before authorizing the service; clarify that a dually-credentialed staff of a Behavior Support Provider cannot bill for two services provided at the same time; provide guidance to HCS staff on AFH Provider eligibility for the SBS contract and the consideration of negative history; provide ESF daily rate; identify contract monitoring responsibilities; and address hospice services for an RSW client.	
6/1/2022	Sandy Spiegelberg	• Update Table of Contents; clarify steps to take when an ECS client refuses services; add new example for SBS Staffing Schedule; add that providers must take ECS Contract Training before receiving the contract; clarify ESF referral process; add requirements for accepting private-pay residents in an ESF; and minor grammatical changes.	