

CHILDREN'S INTENSIVE IN-HOME BEHAVIORAL SUPPORT (CIIBS) FREQUENTLY ASKED QUESTIONS

Q1: What is the CIIBS Program Model?

A1: The CIIBS Waiver Program combines wraparound planning and positive behavior support. These are the hallmarks of CIIBS and must be used if you choose this program.

Wraparound planning is team-based planning that builds upon strengths. It is grounded in what is important to your child and family. Your team will include family, friends, professionals, and other people who are important in your child's life. Together you will develop a Child and Family Team (CFT) Care Plan. The plan will include formal and informal services and support. Informal support may include help from people in your community and social circle.

Positive behavior support is an approach to addressing your child's behavior. It focuses on fully understanding your child's needs in order to help your child meet their needs without the behaviors of concern. Your family will partner with a behavior specialist to create a positive behavior support plan. This plan will include changes to your child's environment. It will also include relationship and skill building. Behavior specialists will support you and others to follow the plan you helped to create. You may choose to work with a behavior technician as well. Behavior technicians are overseen by behavior specialists and work directly with your child according to the plan. They also support your family to follow the plan.

Q2: What services are available under the CIIBS Waiver?

A2: In addition to behavior support services, CIIBS includes other services to support needs that are identified in your CFT Care Plan. (See "Q19: What is the process for approving other CIIBS services?")

These services include:

- Respite;
- Personal Care;
- Therapeutic equipment and supplies;
- Assistive technology;
- Staff/Family Training and Consultation, which may include individual and family counseling, and consultation with a music therapist;
- Environmental Accessibility adaptations;
- Nurse delegation;
- Occupational, physical, and speech therapy;
- Specialized medical equipment and supplies;
- Transportation;
- Specialized nutrition and clothing;

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- Vehicle modifications
- Specialized psychiatric services;
- Behavioral health stabilization services; and
- Sexual deviancy evaluation.

Q3: What principles guide the CIIBS program?

A3: The planning and delivery of CIIBS supports and services must consider the holistic needs of your child and family. CIIBS follows the ten principles of the wraparound planning model.

1. **Family-driven and youth guided.** Your views are prioritized during all phases of the wraparound process. Planning is grounded in your values. Your child and family team strives to provide options and choices that reflect what is important to you.
2. **Team based.** You agree upon who to invite to your child and family team. Team members are committed to your family. They include informal, formal, and community relationships. Systems involved in decision making for your family must be included.
3. **Natural Supports.** The team actively seeks to include members drawn from family members' social networks. The child and family team care plan reflects the involvement of these natural supports.
4. **Collaboration.** Team members work together and share responsibility for the child and family team care plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community-based.** The team seeks to carry out support strategies that take place in your community. Team members value settings that are inclusive, least restrictive, and easy to access. These should safely promote home and community life.
6. **Culturally competent.** Team members show respect for the identity of your child and family. Planning builds on your cultural values, preferences, and beliefs.
7. **Individualized.** The team shapes strategies to achieve your individual goals. Planning builds on the specifics identified by your team.
8. **Strengths based.** Planning identifies and seeks to build on the strengths of your child and family. Team members apply their own strengths to the process as well. Strengths include capabilities, knowledge, skills, and assets of the whole team.

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9. **Persistence.** The team is committed to the goals in your plan. Despite challenges, team members continue to work toward their achievement.
10. **Outcome based.** The team ties all goals and strategies to observable measures of success. Members monitor progress and revise the plan as needed.

Q4: My child was approved for CIIBS. When can I expect services to begin?

A4: Before services can begin, DDA must complete the final steps for determining waiver eligibility. This includes documentation of federal financial and disability eligibility requirements for waiver enrollment. Your child's case manager will work with you to complete this process. This takes an average of 30 to 90 days. It may take less time for children who are already eligible for Medicaid. CIIBS paid services cannot begin until this process is complete. Services for which you are already eligible and receiving may continue until your child is enrolled on the CIIBS waiver.

Support in the CIIBS model is delivered in the following four phases:

- Phase I, *Family Engagement and Team Preparation*
- Phase II, *Initial Plan Development*
- Phase III, *Plan Implementation*
- Phase IV, *Transition*

Each Phase is described below in more detail.

