

<b>Tribe</b>	<b>Tribal Affiliation</b>
Confederated Tribes and Bands of the Yakama Nation	78
Confederated Tribes of the Chehalis Reservation	8
Confederated Tribes of the Colville Reservation	57
Cowlitz Indian Tribe	18
Hoh Indian Tribe	1
Jamestown S'Klallam Tribe	3
Kalispel Indian Community of the Kalispel Reservation	5
Lower Elwha Tribal Community	9
Lummi Tribe of the Lummi Reservation	46
Makah Indian Tribe of the Makah Indian Reservation	17
Muckleshoot Indian Tribe	26
Nisqually Indian Tribe	11
Nooksack Indian Tribe	12
Port Gamble Band of S'Klallam Indians	7
Puyallup Tribe of the Puyallup Reservation	30
Quinault Indian Nation	9
Samish Indian Nation	5
Sauk-Suiattle Indian Tribe	6
Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation, Washington	5
Skokomish Indian Tribe	8
Snoqualmie Indian Tribe	3
Spokane Tribe of the Spokane Reservation	26
Squaxin Island Tribe of the Squaxin Island Reservation	4
Stillaguamish Tribe of Indians of Washington	1
Suquamish Indian Tribe of the Port Madison Reservation	5
Swinomish Indians of the Swinomish Reservation of Washington	5
Tulalip Tribes of Washington	39
Upper Skagit Indian Tribe	6
<b>Grand Total</b>	<b>450</b>

Tribe	Residence Type
<b>Confederated Tribes and Bands of the Yakama Nation</b>	<b>78</b>
Adult Family Home	2
DCYF-Child Foster Home	7
Homeless	1
Other	6
Own Home	6
Own Home (Alone)	1
Own Home (Alternative Living)	1
Own Home (Companion Home)	1
Own Home (Supported Living)	8
Parents Home	37
Relatives Home	6
State Operated Living Alternatives (SOLA)	2
<b>Confederated Tribes of the Chehalis Reservation</b>	<b>8</b>
Own Home	1
Own Home (Supported Living)	2
Parents Home	4
Relatives Home	1
<b>Confederated Tribes of the Colville Reservation</b>	<b>57</b>
Adult Family Home	4
Assisted Living Facility (non-ARC)	1
DCYF-Child Foster Home	1
Own Home	3
Own Home (Alone)	5
Own Home (Supported Living)	12
Parents Home	25
Relatives Home	6
<b>Cowlitz Indian Tribe</b>	<b>18</b>
Nursing Facility	1
OHS-Staffed Residential Home	1
Other	1
Own Home	1
Own Home (Alone)	1
Parents Home	12
Relatives Home	1
Residential Habilitation Center (RHC)	
<b>Hoh Indian Tribe</b>	<b>1</b>
DCYF-Child Foster Home	1
<b>Jamestown S'Klallam Tribe</b>	<b>3</b>
Own Home (Alone)	
Own Home (Companion Home)	1
Own Home (Supported Living)	1
Parents Home	1

<b>Kalispel Indian Community of the Kalispel Reservation</b>	<b>5</b>
DCYF-Child Foster Home	1
Parents Home	3
Relatives Home	1
<b>Lower Elwha Tribal Community</b>	<b>9</b>
Adult Family Home	1
Other	2
Own Home	2
Parents Home	2
Relatives Home	2
<b>Lummi Tribe of the Lummi Reservation</b>	<b>46</b>
Adult Residential Care (ARC)	1
DCYF-Child Foster Home	3
Other	1
Own Home	6
Own Home (Companion Home)	1
Own Home (Supported Living)	4
Parents Home	26
Relatives Home	4
<b>Makah Indian Tribe of the Makah Indian Reservation</b>	<b>17</b>
Adult Family Home	1
Group Home DDA	1
OHS-Child Foster Home	2
OHS-Staffed Residential Home	1
Own Home (Alone)	1
Own Home (Supported Living)	1
Parents Home	9
Relatives Home	1
<b>Muckleshoot Indian Tribe</b>	<b>26</b>
Adult Family Home	2
Medical Hospital	1
Own Home	3
Own Home (Alone)	2
Own Home (Supported Living)	3
Parents Home	13
Relatives Home	2
<b>Nisqually Indian Tribe</b>	<b>11</b>
Adult Family Home	1
DCYF-Child Foster Home	1
Other	1
Own Home (Supported Living)	1
Parents Home	7
<b>Nooksack Indian Tribe</b>	<b>12</b>
Own Home (Supported Living)	3
Parents Home	5

Relatives Home	4
<b>Port Gamble Band of S'Klallam Indians</b>	<b>7</b>
Other	1
Own Home	1
Parents Home	4
Relatives Home	1
<b>Puyallup Tribe of the Puyallup Reservation</b>	<b>30</b>
Adult Family Home	1
Assisted Living Facility (non-ARC)	1
DCYF-Child Foster Home	2
DCYF-Group Care Facility for Medically Fragile Children	1
Other	2
Own Home	1
Own Home (Alone)	1
Own Home (Supported Living)	6
Parents Home	10
Relatives Home	5
<b>Quinault Indian Nation</b>	<b>9</b>
Adult Family Home	2
Other	1
Parents Home	6
<b>Samish Indian Nation</b>	<b>5</b>
OHS-Group Care Facility for Medically Fragile Children	1
Own Home (Supported Living)	1
Parents Home	2
Relatives Home	1
<b>Sauk-Suiattle Indian Tribe</b>	<b>6</b>
DCYF-Child Foster Home	1
Other	1
Own Home (Alone)	2
Own home (w/ spouse/partner)	1
Parents Home	1
<b>Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation, Washington</b>	<b>5</b>
Other	1
Parents Home	4
<b>Skokomish Indian Tribe</b>	<b>8</b>
Own Home	1
Own Home (Supported Living)	3
Parents Home	4
<b>Snoqualmie Indian Tribe</b>	<b>3</b>
Own Home (Alone)	1
Parents Home	2
<b>Spokane Tribe of the Spokane Reservation</b>	<b>26</b>
Adult Family Home	3

Adult Residential Care (ARC)	1
Assisted Living Facility (non-ARC)	1
DCYF-Child Foster Home	2
DCYF-Group Care Facility for Medically Fragile Children	1
Nursing Facility	1
Other	1
Own Home	3
Own Home (Supported Living)	2
Parents Home	10
Relatives Home	1
<b>Squaxin Island Tribe of the Squaxin Island Reservation</b>	<b>4</b>
Own Home	1
Own Home (Supported Living)	1
Parents Home	2
<b>Stillaguamish Tribe of Indians of Washington</b>	<b>1</b>
Homeless	1
<b>Suquamish Indian Tribe of the Port Madison Reservation</b>	<b>5</b>
Own Home (Supported Living)	2
Parents Home	3
<b>Swinomish Indians of the Swinomish Reservation of Washington</b>	<b>5</b>
Own Home	1
Own Home (Supported Living)	1
Parents Home	1
Psychiatric Hospital	1
Relatives Home	1
<b>Tulalip Tribes of Washington</b>	<b>39</b>
Adult Residential Care (ARC)	1
DCYF-Child Foster Home	3
Nursing Facility	1
Other	1
Own Home	2
Own Home (Alone)	1
Own Home (Supported Living)	6
Parents Home	22
Relatives Home	1
State Operated Living Alternatives (SOLA)	1
<b>Upper Skagit Indian Tribe</b>	<b>6</b>
Adult Family Home	1
Own Home	2
Own Home (Supported Living)	1
Parents Home	1
Relatives Home	1
<b>Grand Total</b>	<b>450</b>

## DSHS Notice of Privacy Practices for Client Medical Information Effective September 23, 2013

DSHS must notify you of your Health Information Portability and Accountability Act (HIPAA) privacy rights. (45 CFR 164.520). DSHS is a “hybrid entity.” Not all of DSHS is covered by HIPAA, only the programs listed as [Health Care Components on the DSHS website](#) are covered by HIPAA. This notice only applies to clients served by those covered programs. This notice does not affect your eligibility for DSHS services.

