

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 (ICF/IID) as determined by the DDA assessment.
- A person-centered service plan (PCSP) 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.

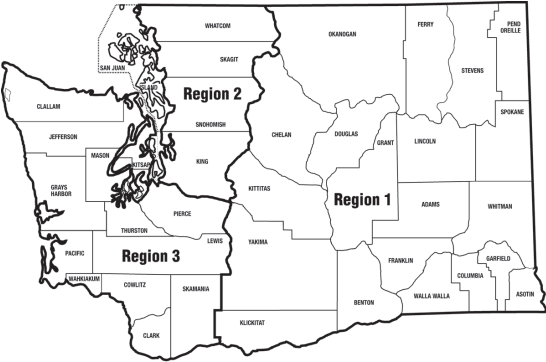
Access to a Waiver

A request for enrollment, or to switch to an alternate waiver can be done at any time. Ask a case resource manager (CRM). 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 (DDA) has five Home and Community-Based Service (HCBS) 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 opportunity 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, one may still be eligible for other nonwaiver DDA services.

Waiver Service

Use this brochure to plan for an annual assessment. A case resource manager (CRM) will explain services and requirements, and document services selected in the person-centered service plan (PCSP). 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 guide** – short-term services designed to develop creative, flexible and supportive community resources.
- ☐ **Community inclusion** – individualized support services that connect people in their local community to build relationships and friendships 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

- ☐ **Behavioral health stabilization services** – services to assist and support during a behavioral health crisis. The services include positive behavior support and consultation, specialized psychiatric services and crisis diversion bed services.
- ☐ **Behavioral health stabilization services – crisis diversion bed services** – temporary residential and behavioral services for those at risk of serious decline in mental functioning and at risk of psychiatric hospitalization.
- ☐ **Positive behavior support and consultation** – supports that assess and address behavioral health needs. These include direct interventions to promote behaviors that 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 and training** – professional training and 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, nursing services to address needs not met through Medicaid (Apple Care). 21+

Goods and Services

- ☐ **Bed bug extermination** – treatment for bed bugs in the home.
- ☐ **Emergency assistance** – a temporary increase to the yearly dollar limit when additional services are required.
- ☐ **Environmental adaptations** – physical modification to the home necessary for a person to continue living in the community.
- ☐ **Specialized medical equipment and supplies** – medically necessary equipment and supplies not available under Medicaid (Apple Care).
- ☐ **Wellness education** – monthly, individualized, printed educational letter designed to assist in managing health related issues and achieving wellness goals.