Q5: What happens during the Phase I, *Family Engagement and Team Preparation*?

A5: The focus of Phase I is building trust and a shared vision with DDA. The activities during this phase set a tone for family involvement and teamwork.

Your case manager will work with you on the following steps:

1. Review and sign the following agreements to get started:
 - DSHS Form 20-273, *Family Agreement to CIIBS Program*
 - DSHS Form 14-012, *Consent*
2. Collect baseline information on your child and family history and well-being. This provides information over time about how well the program is working for you.

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3. Connect you with the CIIBS resource manager to choose a behavior support provider(s) in your community. The CIIBS resource manager will provide you with a list of all available service providers and support you in the decision making process. The CIIBS resource manager can help you find other resources, too.
4. Support you to create your **Family Vision**. Family Vision means a statement written in your family's words that describes your family's hope for the future.
5. Work with you to identify the strengths and needs of your child and family.
6. Gather names and contact information for potential child and family team members. You and your case manager will agree upon who will invite them to join your team.
7. Ensure all steps for waiver enrollment have been completed.
8. Set a date for your first CFT meeting. Your child and family will meet with your case manager every 30 days for the first 90 days that your child is on the waiver. Your team will begin to meet as soon as you are ready.
9. Develop your **Team Mission** at your first CFT meeting. Team Mission means a statement written by your team. It describes the overarching goal of your work together. The Team Mission supports the Family Vision and guides the individual goals and objectives of the team members.

Q6: What is our Child and Family Team?

A6: Your CFT is a group of people that your family chooses to support you. This includes friends, family, community members, and professionals. The team works together to develop your CFT Care Plan.

Q7: Is my child expected to attend our Child and Family Team meetings?

A7: Yes, your child is expected to attend CFT meetings as able. Your child's involvement is important. Your child's involvement may change over time. It is okay if your child is only able to stay in the room for a few minutes at first. Your child's personal care provider can help so that you can focus on the meeting. Over time, we hope that your child can participate more fully in team meetings.

Q8: What happens at our Child and Family Team Meetings?

A8: Child and family team meeting activities are described in Phase II.

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Phase II, *Initial Plan Development*. During this phase, your CFT begins to meet regularly. Once your team begins meeting, your team decides how often to meet, as long as it is at least once every 90 days. Teams often meet monthly during this phase. Your team will develop an initial plan for addressing your identified needs.

CFT meetings include the following activities and structure:

1. Create and follow ground rules for respectful and efficient communication and collaboration between members;
2. Review and add to the list of child, family, and team strengths over time;
3. Identify all needs that reflect your concerns as a family and those of team members;
4. Prioritize and select a few needs for planning to avoid overwhelming you and your team;
5. Brainstorm a variety of strategies for meeting the prioritized needs. Choose the ones that match the strengths and values of your child and family; and
6. Select and set due dates for action steps that involve the participation of all team members.

Q9: How is team planning documented?

A9: Team planning is documented in your CFT Care Plan. This plan will include your family vision and team mission as a constant reference. It will also include the strengths, needs, goals, action steps, and progress discussed at each meeting.

Following each meeting, your case manager will summarize the planning in the CFT Care Plan and send a copy to everyone on the team. You and your team members should expect to receive this copy within one week of the meeting. All team members have the opportunity to review the plan and let your case manager know if anything is missing or not reflected correctly. Your service requests, planning, and outcomes should be included in this plan, but you may request a service from DDA at any time. (See Q17: "How can I ask for other CIIBS services?")

Q10: What happens to our child and family needs that are not prioritized at the meeting?

A10: It is important not to overwhelm your family and team members with too many tasks at each meeting. In order to avoid this, team members prioritize the most pressing needs for planning at each meeting. Team members agree through consensus which needs should be prioritized highest. Other identified needs that are not the highest priority are included in the CFT Care Plan for planning at a later date. At

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any meeting, you may decide to raise a lower priority need to a higher priority or prioritize new needs that arise.

Q11: What happens after my family has an initial plan?

A11: Planning continues in a similar manner during **Phase III, Plan Implementation**.