**This notice describes how medical information about you may be used and disclosed and how you can get this information. Please review it carefully.**

### **What is PHI?**

Protected Health Information (PHI) is client medical information held by parts of DSHS covered by HIPAA. PHI is medical information linked to you about your health status or condition, health care you receive, or payment for your health care. DSHS must protect your PHI by law.

### **What PHI does DSHS have about me?**

To help us serve you, you may need to give us medical or health information including your location, financial information or medical records. We also may get PHI about you from other sources needed to serve you or pay for your care.

### **Who sees my PHI?**

We see only the smallest amount of PHI we need to do our jobs. We may share PHI with other programs or persons if allowed by law or permitted by you. For example, your PHI may be given to and used by the Health Care Authority and other health care providers to coordinate and pay for your health care. We may share past, current, or future PHI.

### **What PHI does DSHS share?**

We only share your PHI that others need to do their job and as allowed by law. You may ask for a list of who has seen your PHI for some purposes.

### **When does DSHS share PHI?**

We share PHI on a “need to know basis” to coordinate services and for treatment, payment, and health care operations. For example, we may share information to decide if:

- Medical treatment should be provided.
- We can pay for services by health care providers.
- You are eligible for DSHS programs.
- The care you get from providers meets legal standards.

### **May I see my PHI?**

You may see your PHI. If you ask, you will get a copy of your PHI. DSHS may charge you for copies.

### **May I change my PHI?**

If you think your PHI is wrong, you may ask us to change or add new PHI. You may also ask that we send any changes to others who have copies of your PHI.

### **What if someone else needs my PHI?**

You may be asked to sign a form to let us share your PHI if:

- We need your permission to provide services or care;
- You want us to send your PHI to another agency or provider for reasons not allowed by law without your permission;
- You want PHI sent to someone else, such as your attorney, a relative or other representative.

Your permission to share your PHI is good until the end date you put on the form. We can only share the PHI you list. You may cancel or change this permission by writing to DSHS

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### May DSHS share my PHI without my permission?

DSHS may share PHI without your permission in some instances. By law, we may be required or allowed to share your PHI. Some examples include the need to:

- Report incidents of child or adult abuse or neglect to Child Protective Services, the police or other agencies.
- Provide records under court order.
- Give PHI to other agencies who review DSHS operations.
- Share PHI with agencies that license and inspect medical facilities, such as nursing homes and hospitals.
- Share PHI with service providers or other agencies to take care of you or as needed to determine if you are eligible for services or benefits.
- Give PHI to guardians or parents of minors.
- Use PHI for research.
- Use or disclose PHI in case of emergency or for disaster relief purposes.

### May I put limits on sharing my PHI and how I get it?

You may ask us to limit the use and sharing of your PHI but we do not have to agree. You may also ask that we send your PHI to you in a different format or to a different location.

### What is a breach?

A breach is the use or disclosure of your PHI that is not permitted under HIPAA, including loss by theft, mistake or hacking. We will notify you by mail if there is a breach of your PHI under HIPAA.

### May I have a copy of this notice?

Yes. This notice is yours to keep. If you got this notice electronically, you may ask for a paper copy and we will give one to you.

### What if PHI privacy practices change?

We are required to comply with this notice. We have the right to change this notice. If the laws or our privacy practices change, we will send you information about the new notice and where to find it or send it to you.

### Who do I contact if I have questions about this notice or my PHI rights?

If you have any questions about this notice, you may contact the DSHS Privacy Officer at [DSHSPrivacyOfficer@dshs.wa.gov](mailto:DSHSPrivacyOfficer@dshs.wa.gov) or (360) 902-8278.

### How do I report a violation of my PHI privacy rights?

If you believe your PHI privacy rights have been violated you can file a complaint with: The DSHS Privacy Officer, Department of Social and Health Services, PO Box 45135, Olympia WA 98504-5135 or by email to [DSHSPrivacyOfficer@dshs.wa.gov](mailto:DSHSPrivacyOfficer@dshs.wa.gov). If you file a complaint, DSHS will not change or stop your services and must not retaliate against you.

### OR

Submit your complaint online at: [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf) or by writing to: Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, phone (800) 368-1019. Any complaints to DHHS must be made within 180 days of the claimed privacy violation.



DSHS NOTICE OF PRIVACY PRACTICES FOR CONFIDENTIAL INFORMATION  
Effective September 23, 2013

**Acknowledgement**

(Needed when DSHS provides direct health care treatment)

CLIENT NAME		CLIENT DATE OF BIRTH
<b>I have received a copy of the DSHS Privacy Notice and have had a chance to ask questions about how DSHS will use and share my Personal Health Information.</b>		
CLIENT OR PERSONAL REPRESENTATIVE SIGNATURE		DATE
<b>FOR DSHS USE ONLY</b>		
<b>To be completed if <u>unable</u> to obtain signature of client or personal representative.</b>		
Describe efforts made to have the client acknowledge receipt of the Notice of Privacy Practices (NPP):		
Describe reason why acknowledgement was not obtained:		
STAFF MEMBER'S NAME AND TITLE (PLEASE PRINT)		ADMINISTRATION/DIVISION
STAFF'S SIGNATURE		DATE



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## Eligible Conditions With Age and Type of Evidence

All disability conditions must originate prior to age 18, be expected to continue indefinitely, and result in substantial limitation in adaptive functioning per WAC 388-823.

Eligible Conditions Specific to Age				
Condition	0 to 3	4 to 9	10 to 17	18 and older
Developmental Delays	X	X		
Intellectual Disability (ID)		X	X	X
Cerebral Palsy		X	X	X
Epilepsy		X	X	X
Autism		X	X	X
Another neurological or other condition similar to Intellectual Disability		X	X	X

Tests Accepted as Evidence of Substantial Limitation	
Cognitive Tests	Adaptive Assessments
<ul style="list-style-type: none"> <li>Stanford-Binet</li> <li>Wechsler Intelligence Scales</li> <li>Differential Abilities Scale (DAS)</li> <li>Kaufman Assessment Battery for Children (K-ABC)</li> <li>Das-Naglieri Cognitive Assessment System (CAS)</li> <li>Woodcock Johnson Test of Cognitive Abilities (WJ)</li> </ul> <p>If you have a hearing impairment, English is not your primary language or you are non-verbal, your FSIQ may be estimated using one of the tests below:</p> <ul style="list-style-type: none"> <li>Leiter International Performance Scale-Revised (Leiter-R)</li> <li>Wechsler Intelligence Scales Performance scale</li> <li>Comprehensive Test of Nonverbal Intelligence (C-TONI)</li> <li>Kaufman Assessment Battery for Children (K-ABC) Nonverbal scale index</li> </ul>	<ul style="list-style-type: none"> <li>Vineland Adaptive Behavior Scales (VABS)</li> <li>Scales of Independent Behavior-Revised (SIB-R)</li> <li>Inventory for Client and Agency Planning (ICAP)</li> <li>Adaptive Behavior Assessment System (ABAS)</li> </ul>

<b>Diagnosis, Diagnostician, and Required Evidence of Substantial Limitation</b>		
<b>Diagnosis</b>	<b>Diagnostician</b>	<b>Substantial Limitation</b>
Developmental Delay	Not applicable	Developmental Delays
Intellectual Disability	Licensed Psychologist or Certified School Psychologist	Adaptive functioning assessment with a standard score of $\leq 69$ , and Psychological assessment with FSIQ of $\leq 69$ or Stanford-Binet IV with FSIQ of $\leq 67$
Cerebral Palsy, or Similar brain damage which causes, quadriplegia, hemiplegia, or diplegia	Licensed Physician	Onset prior to age 3, and Evidence of the need for direct physical assistance in any 2 of the following: toileting, bathing, eating, dressing, mobility or communication
Epilepsy, Seizure Disorder	Board Certified Neurologist	Seizures are uncontrolled and ongoing or recurring, and Adaptive functioning assessment with a standard score of $\leq 69$
Autism, Autistic Disorder (DSM-IV-TR-299.00), or Autism Spectrum disorder (DSM-5) with severity level of 2 or 3 in both columns	Board Certified Neurologist; Board Certified Psychiatrist; Licensed Psychologist; Board Certified Developmental and Behavioral Pediatrician; Licensed Physician or ARNP associated with an Autism, Developmental Center, or Center of Excellence	Onset prior to age 3, and Adaptive functioning assessment with a standard score of $\leq 69$ , and For diagnosis from DSM-5 FSIQ of $\leq 84$ , or evidence that person meets DSM-IV-TR criteria
Another neurological or other condition similar to Intellectual Disability	Licensed Physician	Adaptive functioning assessment with a standard score of $\leq 69$ , and FSIQ of $\leq 77$ or Stanford-Binet IV with FSIQ of $\leq 75$ , or if under age 20, scores in both Broad Reading & Broad Math $\leq 69$ can replace FSIQ testing

