

## Waiver Eligibility

Recipients 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.
- 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 monthly monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.
- For CIIBS only, one must also:
  - Be age 8 through 17 for initial enrollment (served through age 20);
  - Be initially assessed at high or severe risk of out-of-home placement due to challenging behaviors; and;
  - Live with family who agree to participate in the CIIBS program.

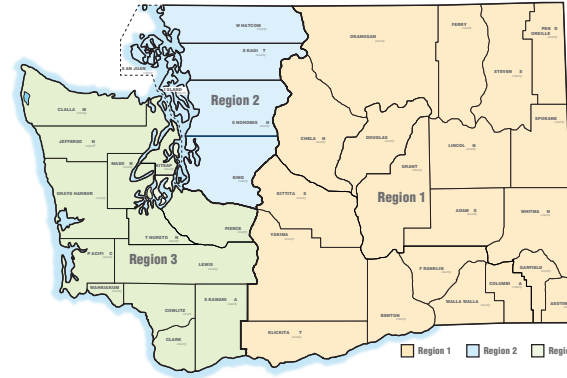
## Access to a Waiver

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](http://www.dshs.wa.gov/dda/service-and-information-request). Meeting service criteria for the waiver does not guarantee access to waiver services. Each waiver is limited 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 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 a person disagrees; or
- A person is assessed to not need ICF/IID level of care; or
- One has been assessed to not meet CIIBS eligibility.



Visit us online at:  
[dshs.wa.gov/dda/service-and-information-request](http://dshs.wa.gov/dda/service-and-information-request)

Find an office at:  
[dshs.wa.gov/DDA/dda/find-an-office](http://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<br>R1ServiceRequestA@dshs.wa.gov |
| Adams, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima | (866) 715-3646<br>R1ServiceRequestB@dshs.wa.gov |
| Island, San Juan, Skagit, Snohomish, Whatcom   | (800) 567-5582<br>R2ServiceRequestA@dshs.wa.gov |
| King   | (800) 974-4428<br>R2ServiceRequestB@dshs.wa.gov |
| Kitsap, Pierce   | (800) 735-6740<br>R3ServiceRequestA@dshs.wa.gov |
| Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum | (888) 707-1202<br>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 22-1755 (3/18)

# Children's Intensive In-Home Behavioral Support Waiver

From the  
Developmental  
Disabilities  
Administration



## Waiver Overview

Department of Social and Health Services' 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 Children's Intensive In-Home Behavioral Support (CIIBS) waiver offers a variety of services when not available through any other resources (private insurance, Medicaid, school, etc.)

Children's Intensive In-Home Behavioral Support (CIIBS) waiver supports youth at risk of out-of-home placement due to challenging behaviors. The CIIBS model involves wraparound planning and family-centered positive behavior support. The CIIBS waiver serves children aged 8 to 20.

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

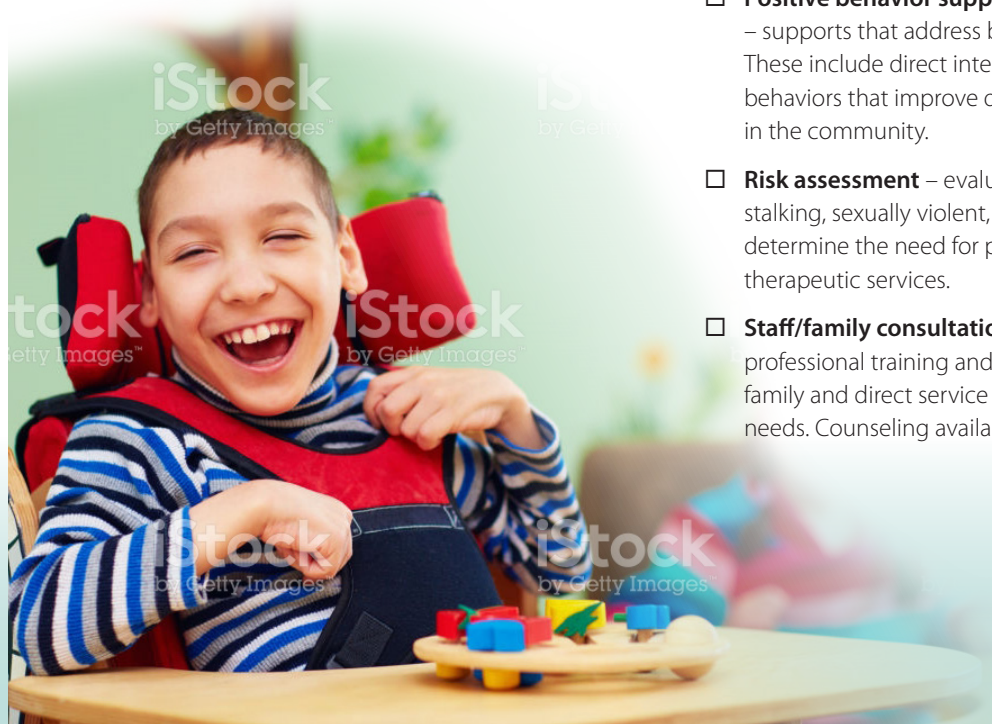
- Identify more available natural supports;
- Initiate an exception to rule to access available non-waiver services not included in the CIIBS waiver other than natural supports;
- Provide the opportunity to apply for an alternative waiver with the services needed;
- Offer placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

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

## Waiver Services

Use this brochure to plan for annual assessments. A case resource manager (CRM) will explain services and requirements, and document the services selected in the person-centered service plan (PCSP). Some services require review and approval before you can receive them. Ask your CRM what information is needed for prior approval. Services in four categories 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

- 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 during a behavioral health crisis. This includes positive behavior support and consultation, and crisis diversion bed services.
- Behavioral health stabilization services – crisis diversion bed services** – temporary residential and behavioral services for persons at risk of serious decline in mental functioning and at risk of psychiatric hospitalization.
- Positive behavior support and consultation** – supports that address behavioral health needs. These include direct interventions to promote behaviors that improve quality of life and inclusion in the community.
- Risk assessment** – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- Staff/family consultation and training** – professional training and consultation provided to family and direct service providers to better meet needs. Counseling available.

### Caregiving Services

- Respite** – short-term relief to individuals living with and caring for clients.

### Goods and Services

- Assistive technology** – products and training used to improve or maintain functional abilities.
- Environmental adaptations** – physical modification to home necessary for one to continue living in the community.
- Specialized clothing** – non-restrictive clothing adapted to the needs related to the disability.
- Specialized medical equipment and supplies** – medically-necessary equipment and supplies not available under Medicaid (Apple Care).
- Therapeutic equipment and supplies** – supplies needed to implement a therapeutic or positive behavioral support plan.
- Vehicle Modifications** – adaptations to a vehicle that accommodates your needs and supports community integration.