Teams meet regularly during this phase at a frequency determined by team members. Your team is required to meet at least once every 90 days to fine-tune planning. Your team will monitor progress to ensure that goals are being met and that the process is improving the well-being of your child and family. Activities during this phase are the same as those in Phase II with the addition of progress and outcome monitoring.

Q12: How long will our team continue to meet?

A12: Teams continue to meet regularly throughout enrollment on the CIIBS waiver. Once your child and family situation has stabilized, you have entered **Phase IV, Transition**.

The CIIBS waiver continues up to age 21. Meetings continue to be held at least every 90 days and focus on sustaining progress. To prepare for termination from CIIBS, you will be supported to work on:

- Maintaining a natural support system into the future;
- Decreasing the involvement of professionals;
- Continuing your child's skill development; and
- Preventing challenging behaviors.

During the year prior to age 21 (or sooner, if your child is transitioning from CIIBS earlier than age 21), team planning should include these steps:

1. Determine the level of support needed after the CIIBS waiver. Consider your youth's skills, behavior, and progress. Determine what ongoing services and supports will be needed to maintain this progress into adulthood.
2. Plan for post-high school and vocational preparation. This includes support with transition goals on your youth's Individualized Education Plan (IEP).
3. Prepare for your youth and family to lead the planning process on your own.
4. Provide referrals and assistance in applying for programs or services needed to meet the ongoing needs of your young adult and family.

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Q13: What should I expect from the service of behavior support?

A13: You should expect your behavior specialist to partner with your family. These specialists are experts in behavior and you are experts on your child and family. Your behavior specialist will provide you with a completed functional behavior assessment (FA) and positive behavior support plan (PBSP) within 60 days of an accepted referral. Behavior specialists must ensure that plans match the strengths and values of your child and family. Once you agree to the plan, they oversee its delivery. They also provide training and consultation to your family, behavior technicians, and others. This may include school staff as well. Behavior specialists analyze data regularly and adjust plans as needed to meet your child's behavioral goals.

Behavior technicians work directly with you and your child to implement the plan. They model strategies for you and others. Your behavior specialist oversees the behavior technician.

Behavior support providers should deliver services according to the principles guiding the CIIBS program and the published policies of DDA. If you have concerns about your behavior support provider, please let your case manager and resource manager know. Part of the responsibility of your resource manager is to address service concerns with your providers.

Once your initial PBSP has been completed, your team should meet again. Your team will make a recommendation to DDA for a schedule of support needed to implement the plan. Behavior support hours must be purposeful in order to accomplish the behavioral goals in the plan. Your family will receive a copy of the Individual Support Plan (ISP) and a Planned Action Notice (PAN) identifying the agreed upon hours and description of service to be provided. Any time you believe that DDA has made a decision in error, you have the right to file for an administrative hearing. This includes approvals, partial approvals, and denials of service.

Q14: Will my child qualify for the new Medicaid benefit of Applied Behavioral Analysis?

A14: Beginning January 1, 2013, Medicaid State Plan benefits include Applied Behavioral Analysis (ABA). Features of CIIBS behavior support are included in this new benefit. Your case manager will refer you to the Health Care Authority (HCA) to assist you to apply for ABA services. DDA will cover CIIBS services as usual during this process. If HCA approves ABA services for your child, your case manager will coordinate your child's waiver benefits with HCA. This means that some behavior support services will be covered by HCA and others may be covered by DDA based on need.

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Q15: Am I required to be present when the behavior technician is working with my child?

A15: Behavior technicians are a support to you in learning how to follow your child's PBSP. They model strategies so that you feel more confident with the plan. You must be present in order to gain this benefit. You are not required to be present all the time, however. You and your behavior providers should schedule time for you and your technician to work together.

Q16: Can restraints or restrictive interventions be used to keep our child and family safe?

A16: CIIBS behavior providers are not allowed to use or recommend restraints or restrictive interventions. If in an emergency, providers use a physical intervention to keep people safe, they must report this to your child's case manager. Providers must document emergency use of restraints and restrictive procedures in an incident report for your case manager. They must then analyze the incident afterward with you to determine how to prevent it in the future.