## Certified Community Residential Services and Supports (CCRSS) Initial Application

### CCRSS Application Checklist

The checklist below is to help support the applicant in the application process for a CCRSS certification. **Please do not submit the application instruction and resource document when submitting the application.**

- Copy of the Letter of Intent that includes contact information, geographical area of service and type of service provided.
- If applying for a group home, submit a copy of your current Adult Family Home (AFH) or Assisted Living Facility (ALF) license.
- Copy of your Washington State business license issued by Department of Revenue.
- Copy of document issued by Internal Revenue Service (IRS) showing Employer Identification Number (EIN) for the applicant.
- Complete and submit with the application packet the online background authorization form located at <https://fortress.wa.gov/dshs/bcs/> for each person listed in section 9.
- Copy of DSHS fingerprint results if completed after January 1, 2012.
- Copies of the following documents:
  - Mission Statement
  - Policies
    - ✓ Roles and Responsibilities of administrators, program managers, direct care professionals, business operations, etc
    - ✓ Reporting of Abuse, Neglect, Financial Exploitation
    - ✓ Medication management and assistance
    - ✓ Financial management and assistance
    - ✓ Emergency Response Procedures
    - ✓ Client Rights
    - ✓ Individual Instruction and Support Plan development and service delivery
  - Protection of Privacy of Client Records
  - Job Descriptions
  - Business Plan for financial solvency
- If application is for a change of ownership you must provide a copy of the 60-day notice to the Department and 30 day notice to clients and/or their legal representatives [WAC 388-101-3070](http://www.wa.gov/wac/388-101-3070).
- Copy of the Administrator Resume.
- Include three professional references for the Administrator.

### Submitting Application

Submit your application and supporting documents:

For US Postal Mail:

ALTSA BAAU  
PO BOX 45600  
OLYMPIA WA 98504-5600

For Federal Express:

ALTSA BAAU  
4450 10<sup>TH</sup> AVE SE (BLAKE WEST)  
LACEY WA 98503

**Please note: Do not include the instructions / resource document when submitting the application packet.**

If you have questions about completing the application, please email the Business Analysis and Applications Unit (BAAU) at [BAAU@dshs.wa.gov](mailto:BAAU@dshs.wa.gov) or call 360-725-2573, we will respond within 48 hours.



# Certified Community Residential Services and Supports Initial Application

<b>Section 1. Type of Application</b>				
<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Change of Ownership</b> (change of business entity ownership or the form of legal organization)				
<b>Section 2. Type of Service Provided</b>				
<input type="checkbox"/> Supported Living Services <input type="checkbox"/> Group Home <input type="checkbox"/> Group Training Home <input type="checkbox"/> Community Protection				
<b>Section 3. Geographic Area of Service</b>				
LIST THE COUNTY WHERE SERVICES WILL BE PROVIDED (SUBMIT A SEPARATE APPLICATION FOR EACH COUNTY)				
<b>Section 4. Information About the Service Provider</b>				
1. NAME OF SERVICE PROVIDER (DOING BUSINESS AS)				
2. BUSINESS STREET ADDRESS			CITY	STATE      ZIP CODE
3. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE      ZIP CODE
4. TELEPHONE NUMBER		5. CONFIDENTIAL FAX NUMBER		6. CELL PHONE NUMBER
7. EMAIL ADDRESS			8. WEB SITE URL	
<b>Section 5. Legal Entity Information</b>				
1. LEGAL NAME OF ENTITY				
2. UBI NUMBER -   -			3. EIN NUMBER -	
<b>Section 6. Individuals Associated with Service Provider</b>				
List all partners, officers, directors and majority owner of applying entity. If more space is needed attach additional page(s) to the application.				
NAME OF PERSON	TITLE OR POSITION	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENT OWNERSHIP
				%
				%
				%
				%
				%
<b>Section 7. Administrator Information</b>				
1. NAME OF ADMINISTRATOR (LAST, FIRST, MIDDLE)		2. SOCIAL SECURITY NUMBER -   -		3. DATE OF BIRTH
4. TELEPHONE NUMBER		5. EMAIL ADDRESS		

**Section 8. Licensing, Contracting and Certification History**

Has any person or entity named in this application ever owned, held an interest in, managed, or held a license or certification for an adult family home, assisted living facility, nursing home, community residential services, support agency or other business providing services to vulnerable adults, children or persons with mental illness or developmental disabilities?  Yes  No

Has any person or entity named in this application ever held a Medicaid or other social services contract to provide services to vulnerable adults, children or persons with mental illness or developmental disabilities? This includes Individual Provider contracts.  Yes  No

Has any person or entity named in this application ever had a contract terminated or a certification or license revoked or denied by the Department, or has been subjected to department enforcement actions?  Yes  No

Has any person or entity named in this application ever had an out-of-state contract or license involving the provision of services to children or vulnerable adults terminated, revoked or denied or has been a subject of an enforcement action related to the out-of-state contract or license?  Yes  No

Has any person or entity named in this application ever obtained or attempted to obtain a license or certification by fraudulent means or misrepresentation?  Yes  No

Has any person or entity named in this application ever relinquished or been denied a license or license renewal to operate a home or facility that was licensed for the care of children or vulnerable adults?  Yes  No

Has any person or entity named in this application ever had a court issue a permanent restraining order or order of protection, either active or expired, against a person that was based upon abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult?  Yes  No

Has any person or entity named in this application been registered as a sex offender?  Yes  No

Has any person or entity named in this application ever been listed on a registry based upon a final finding of abuse, neglect or financial exploitation of a vulnerable adult, unless the finding made by adult protective services prior to October 2003?  Yes  No

Has any person or entity named in this application ever had a founded finding of abuse or neglect of a child, unless the finding was made by child protective services prior to October 1, 1998?  Yes  No

Has any person or entity named in this application been found in any dependency action to have sexually assaulted or exploited any child or to have physically abused any child?  Yes  No

Has any person or entity named in this application been found by a court in a domestic relations proceeding under Title 26 RCW, or under any comparable state or federal law, to have sexually abused or exploited any child or to have physically abused any child?  Yes  No

Has any person or entity named in this application ever had a contract or license denied, terminated, revoked, or suspended due to abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult?  Yes  No

Has any person or entity named in this application ever relinquished a license or terminated a contract because an agency was taking an action against the individual related to alleged abuse, neglect, financial exploitation or mistreatment of a child or a vulnerable adult?  Yes  No

If "Yes" to any questions in this section, the following information is required to accompany the application packet:

- Name of the individual:
- Type of license, certification, or contract:
- Name and address of facility:

Date of action (if applicable): \_\_\_\_\_ \* If more space is needed, attach additional page(s) to the application.

**Section 9. Background Information**

Complete an online background authorization form located at <https://fortress.wa.gov/dshs/bcs/>. Print and submit the completed background authorization form for each of the following:

- Applicant
  - Partners, officers, directors and owner(s) of applying entity and for sole proprietor the spouse/domestic partner of the applicant
  - Administrator
- \* If a Fingerprint check was performed on any person listed in this section after January 1, 2012, submit the results with application packet.

