

Waiver Eligibility

A person must meet all of the following 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 (ICF/IID) as determined by the DDA Assessment.
- An individual’s Person-Centered Service Plan shows how health, safety, and habilitation needs can be met in the community with a monthly waiver service and/or monthly monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.
- For IFS only, a person must also:
 - Live in the family home. This means living with at least one other family member; a spouse, natural, adoptive or stepparent, child, stepchild, sibling, stepsibling, aunt, uncle, grandparent, first cousin, niece or nephew.

Access to a Waiver

An individual may request enrollment on a waiver or different waiver at any time. Ask the Case/Resource Manager (CRM). If the person does not have a CRM, 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 waiver services. Each waiver has a limit on the number of people who can be served. DDA has the authority to limit enrollment in the waivers based on the availability of funding for new waiver participants.

Administrative Hearing Rights

Individuals have 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 a person is moved to a different residential setting, not of their choice; or
- DDA refusal to abide by the 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 the services available on the current waiver can meet the health and welfare needs and the person disagrees; or
- An individual has been assessed to not need ICF/IID level of care; or
- A person has been assessed to not meet CIIBS eligibility.



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

Find an office at:
dshs.wa.gov/DDA/dda/find-an-office

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).



Transforming lives

DSHS 22-1758 (Rev. 9/19)

Individual and Family Services Waiver

From the Developmental Disabilities Administration



Waiver Overview

Washington State Department of Social and Health Service's Developmental Disabilities Administration (DDA) has five Home and Community-Based Service Medicaid Waiver programs. Each waiver offers specific services to meet an individual's health and safety needs in the community, as opposed to an institution. The Individual and Family Services (IFS) waiver offers a variety of services when services are not available through any other resource (private insurance, Medicaid, school, etc.)

Individual and Family Services (IFS) Waiver

supports individuals who require waiver services to remain in the family home. Individuals must live with a family member. Services are limited by the amount of the annual allocation, which is determined by the DDA assessment (\$1,200; \$1,800; \$2,400; or \$3,600).

If the assessed need for services exceeds the scope of service provided under the IFS 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 non-waiver services not included in the IFS waiver other than natural supports;
- Offer the opportunity to apply for an alternative waiver that has the services needed;
- Offer placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

If none of the above options are successful in meeting health and welfare needs, DDA may terminate the waiver eligibility. If terminated from a waiver, individuals may still be eligible for other non-waiver DDA services.

Waiver Services

Use this brochure to plan an individual's annual assessment. A Case Resource Manager (CRM) will explain services and requirements, and document services selected in the Person-Centered Service Plan. Some services require review & approval before a person can receive them. Ask their CRM 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** – services to increase connections to and engagement in formal and informal community supports.
- Peer mentoring** – peer mentors use personal experiences to provide support and guidance to individuals and family.
- Person-centered plan facilitation** – a life planning process to increase personal self-determination and develop an action plan.
- Transportation** – reimbursement to a provider for non-medical transportation required to access waiver services specified in a PCSP.

Professional Services

- Behavioral health stabilization services** – services to assist and support when a person experiences a behavioral health crisis. Includes positive behavior support and consultation, specialized psychiatric services and crisis diversion bed.
- Positive behavior support and consultation** – supports that assess and address behavioral health needs. These include direct interventions to improve quality of life and community inclusion.
- Risk assessment** – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- Specialized psychiatric services** – psychiatric services specific to the needs of individuals with a developmental disability. 21+
- Staff/family consultation** – professional training and consultation to an individual's 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 who live with and care for an individual with developmental and intellectual disabilities.
- Skilled nursing** – chronic, long-term, nursing 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.
- Environmental adaptations** – physical modification necessary for one to continue living in the community.
- Specialized clothing** – nonrestrictive clothing adapted to the needs related to the disability.
- 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.
- Vehicle modifications** – adaptations to a vehicle that accommodates needs and supports community integration.
- Wellness education** – monthly individualized printed educational letter designated to assist in managing health related issues and achieving wellness goals.

