

Waiver Eligibility

Recipients must meet all criteria:

- Be an eligible client of DDA per RCW 71A.10.020(5).
- Have a disability according to criteria established in the Social Security Act.
- Apply for long-term care services/Medicaid and have verified income that does not exceed 300% of the SSI federal benefit standard.
 - If a child, parent’s income and resources are not considered.
 - If an adult living with a spouse, the spouse’s income and resources are not considered.
- Have resources less than \$2,000 or be in the Apple Health for Workers with Disabilities (HWD) program.
- Meets the level of care provided in an intermediate care facility for Individuals with intellectual disabilities as determined by the DDA assessment.
- A person-centered service plan shows how health, safety, and habilitation needs can be met in the community with a monthly waiver service and/or monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.

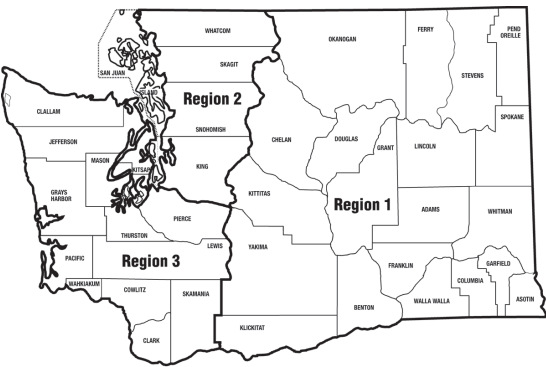
Access to a Waiver

A request for enrollment, or to switch to an alternate waiver can be done at any time. Ask a case resource manager. If a CRM is not available, leave a message on the local No-Paid Service line listed under Regional Offices or submit the request on-line at www.dshs.wa.gov/dda/service-and-information-request. Meeting service criteria for the waiver does not guarantee access to services. Each waiver has a limit on the number of people who can be served. DDA has the authority to limit enrollment based on the availability of funding for new waiver participants.

Administrative Hearing Rights

Everyone has the right to an administrative hearing with any of the following decisions regardless of program or service:

- DDA eligibility is denied, terminated or DDA has unreasonably delayed acting on an application; or
- Type or amount of service authorized to receive; or
- Denial, reduction, or termination of services; or
- Denial of choice of service provider; or
- If moved to a different residential setting, not of one’s choice; or
- DDA refusal to abide by a request not to send notices to any other person; or
- Disenrollment from a waiver program; or
- Denial of request to receive ICF/IID services instead of waiver services; or
- DDA decides that the services available on current waiver can meet health and welfare needs and person disagrees; or
- One has been assessed to not need ICF/IID level of care.



Visit us online at:
dshs.wa.gov/dda/service-and-information-request

Find an office at:
dshs.wa.gov/office-locations

Call us:

| Counties | Phone and Email |
|--|---|
| Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens | (800) 319-7116 R1ServiceRequestA@dshs.wa.gov |
| Adams, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima | (866) 715-3646 R1ServiceRequestB@dshs.wa.gov |
| Island, San Juan, Skagit, Snohomish, Whatcom | (800) 567-5582 R2ServiceRequestA@dshs.wa.gov |
| King | (800) 974-4428 R2ServiceRequestB@dshs.wa.gov |
| Kitsap, Pierce | (800) 735-6740 R3ServiceRequestA@dshs.wa.gov |
| Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum | (888) 707-1202 R3ServiceRequestB@dshs.wa.gov |

People needing support with hearing or communication can call the Washington Telecommunication Relay Service by dialing 7-1-1 or 1-800-833-6388 (TTY).



Basic Plus Waiver

From the
Developmental
Disabilities
Administration



Waiver Overview

The Department of Social and Health Service’s Developmental Disabilities Administration has five Home and Community-Based Service Medicaid Waiver programs. Each waiver offers specific services to meet health and safety needs in the community. The Basic Plus waiver offers a variety of services not available through other resources (private insurance, Medicaid, school, etc.)

The Basic Plus waiver supports individuals who require waiver services to meet their assessed health and safety needs in the community. Services are provided in their own home, family home, in an adult family home or adult residential center. The Basic Plus waiver serves individuals of all ages.

If the assessed need for services exceeds the scope of service provided under the Basic Plus waiver, DDA will make one or more of the following efforts to meet health and welfare needs:

- Identify more available natural supports;
- Initiate an exception to rule to access available, nonwaiver services not included in the Basic Plus waiver other than natural supports;
- Offer the application to apply for an alternative waiver that has the services needed;
- Offer placement in an ICF/IID .

If none of the above options meet the health and welfare needs, DDA may terminate waiver eligibility. If terminated from a waiver, a person can qualify for other non-waiver DDA services.

Waiver Service

Use this brochure to plan for an annual assessment. A case resource manager will explain services and requirements, and document services selected in the person-centered service plan. Some services require review and approval before they are delivered. Ask the CRM about what information is needed for prior approval. Services in four categories with age limits include:

- **Community services** – promote client participation and integration in the community
- **Professional services** – support services provided by contracted professionals
- **Caregiving services** – supports for participants and their caregivers
- **Goods and services** – equipment, supplies and specialized services for participants

Use check boxes to show the CRM which services are of interest:

Community Services

- ☐ **Community engagement** – supports to increase connections and engagement in community resources.
- ☐ **Community inclusion** – individualized support services that connect people in their local community to build relationships with others who share similar interests.
- ☐ **Supported employment** – intensive, ongoing individual and group support to obtain and sustain employment. 21+
- ☐ **Transportation** – reimbursement to a provider for non-medical transportation required to access waiver services specified in one’s PCSP.

Professional Services

- ☐ **Stabilization services** – Assistance and support during a behavioral health crisis. The services include specialized habilitation, staff/family consultation and crisis diversion bed services.
- ☐ **Risk assessment** – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- ☐ **Specialized habilitation** – individualized support to learn or maintain a range of life skills.
- ☐ **Staff/family consultation** – professional consultation to family and direct service providers to better meet needs. Counseling available.
- ☐ **Therapies** – occupational, physical and speech, language and hearing services beyond those provided by Medicaid (Apple Health). 21+

Caregiving Services

- ☐ **Respite** – short-term relief to individuals living with and caring for clients.
- ☐ **Skilled nursing** – chronic, long-term, services to address needs not met through Medicaid (Apple Care). 21+

Goods and Services

- ☐ **Assistive technology** – products and training used to improve or maintain functional abilities.
- ☐ **Bed bug extermination** – treatment for bed bugs in the home.
- ☐ **Therapeutic adaptations** – modifications to the home environment to reduce or eliminate stressors.
- ☐ **Environmental adaptations** – physical modification to the home necessary for a person to continue living in the community.
- ☐ **Specialized equipment and supplies** – necessary equipment and supplies not available under Medicaid (Apple Care) including equipment and supplies needed to implement therapeutic or positive behavioral support plan.
- ☐ **Wellness education** – monthly, individualized, printed educational letter designed to assist in managing health related issues and achieving wellness goals.