NAME OF PERSONS (ATTACH ADDITIONAL SHEETS OF PAPER IF NEEDED)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	JOB TITLE
		- -	
		- -	
		- -	
		- -	
		- -	
		- -	
		- -	
		- -	

**Section 10. Current Employee of the State of Washington**

Are any partners, officers, directors and majority owner of applying entity currently employed by the Department of Social and Health Services?  Yes  No

If "yes" to the above question, list below the name and State job title of the person(s) in this application that is employed by the Department of Social and Health Services

NAME OF PERSON / JOB TITLE	ADMINISTRATION / DIVISION

**Section 11. Consent to Release and/or Use Confidential Information**

Each person listed in the application **must sign** this section.

I consent to the release and use of confidential information about me within the Department of Social and Health Services (DSHS) for purposes of certification. I grant permission to DSHS and any agency, division, office, or the police to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer, mail, or hand delivery.

I am aware that the department is required to respond to requests for disclosure of information from the public. The department may only withhold information if a specific disclosure exemption exists. (RCW 42.56, Chapter 388-101 WAC and Chapter 388-101D WAC).

Completion of this form allows the use and sharing of confidential information within DSHS and with the individual applicant / agency for application processing purposes. DSHS may disclose and receive confidential information from outside agencies, divisions, offices and/or the police.

This consent is valid for as long as I am the person named in this application. A copy of this form is valid for my permission to release and use this information.



NAME OF INDIVIDUAL (PLEASE PRINT)	SIGNATURE	DATE
NAME OF INDIVIDUAL (PLEASE PRINT)	SIGNATURE	DATE
NAME OF INDIVIDUAL (PLEASE PRINT)	SIGNATURE	DATE
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NAME OF INDIVIDUAL (PLEASE PRINT)	SIGNATURE	DATE

**Section 12. Applicant Certification**

I certify, under the penalty of perjury under the laws of the State of Washington and by my signature, that the information provided in this application and all additional documents and forms required for Certified Community Residential Services and Support Agency are true, complete, and accurate. I understand that the department may obtain additional information, verification and/or documentation related to my answers or information.

I certify that the administrator is at least 21 years of age or older, has a high school diploma or GED equivalent, and meets the qualification standards per WAC 388-101D.

Copies of all documents needed to verify the items in this application are attached, and original documents will be readily available to the department.

I understand that failure to accurately answer or fully complete the questions on this application may result in denial of the certification and / or contract, or other sanctions as allowed by law.

I understand that the department may check the credit of the corporation, individual or business and its principals; obtain a credit report; and verify any responses provided. The department will use such information and may disclose this information to other parts of the department as appropriate. The department may define some or all of such information as public information and also disclose this information to third parties when requested according to law to the extent that such information is not exempt from such disclosure by state or federal law.

I understand and agree that the information I give to the department will be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose.

I understand that if my application for a Certified Community Residential Services and Support Agency is denied, I may request an administrative review within 28 days of receiving the denial letter from DSHS.

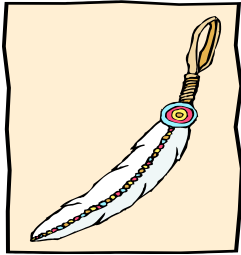
I have read [RCW Chapters 71A.12, 74.34](#) and [WAC 388-101, WAC 388-101D and WAC 388-828](#), and any other applicable laws and rules.

If/when I am certified:

- I understand that each staff I employ must meet the requirements of [WAC 388-829](#).
- No clients receiving care and services by the certified community residential services and support provider will be subject to discrimination on the basis of race, color, national origin, gender, age, religion, creed, marital status, disabled or Vietnam veteran's status, or the presence of any physical, mental, or sensory disability.

I certify and declare under penalty of perjury under the laws of the State of Washington that the information in this application and all of the supporting documents are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE	PRINT NAME
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# ALTA/DDA/BHA IPAC SUBCOMMITTEE MINUTES

## DECEMBER 14, 2021 9 A.M. TO 12 P.M.

Administrations and Divisions:

*Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),*

*Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)*

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### Welcome and Introductions – Loni Greninger, Jamestown S'Klallam Tribe Vice-Chair, IPAC Chair, Subcommittee Chair

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- Welcoming
- Invocation
- Announcements
- Tribal Updates on Covid
- Roll Call

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### Behavioral Health Administration - Dr. Marie Natrall-Ackles, Tribal Liaison

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- Covid-19 Updates-5 Active cases: (1) employee at ESH & (4) patients at WSH.
- TrueBlood Updates-Forensic navigators have been hired for King County & Spokane area. They were trained on Native American cultural competency policy (10.22) on 11/21.
- Native American month activities-ESA Tribal Talks on 11/3/21-Native American Cultural Competency (10.22) and is available in learning management system (LMS). Also presentation on Generational Trauma at ALSTA Conference. BHA newsletter features Native American leaders: Billy Frank Jr., Fawn Sharp and Leonard Forsman. Also, conference room in Olympia has been named Billy Frank Jr.
- AI/AN numbers at BHA facilities-Attached
- BHA facility updates-All facilities are running 24/7 with check in for temperatures and sign in.

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### Aging and Long-Term Services Administration – Marietta Bobba

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- **Money Follows the Person Tribal Initiative Updates**
  - **Tribal Reports:** No reports.
  - **Fall Summit Review:** the fall summit had a variety of workshops. The platform vendor, used for the 3<sup>rd</sup> time, unfortunately could not meet our needs and many registrants could not join the virtual event. We will be sending out a survey to get your feedback and

input for the spring summit. Recordings of the summit are being reviewed and edited due to some taping problems. Our hope is to have them posted on the website in January.

- **5 State/Tribal Meeting in Oklahoma:** The states have begun discussing the conference. Oklahoma is having their own conference, which all states/MFPTI tribes are invited to join and the 5 state/tribal sessions will be on March 29 through March 31. AL TSA will reach out to each tribe/tribal organization that we have contracted with to discuss travel and participation after the 1<sup>st</sup> of the year.
- **Roads to Community Living overview:** The Roads to Community Living, the larger program for the Money follows the Person Grant, has assisted individuals to return home from institutions since 2007. In a recent review of the data it was found that 313 American Indians/Alaska Natives have actively participated in the program and successfully discharged from an institution to live in the community. Over 87 tribes were represented in the self-identified data. The participants were elders, adults with physical disabilities, mental health challenges and intellectual disabilities.
- **Dementia Friends and the Dementia Friendly Learning Collaborative.** Marigrace Becker, UW shared slides (attached) about public awareness program -dementia friends and the Dementia Collaborative. Pilot in 2018-19 in King and Yakima Counties. The study showed attitudes and knowledge could be increased. Train the trainer program by county or tribe. Organization is trained by UW to share information in their area. Materials can be adapted to be relevant to tribes. Seeking 3 tribal partners. Currently have programs in Pierce, Spokane and Clark Counties and will expand into King County in 2022. Dementia Friendly WA Learning Collaborative supports people who are providing community-based programs through virtual monthly meetings. It was suggested that the King County outreach include the Cowlitz and Muckleshoot Tribes. Marigrace Becker, Program Manager, Community Education & Impact Director, The Memory Hub, UW Memory and Brain Wellness Center, [www.depts.washington.edu/mbwc](http://www.depts.washington.edu/mbwc); [mbecker1@uw.edu](mailto:mbecker1@uw.edu), 206-744-2190. Research Brief: [Dementia Friends Program Evaluation in Washington State](#)
- **Statewide Health Insurance Benefits Advisors,** Terri Osborne, SHIBA, OIC. SHIBA provides information about Medicare and can assist people with billing, appeals, etc. It is an educational service and does not sell anything nor charge. SHIBA is available to provide presentations, including information about Part D plans, original Medicare/Medicare part C plans. SHIBA counselors can assist with resolving problems with prescriptions and other issues. 1-800-562-6900. The number will connect you with the main office and they can help resolve problems or connect you with a local volunteer. **Terri Osborne**, *SHIBA Regional Training Consultant (RTC), Washington State Office of the Insurance Commissioner*, 360-725-7084 (office) 360-480-5133 (cell), [TerriO@oic.wa.gov](mailto:TerriO@oic.wa.gov). Zoom trainings can be tailored to tribal needs. It's a ½ day training over 2 days.
- **Traumatic Brain Injury -Snowlympics** – January 14, 2022; What teachers need to know: The Traumatic Brain Injury Council of Washington is holding a virtual event to share information about safety on the snow/ice; brain injury prevention tips. A flyer is included. The Council has also provided a handout for teachers. AL TSA representatives will join us in February to share available trainings on traumatic brain injury and other information.
- **Adult Family Home Administrator Manual** – Tribal Guardianships: Deb Cary, AL TSA. Tribal Guardianships for AFH clients. Tribal AFH development is being reviewed. What is the process to help someone get placement into an adult family home? That information is needed for tribes. DDA office can assist with placement and local HCS office can assist with a placement. Lummi Nation is developing an AFH and would like a copy of the manual. AFH will be explored in more detail at January's IPAC subcommittee meeting.