If you currently use restraints or restrictive procedures, your behavior specialist will work with you to find other ideas that work. The behavior specialist will collect data to show a decrease over time as other ideas begin to work.

Q17: How can I ask for other CIIBS services for my child?

A17: You or your team members may request a CIIBS waiver service at any time. You may do this at a team meeting or by contacting your case manager between meetings. You may also use the CIIBS Service Request Form to request a service in writing. This is available online beginning April 1, 2013 at <https://www.dshs.wa.gov/dda/consumers-and-families/home-and-community-based-waivers-hcbs>. Once you have completed this form, send it to your case manager. Requests are generally considered part of the team planning process. This is because services are strategies for meeting identified child and family needs. Service requests must be addressed as a part of the next CFT meeting.

Q18: What if the request cannot wait until the next team meeting?

A18: If you believe that the request cannot wait until the next scheduled meeting, you may request to schedule a team meeting sooner. You may also request that it be processed prior to the meeting.

Q19: What is the process for approving CIIBS services?

A19: Service planning begins with the underlying need that the service request is intended to meet. Your team will consider a variety of ways to meet the identified need and make planning decisions. Private insurance and Medicaid must be considered before waiver funding. Your case manager will document team action steps toward obtaining needed services and supports in your CFT Care Plan. This includes

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assistance to access non-waiver benefits. Your case manager will then coordinate your DDA benefits with other partners. These partners include the Health Care Authority and other Department of Social and Health Services (DSHS) administrations.

DDA makes service request decisions based on the following steps:

1. Review the Washington Administrative Code (WAC) rules governing the service.
2. Review required professional assessments and recommendations. Professionals should have assessment expertise in the area that relates to the underlying need for the service. For example, a speech therapist would assess for assistive communication if the need relates to communication. An occupational therapist would assess for a home modification if the need relates to sensory or physical functioning.
3. Review behavioral and skill building goals in your child's PBSP.
4. Review three environmental adaptation bids or equipment cost comparisons for the best value. Value does not necessarily mean the cheapest bid. Cost, quality, and the environment are all considerations. Services must not exceed the need, however.

Q20: How long can our family expect to wait for a service decision?

A20: DDA must provide a Planned Action Notice (PAN) for all verbal or written requests for services that you or your team members make. You can expect to receive a Planned Action Notice (PAN) within 90 days of the request. Sometimes planning takes longer than 90 days, however. If decisions take longer than 90 days, your case manager must document consistent progress toward a decision in your CFT Care Plan. Approved requests will be added to your child's Individual Support Plan (ISP).

Q21: What if I disagree with a decision to deny, reduce, or stop a CIIBS service?

A21: Your PAN will explain what services are approved, partially approved, and/or denied. It will also explain the basis for any denial or partial denial. Your PAN gives you information about how to file for an administrative hearing. You may request a hearing anytime you believe DDA made a mistake regarding a service decision, even if it is regarding a service approval. You may also request a hearing any time you believe DDA has failed to act, even if you did not receive a PAN.

Q22: Can I choose any provider I want?

A22: You can choose any qualified provider that you want. Qualified providers must be contracted with DDA before beginning services. Your CIIBS case manager or resource manager will provide you with a

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list of all contracted providers in your area. Contracted providers have met the qualifications to provide the service you are requesting. If you are not happy with the choice of providers in your area, you may request providers from other areas of the state.

Requests for environmental/home modification are different. If you have requested home modification, your case manager will provide you with information on how to use the Department of Labor and Industries website at <https://fortress.wa.gov/lni/bbip/> to identify potential contractors who are licensed to perform the type of work you are planning to request. DSHS requires a minimum of three bids from contractors who are licensed to perform the type of environmental/home modification you are requesting. Before work can begin, the selected bidder will need to be contracted with DDA. Your resource manager is available to assist in helping you to talk with contractors of interest to you about the DDA contract and payment process before they bid.

Q23: Will CIIBS pay for recreational activities for my child?

A23: Recreational activity is not a service on the CIIBS waiver. Some respite agencies do provide recreational activities, however. These activities include camps and classes held in a community setting. These agencies must maintain a website that describes the activity and fee. If you are interested in using your respite hours in this way, ask your CIIBS resource manager for resources in your area.