

termination of services; and denial or termination of provider of choice; and assist them with understanding and exercising their appeal rights.

PROCEDURES

A. For all currently eligible DDD clients:

1. There must be a representative documented in the record and confirmed prior to initiating any action that results in a decision with appeal rights (DDD eligibility, service eligibility or amount, termination or denial of provider of choice).

Complete the following steps prior to initiating any of the above actions and document these steps in the client's Service Episode Record (SER):

- a. Review "significant others" in the Common Client Data Base (CCDB) and NSA information in CARE to identify the current NSA representative. Use WAC 388-825-100(2) to help determine the NSA representative.
 - i. If none is listed in the client record, ask the client for her/his choice of representative.
 - ii. The NSA representative cannot be a department employee or a contractor or employee of a contractor with DDD unless he/she meets the criteria of WAC 388-825-100(2) (a) through (d).
 - Example: An Adult Family Home (AFH) provider contracted with Home and Community Services Division (HCS) can be the NSA representative for a DDD resident, but an AFH provider who also has a respite contract with DDD cannot be the NSA representative for a DDD resident.
 - iii. The Washington Protection and Advocacy System (WPAS) will be the NSA representative for *Allen* or *Marr* class members currently in the state hospital when:
 - (a) There is no one else; and
 - (b) The issue is an eligibility review.
- b. Contact the identified NSA representative:
 - i. Confirm that the person agrees to accept the DDD notices sent to the client and understands his/her responsibility to assist the eligible person to understand the decision and appeal rights.

- ii. Confirm the mailing address and phone and ensure the CCDB and CARE record have this current information.
 - iii. Document this contact in the CARE SER.
 - c. Include the NSA representative as the primary “significant other” with mail contact (i.e., mailing address, phone number, and legal relationship) in the CCDB.
 - d. In the CARE assessment, mark “Yes” for the NSA question (on the last screen of the assessment) and:
 - i. Enter the name of the NSA representative in the “Comments” box; and
 - ii. Enter the NSA representative’s name, address, and phone number as a collateral contact in CARE demographics.
 - e. Consult with the Assistant Attorneys General (AAG) when:
 - i. There is no one available to act as the NSA representative; or
 - ii. The client objects to the person that is identified; or
 - iii. The client objects to the appointment of anyone to act as his/her NSA representative.
 - f. Prior to identifying a NSA representative, the CRM is limited to the following actions:
 - i. Proceeding with an initial CARE assessment and payment authorization for a state plan Medicaid service (e.g., Medicaid Personal Care, Private Duty Nursing, or Adult Day Health).
 - Once authorized, the service cannot be reduced or terminated until there is an identified NSA representative or a decision that the client does not require a NSA representative.
 - ii. Proceeding to authorize payment for emergency services to meet the health and welfare needs of the client.
 - Once authorized, the service cannot be reduced or terminated until there is an identified NSA representative or a decision that the client does not require a NSA representative.

- (1) Arranging for or providing help to complete and submit forms to us;
- (2) Helping you give or get the information we need to decide or continue eligibility;
- (3) Helping you request continuing benefits;
- (4) If you miss an appointment or deadline, contacting you about the reason before we reduce or end your benefits;
- (5) Explaining to you the reduction in or ending of your benefits;
- (6) If we know you have a person who helps you with your applications, notifying them when we need information or when we are about to reduce or end your benefits;
- (7) Assisting you with requests for fair hearings;
- (8) Providing protective payments if needed; and
- (9) On request, reviewing our decision to terminate, suspend or reduce your benefits.”

WAC 388-472-0020(1) *We identify you as “NSA” if you: (c) Have a developmental disability.*

WAC 388-472-0040: *What are the department's responsibilities in giving NSA services to me?*

“All of our staff are continually responsible to identify you as possible NSA eligible and assist you with NSA services.”

RCW 71A.10.060 (1) and **WAC 388-825-100** require that when DDD gives notice to the person with a developmental disability that the notice also is given to at least one other person. The order of these persons by priority is listed in this RCW and WAC.

RCW 71A.10.060 (2) requires that notice to a person with a developmental disability be “given in a way that the person is best able to understand. This can include reading or explaining the materials to the person.”

WAC 388-825-103: *When will I receive written notice of decisions made by DDD?* You will receive written notice from DDD of the following decisions:

- (1) The denial or termination of eligibility;
- (2) The authorization, denial, reduction, or termination of services or the payment of SSP chapter 388-827 WAC that are authorized by DDD;
- (3) The admission or readmission to, or discharge from, a residential habilitation center.

EXCEPTIONS

Regional Administrators or his/her designees can approve exceptions to authorize an emergency service when there is no identified NSA representative.

SUPERSESSION

DDD Policy 5.02
Issued March 16, 2006

DDD Policy 5.02
Issued April 5, 2005

DDD Policy 5.02
Issued November 30, 2004

DDD Policy 5.02
Issued June 25, 2004

DDD Policy 5.02
Issued August 11, 2003

Approved: /s/ Donald L. Clintzman for Linda Rolfe
Director, Division of Developmental Disabilities

Date: June 23, 2006