- **Adult Protective Services:** APS continues to provide services, virtually and in-person. Some staff have left recently so we have openings. Contingency plan goes out on high-priority cases and will do follow-up virtually as well. Contingency plan is in place until conditions and staffing improve. Memorandums of Agreement are in place with some tribes but due to staff turnover some of them need to be updated for contact information.
- **WA CARES:** Economic Services Division published the Tribal Government's page last week. A frequently asked question section based on questions from the Tribal workgroup will be posted in the next few weeks. <https://wacaresfund.wa.gov/tribal-governments/>.
- **Background Check workgroup** directed by the state legislature is holding it's first meeting on January 12<sup>th</sup>. No tribal representatives have reached out to participate in the workgroup yet. The goals of the workgroup and request for representatives will be discussed at the January IPAC quarterly meeting. Tribal members are interested in listening in to the meeting.
- **ABLE Account** follow-up from November meeting: "LIHEAP does not count ABLE Accounts as income for our customers. ABLE Account is in the LIHEAP Policy Manual, Policy 1.3.1 (B) Income Inclusion/Exclusion Chart. If our policy manual does not explicitly call out a type of income, we defer to the DSHS income inclusion/exclusion chart."

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## Developmental Disabilities Administration – Marco Tan

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- DDA strategic measure regarding tribal trainings
- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- **DDA Show and Share Event**, (Rebecca Rodni, DDA Projects and Quality Improvement Manager) On January 27, 2022, DDA will host the first of 2 virtual events to receive feedback and comments about upcoming DDA Projects. The second event will be in February and details about the time for both will be shared. During the event, DDA will have breakout rooms where projects will be discussed, and we would like to understand how the projects affect the Tribes. Topics at the event include: an Affordable Housing Study, Quality in Residential Settings, Smaller Caseloads Report, Healthcare Student Training, IDD and Mental Health Best Practices, and a Guardianship Laws Report. We appreciate the perspective given by Marilyn Scott, and are open to suggestions about how to create an atmosphere of welcome conversation instead of one where people may fear sharing experiences.
- [Developmental Disabilities Administration Eligibility](#) – links and handouts
  - [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
  - You can request a packet by filling out a [Service and Information Request](https://www.dshs.wa.gov/dda/service-and-information-request) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
    - [Consent \(14-012\)](#)
    - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
    - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
      - Educational records
      - Psychological records
      - Medical records

- [COVID-19 Updates](#) –
  - (8) Active Staff cases – (1) Fircrest, 3 (Lakeland), 3 (Rainier), (1) YVS. (0) SOLA ;
  - (0) Active Client cases
  - Visitor Screening is ongoing at DDA 24/7 Facilities
- Contracting with DDA: links and handouts
  - [Interested in Becoming a Certified Supported Living Provider?](#)
    - Apply for a business license
    - Complete an [application](#)
    - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
      - For US Postal Mail: AL TSA BAAU, PO Box 45600, Olympia, WA 98504-5600
      - For Federal Express: AL TSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
  - [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)
    - Community Guide and Engagement
    - Positive Behavioral Support and Consultation
    - Environmental Accessibility Adaptations
- Questions from Tribal Members
  - Marilyn Scott commented that affordable housing is an important topic for disabled veterans, as well as those with intellectual or developmental disabilities
  - Contact information and availability for Peer Mentoring was requested by Marilyn Scott. Marco Tan can be the point of contact for now and will bring more information to the January IPAC meeting.
- For any questions, requests or comments, please contact Marco Tan at [marco.tan@dshs.wa.gov](mailto:marco.tan@dshs.wa.gov) or your [Local DDA Tribal Liaison](#)

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## Closing – Loni Greninger

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### Agenda Items for the January meeting:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>● BHA TrueBlood</li> <li>● BHA Covid Updates</li> <li>● Money Follows the Person Tribal Initiative</li> <li>● Regional Tribal meetings on aging items</li> <li>● Adult Protective Services Check-In</li> <li>● WA CARES</li> </ul> | <ul style="list-style-type: none"> <li>● Development of virtual Respite Training for caregivers</li> <li>● AL TSA Request Legislation/Legislative Session</li> <li>● Background Check workgroup(s)</li> <li>● Cost-based Reimbursement Workgroup</li> <li>● AFH Resources – Debra Knutson</li> </ul> |
|---|--|

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Next meeting is on January 11, 2022 from 9 a.m. to 12 p.m.

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**Report Title: Number of AI/AN Patients**

<b>Facility</b>	<b>Number of AI/AN Patients<sup>1,2</sup></b>
ESH	22
WSH	16
CSTC	-
SCC	-
Maple Lane	-
Yakima <sup>3</sup>	0
FSCRCP	0

<sup>1</sup>Data are based on self-report and are as of October 1, 2021.

<sup>2</sup>Data has been suppressed for numbers less than 11.

<sup>3</sup>Yakima closed on August 14, 2021.

DSHS Research and Data Analysis

Data Sources: ESH - HIIS System - Yaroslav Trusevich; WSH - Cache - Julie Klingbeil; CSTC - Lisa Davis; SCC - Timothy Edgren; Maple Lane, Yakima, and Fort Steilacoom Competency Restoration Program (FSCRCP) - Weekly Spreadsheets

Date of Report: 10/06/2021

Ticket 558 (Update to Tickets 149, 202, 241, 278, 280, 342, 385, 439, 470, 514)

## Developmental Disabilities Administration Frequently Asked Questions Contracts

### I have a contract with the Developmental Disabilities Administration (DDA) – what next?

This Frequently Asked Questions is for all contracted 1099 providers (Independent Providers). If you are not a 1099 provider, please call your local DDA office and ask for the contracts department:

<i>Office Location</i>	<i>Phone Number</i>
Everett	425-740-6500
Seattle	206-568-5685
Spokane	509-329-2900
Tacoma	253-404-5500
Tumwater	360-725-4250
Yakima	509-225-7970

**Q: How do I get referrals to my business?**

**A:** DDA clients, their family/representative or a DDA Case Manager may contact you.

**Q: A client would like to use my service. What do I need to do?**

**A:** DDA must approve services. DDA will send you the DDA client assessment and Person Centered Service Plan (PCSP), which lists you the provider and how many support hours you are authorized. You cannot be reimbursed for services unless you are listed as a provider on the client's PCSP. Initial consultation is not a paid service.

**Q: How am I paid for the services?**

**A:** The DDA Case Manager authorizes payment through the ProviderOne payment system. Most contracts require that you be pre-authorized in ProviderOne. After you work, you can claim and be paid weekly. Some contracts specify whether you must provide the case manager with a report/invoice before payment is made. If invoices/reports are required, you may not have an authorization in ProviderOne or the ability to submit claims until after the invoice is reviewed by the Case Manager.

By contracting with DSHS, you are a provider with Medicaid. The contract enrolls you as a Medicaid provider and all rules governing Medicaid apply to you. If the service you are contracting to perform is classified as a healthcare service, you will be required to provide your National Provider Identifier and be enrolled with the Health Care Authority (HCA) as a medical provider in addition to your social service contract.

All new providers will receive a "welcome" letter from HCA with your new ProviderOne

instructions. After you receive the welcome letter, you can finish setting up your account in ProviderOne.

[Training Materials](#) from HCA

**Q: What do I do after my ProviderOne registration is complete?**

You will receive notification every time an authorization is changed for each individual you serve. You will need the authorization details when you submit your claim. Once a service has been authorized, you can log into your account and claim payment for services provided. If you are unsure if you are a 'social services' or 'social services medical' provider, please call your local DDA office and ask for the resource developer.

**Q: Who do I call if I need help submitting a claim to ProviderOne?**

**A:** Technical Support: Health Care Authority (HCA) contact: 800-562-3022 press 5 then 1, or by submitting an online [form](#).

**Q: What if the rate authorized is different than I expected?**

**A:** Contact the authorizing DDA case manager.

[Rate information](#)

**Q: What are contract documentation requirements?**

**A:** Some services require you to provide documentation such as quarterly reports. You can locate requirements in your contract in the Statement of Work section.

**Q: Where can I find information about Waiver services?**

**A:** You can contact the assigned case manager for service or program information.

- [Information](#) on Home and Community Based Services Waiver programs
- [Service descriptions and limitations](#)

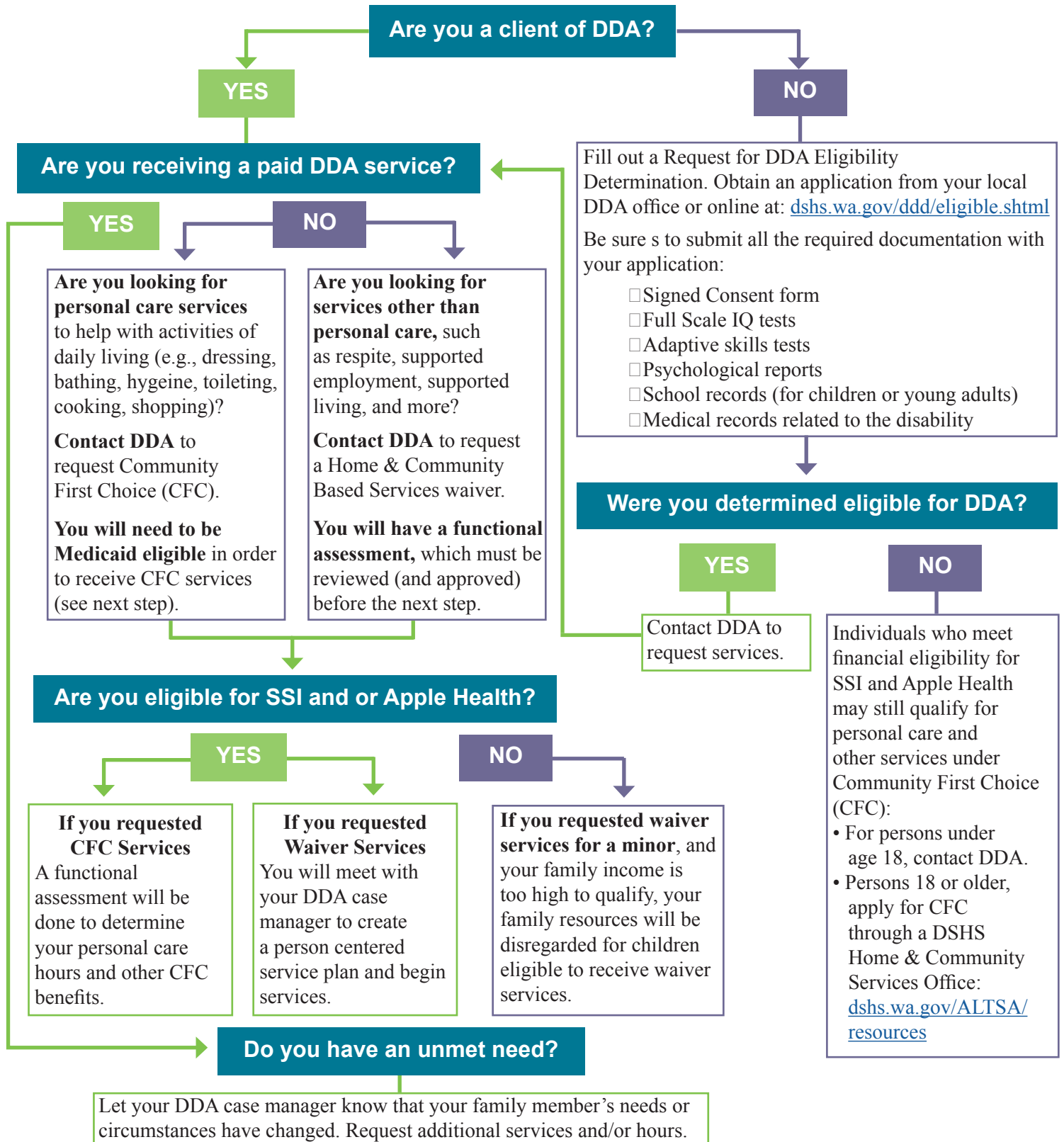
**Q: Who do I call if I have questions about being a DDA provider?**

**A:** Visit [DDA Contracts](#) to locate the phone number to the office nearest you or refer to the contacts at the top of this document.





# Developmental Disabilities Administration (DDA) Eligibility Flow Chart



# RESEARCH BRIEF:

## Dementia Friends Program Evaluation in Washington State

### BACKGROUND

One goal of the Washington State Dementia Action Collaborative is to raise awareness and challenge stigma about dementia. In 2019, we piloted and evaluated the Dementia Friends program to find out how well it works in our state, especially how it impacts attitudes toward people with dementia.

Dementia Friends is a global public awareness campaign that trains volunteers to give brief information sessions in their communities. Sessions cover five key messages about dementia, share ways to be supportive of people with dementia, and invite attendees to put this understanding into action.

**Everyone who attends one of these sessions is called a Dementia Friend.**



### WHAT WE DID

We recruited and trained 15 Dementia Champions in **King, Yakima and Jefferson Counties** who gave Dementia Friends sessions in their communities. We used surveys to evaluate attitudes by asking about knowledge of dementia and comfort around people with dementia. Attendees filled out our surveys before and after the sessions, and one month later. We also interviewed Dementia Champions to learn about their experience with the program.

**214** participants

**22** Dementia Friends sessions

**50%** lived in a rural area

Participants ranged in age from **19 to 93**

“

“I didn’t know anything about dementia prior to this session, and really walked away with some good tidbits that I’ve shared with friends and family.”

– Dementia Friend

# WHAT WE LEARNED

After attending a Dementia Friends session, attendees:

- ↑ Had greater **comfort** around people with dementia and **knowledge** about dementia.
- ↑ Felt more **patience** toward people with dementia.
- ↑ Better understood how to **communicate** with people with dementia.

These findings suggest that the Dementia Friends program positively affects attitudes toward people with dementia and may be a promising way to challenge stigma and raise awareness.

“ More people should be aware of the many ways we can improve the lives of people living with dementia. There is so much fear and misunderstanding in the public when it comes to dementia. This program will help to shift the narrative within communities.  
– Dementia Friend

# WHERE WE'RE HEADED

The Dementia Action Collaborative aims to expand the Dementia Friends program in Washington State. We will work with partner organizations who can take the lead in their region. For more information on the evaluation and next steps, contact us at: [dementiafriendswa@gmail.com](mailto:dementiafriendswa@gmail.com).

Learn more about Dementia Friends at [www.dementiafriendsusa.org](http://www.dementiafriendsusa.org).



Training Dementia Champions

## DEMENTIA ACTION COLLABORATIVE

The Dementia Action Collaborative is a voluntary public-private partnership implementing the Washington State Plan to Address Alzheimer's and Other Dementias. Learn more at: <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>

## ACKNOWLEDGEMENTS:

- Alisa Tirado Strayer and Marigrace Becker, University of Washington Memory and Brain Wellness Center
- Partial funding provided by AARP Washington; Aging and Disability Services Seattle/King County; Aging and Long Term Care of Southeast Washington; Fieldstone Memory Care; The Hearthstone, A Retirement Community at Green Lake

# Roads to Community Living

Money Follows the Person Tribal Initiative



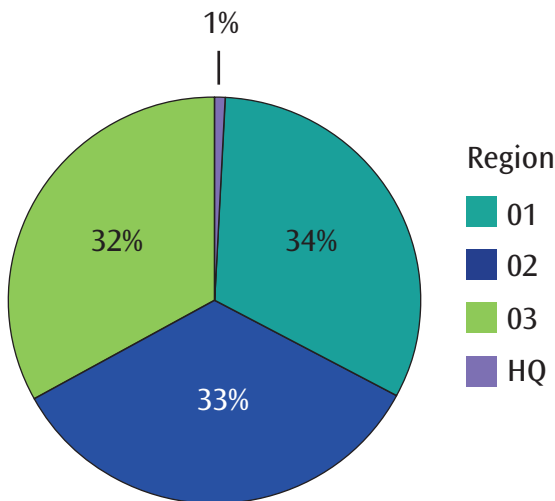
## Background

Between 2007-2021, 313 American Indians/Alaska Natives have enrolled in the program. Most individuals were able to successfully discharge from an institutional setting to live a community of their choice. They represent elders and individuals with physical and/or intellectual disabilities.

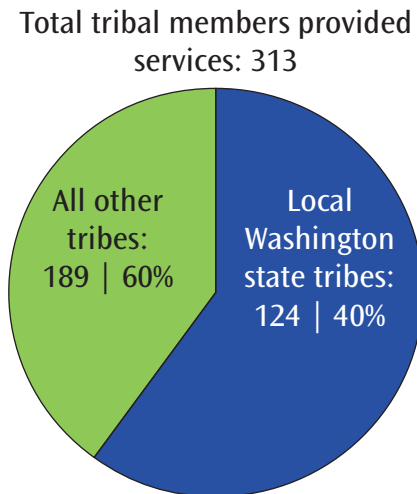
Long-term services and supports help with daily living tasks to tribal members and elders with functional limitations or cognitive impairments and gives them the autonomy to decide where they wish to live in and receive services. This program has provided support to ensure the planning, development and implementation of an inclusive, strength-based cultural infrastructure that keeps the connection and relationships with traditional practices and ways.

Through this program, tribal members who received long-term services and supports have been able to transition back to their home or sustain living on indigenous land.

Participation by Region from 2007- October 2021

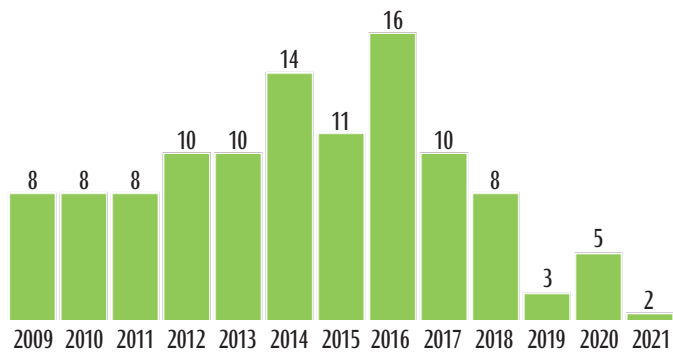


Total Amount of AI/AN

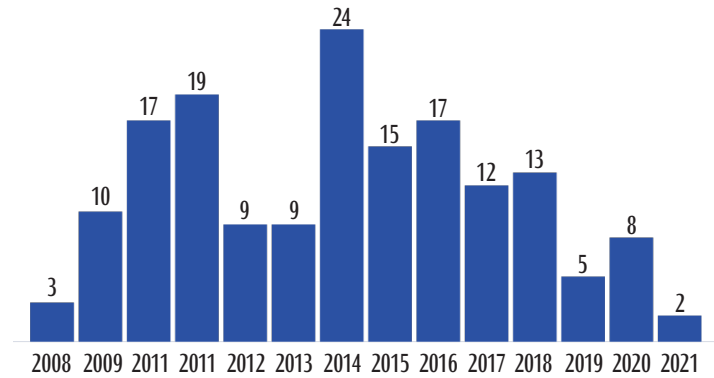


# Program participants by enrollment year and classification

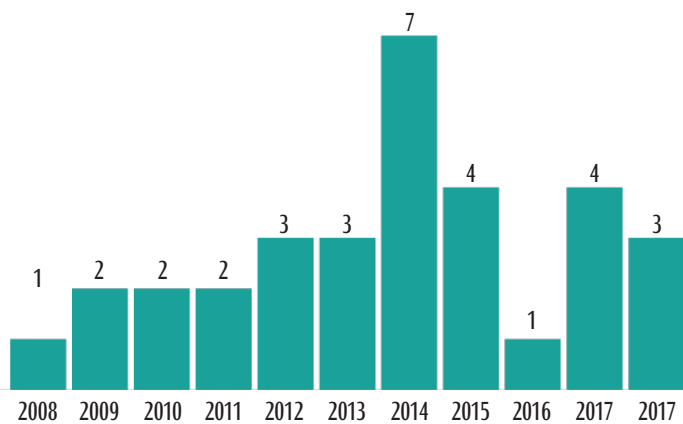
## Elderly



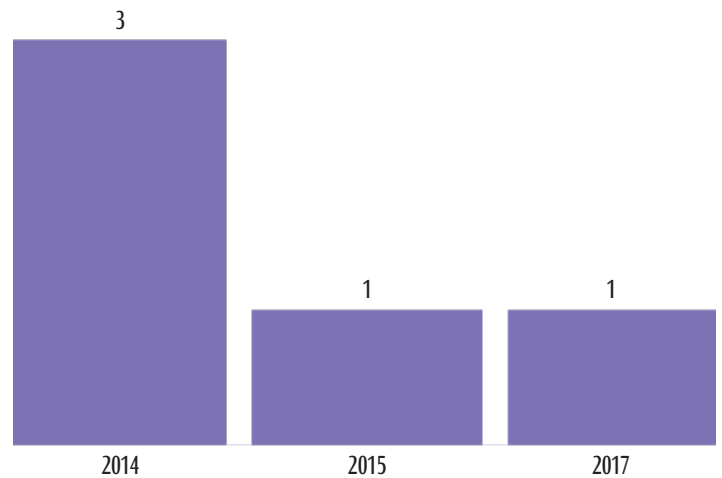
## Physically Disabled



## ID/DD



## Mental Health







# SHIBA (Statewide Health Insurance Advisors) *Medicare information for tribal members*

# What is SHIBA?

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## Statewide **H**ealth **I**nsurance **B**enefits **A**dvisors

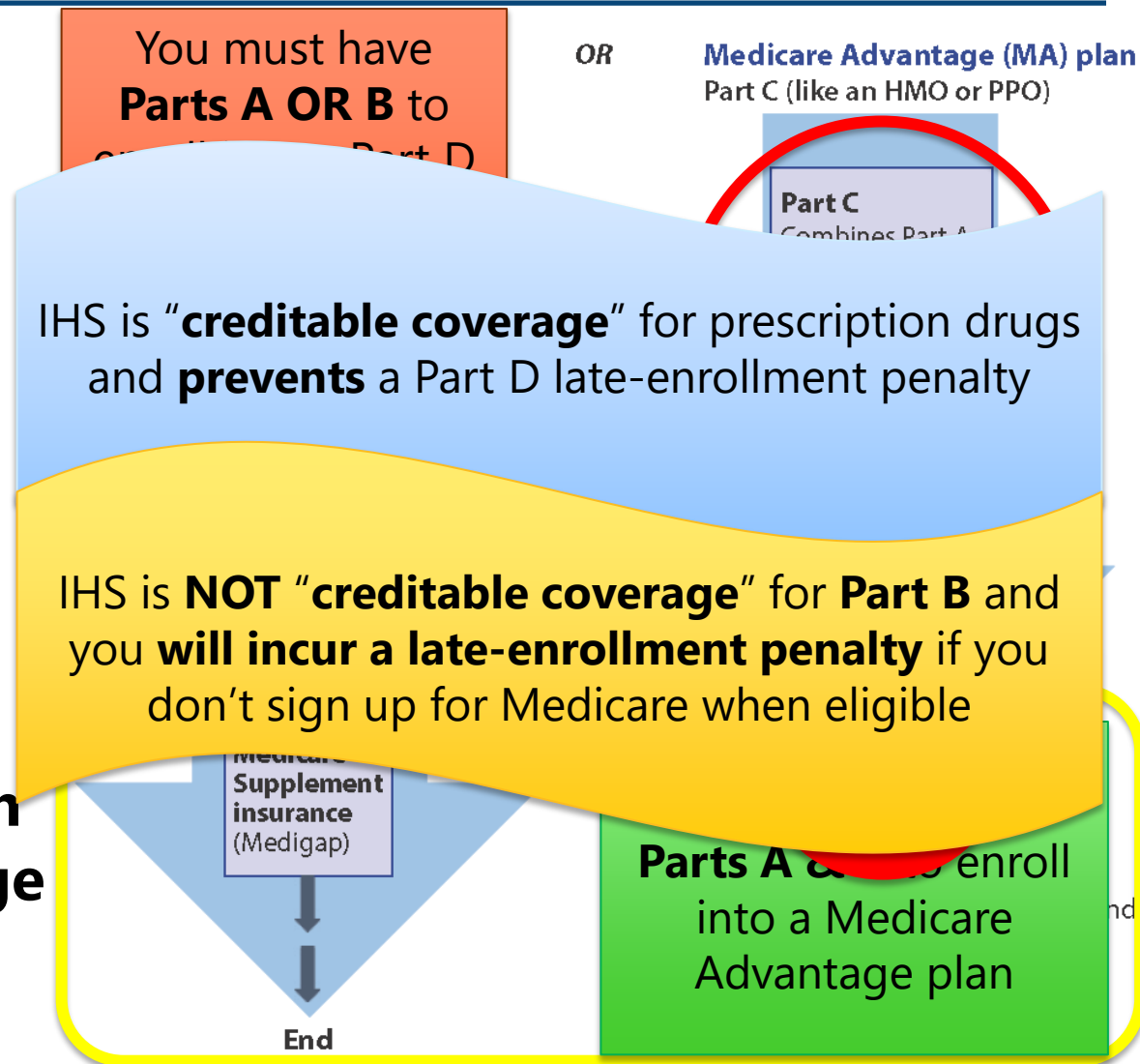
- We are a **FREE** program of the Office of the Insurance Commissioner
- We provide **unbiased** and **confidential** information about Medicare and other health insurance
- We are an **educational** service
- **We don't sell anything**

# Medicare Open Enrollment Period

**Medicare Open Enrollment Period (OEP)** happens every **Oct. 15<sup>th</sup> – Dec. 7<sup>th</sup>**.

During OEP, you can change:

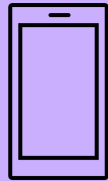
**OEP may be the only chance you have each year to make a change in your coverage.**





# Advertising – TV and mail

- ✓ Not all Medicare plans are available in your area



Call **SHIBA** if you're concerned or confused by any Medicare advertising



- ✓ Your doctor may not be in-network with the plan
- ✓ Your prescription drugs might not be covered

Requirements  
Benefits



# Medicare.gov – PlanFinder

You can compare Part D prescription drug plans or Medicare Advantage plans by using [Medicare.gov](https://www.medicare.gov)'s **PlanFinder**

The screenshot shows the Medicare.gov website interface. At the top left is the Medicare.gov logo. On the right, there are navigation links: Basics, Health & Drug Plans (highlighted), and Providers & Services. A Log in button is also visible. The main content area features a large green banner with the heading "Preview 2022 Medicare plans". Below this, it states: "You can preview 2022 **drug plans (Part D)** and **Medicare Advantage Plans**. Starting October 15, you can enroll in 2022 plans." A yellow box highlights a white button labeled "Log in or Create Account" and a link below it that says "Continue without logging in". Below the banner are two white boxes with green buttons. The left box is titled "New to Medicare?" and contains the text "Learn about your options & enroll in a plan." with a green button labeled "Learn more about options". The right box is titled "Qualify for a Special Enrollment Period?" and contains the text "Log in or create account to change your 2021 coverage." with a green button labeled "Log in or Create Account" and a link below it that says "Continue without logging in".

# Programs available to help cover Medicare costs

- **Extra Help** with **Part D** prescription drugs:  
[www.ssa.gov/medicare/prescriptionhelp/](http://www.ssa.gov/medicare/prescriptionhelp/)
- **Medicare Savings Programs** (MSP) that help pay Part B premiums and sometimes Part A premiums, copays, coinsurance and deductibles:  
[www.washingtonconnection.org](http://www.washingtonconnection.org)

**SHIBA volunteers can help you apply for these programs!**

## For tribal members:

**Income** includes earnings, Social Security payments, pension payments and cash assistance.

It doesn't include food, housing or home energy assistance; up to \$2,000 per year an American Indian/Alaska Native receives from individual interests in trusts or restricted lands; or payments to specific Indian Tribe members as provided by federal legislation.

**Resources** include money in a checking or savings account, retirement account, stocks, bonds or real estate other than your primary residence.

It doesn't include your house, car, furniture, clothing, household items, land held in trust for an individual or Tribe, or funds held in trust by the Secretary of the Interior for an Indian Tribe and distributed per capita to tribal members.

# SHIBA publications

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You can find these publications **online** at  
[www.insurance.wa.gov](http://www.insurance.wa.gov)

or

you can order a **printed copy for FREE.**

[Get Help Paying  
for Medicare –  
Information for  
American Indians &  
Alaskan Natives](#)

[2022 Part D  
prescription drug  
plans chart](#)

[2022 Medicare  
Advantage plans  
charts](#)

[Medigap \(Medicare  
Supplement\) plans  
chart](#)

[Part A & B covered  
services chart](#)

[What agents/  
brokers can and  
can't do for  
Medicare marketing](#)

# SHIBA: 1-800-562-6900

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Are you confused about your Medicare options?

You're not alone!



SHIBA volunteers are here to help you navigate the complexities of Medicare.

**Call us: 1-800-562-6900**

# Need help with other insurance questions?

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The Office of the Insurance Commissioner can also help you with questions, information and complaints about all types of insurance, such as:

- Homeowner
- Auto
- Life
- Annuities
- Health
- And more!

Call our Insurance Consumer Hotline:

**1-800-562-6900**

On the web at: [www.insurance.wa.gov](http://www.insurance.wa.gov)





Follow our favorite Olympic snowboarders as they navigate their way through the Snowlympics!!

Learn winter safety as they take us through experiences with their athletics, families, and friends.

Virtual Live Event presented with Kickstand Comedy

Topics include:

Tips for being safe and preventing falls on snow/ice  
Brain injury prevention tips for winter activities  
Plan for winter weather safety  
and more!

Snowlympics on 14 January 2022 (2 – 3pm) and 15 Jan 2022 (10 – 11am)

[TBI Events Portal](#)

Additional Information, Resources, and downloadable materials can be found at WA State DSHS TBI Resources – [WA State DSHS TBI Resources](#)

Share with your communities, partnerships, and everyone in between

Bring it on Winter, We will be ready



# WHAT TEACHERS NEED TO KNOW ABOUT TRAUMATIC BRAIN INJURY (TBI)



For more ideas and tips to support student with TBI visit [returntoschool.org](https://returntoschool.org).

## What is a TBI?

A TBI is an injury to the brain caused by a bump, blow or jolt to the head, or a penetrating head injury that disrupts the normal function of the brain.

## Common Symptoms of TBI

- Confusion
- Dizziness
- Irritability
- Fatigue
- Headaches
- Weakness
- Feeling dazed or in a fog
- Disorientation
- Slowed processing
- Difficulty with:
  - learning new information
  - memory
  - concentration/attention

## What can Teachers do to Help?

- Provide/implement accommodations
- Give extra time on assignments, homework and tests
- Allow for breaks/rest time
- Communicate frequently with parents
- Meet with the student
- Work as a school team to develop a return to school plan



**AL TSA** Aging and Long-Term  
Support Administration



Traumatic  
Brain Injury

TBI Council of Washington

[returntoschool.org/wa](https://returntoschool.org/wa)  
[tbieventsportal.org/#](https://tbieventsportal.org/#)