PURPOSE

This policy describes the potential resource options available to clients for meeting essential expenses. This policy also describes the types of residential allowances that may be available after all other options have been explored.

SCOPE

This policy applies to Developmental Disabilities Administration (DDA) Case Resource Managers (CRM), Resource Managers (RM), and to the following contracted residential service programs for adults:

- Supported Living (SL)
- Alternative Living (AL)
- State Operated Living Alternatives (SOLA)

POLICY

When an individual does not have sufficient resources to pay for essential expenses, the service provider and CRM are expected to assist the client to explore all possible resources prior to requesting support funded with state dollars.

A. Possible Resources

1. Client’s personal resources.
2. Social Security: Social Security benefits are often a substantial resource for clients. To ensure that this benefit is maximized, the Representative Payee should ensure that:
   a. A timely application is made to Social Security (this application can be made for SSI prior to moving to the community from an institution under a “pre-release procedure”);
   b. All potential benefits have been explored, including Disabled Adult Child (DAC) benefits, which are available to a person with a disability who has at least one (1) parent deceased or of retirement age;
   c. Timely communication occurs with Social Security regarding changes in circumstances which may affect benefits.

3. Housing assistance: In general, rent composes a substantial portion of monthly expenses, so any assistance with reducing this expense is of great benefit to the client. Depending on local resources and funding, assistance may be available for subsidizing rent for a current home and/or specific designated affordable housing.

4. Utilities assistance programs: many utility companies such as water, electric, gas, phone, and cable offer discounts to those with low income and/or disabilities that can be granted upon request and qualification.

5. Basic Food Benefits: Application for food assistance benefits can be made through the local DSHS Community Services Office (CSO).

6. Medicaid / Medicare: Funding for medications, medical expenses, devices and equipment are typically covered under Medicaid / Medicare with proper documentation from a prescribing physician and pre-authorization. In order to utilize Medicaid, Medicare, or Waiver funding for medical expenditures, approval must be obtained prior to making the purchase.

B. Once resource options have been explored, the service provider can request assistance to support the client using DSHS 06-125, Residential Allowance Request (RAR).

C. When reviewing a request, DDA will explore funding sources such as State Supplementary Payments (SSP), Roads to Community Living (RCL) or Waiver (as applicable), and State-only dollars. Available Waiver services and requirements are described in WAC 388-845-0900 through 0910 and are not requested on the RAR. When SSP funds are utilized, prior approval must be obtained from the DDA Central Office SSP Program Manager.
D. Types of assistance requests include:

1. **Start-Up Allowance**

   A start-up allowance may be requested to establish a new residence. This may be used to cover pre-approved essential moving expenses, such as rent and/or utility deposits, installation charges, and to purchase personal items, such as furniture and household goods. The client owns any items purchased with an allowance.

2. **Insufficient Income Allowance**

   This may be used when a client’s income is inadequate to meet on-going or one-time expenses.

3. **Housemate Allowance**

   This may be used when a client needs financial assistance to cover an absent housemate’s share of joint expenses, such as rent and utilities.

4. **Client Damage**

   This may be used when a client causes damages to the personal or leased property of the client or another client, the provider’s property, and/or the provider’s employee’s property when the client is unable or unwilling to pay. Clients must not be coerced into payment, therefore if the client is able but unwilling to pay for the damages, the service provider will inform the RM.

**PROCEDURES**

A. **Start-Up Allowance**

   1. Roads to Community Living (RCL) Transition funds reimburse reasonable costs (necessary expenses in the judgment of the state) to establish basic living arrangements associated with moving from an institutional setting or community based facility to a certified DDA supported living agency. For RCL clients, the transition period includes the time from when the client enrolls in RCL while still in the institution through the 365-day period after the client moves into the community.

   a. RCL Transition start-up authorizations cannot exceed $2000 without the approval of the Regional Administrator (RA)/designee.

   b. Requests for RCL Transition start-up items should be sent to the RCL CRM, who will review the request and provide a response.
c. The RCL CRM will process the request through a prior approval in CARE and authorize the actual amount spent in ProviderOne.

2. For all other clients, approved start-up allowances are limited to a maximum of $1,500 per person for necessary expenditures.
   a. Residential allowance requests must be submitted to and approved by the RM prior to making purchases. Include the following information:
      1) An itemized list of the necessary purchases and estimated cost;
      2) The amount of available income and resources; and
      3) The client is able to retain $75.00, which will not be considered a resource.
   b. If approved, the allowance must be authorized by the RM within fifteen (15) calendar days upon receiving the receipts of the items purchased. For RCL clients, the request is processed through a prior approval in CARE by the RCL Case Manager.
   c. The service provider files the original purchase receipts in the client’s file and submits copies of the receipts to the RM.
   d. The RM authorizes the actual amount spent.
   e. Requests for start-up allowances exceeding $1,500 must be accompanied by a written justification for the additional items and expense and require DDA to process an Exception to Policy (ETP).

B. Insufficient Income Allowance

1. The service provider submits a request using DSHS 06-125, Residential Allowance Request, indicating the amount of the client’s regular income and ongoing expenses.

2. The RM evaluates the need for the allowance using the following criteria:
   a. Allowable expenses include the full cost of rent and utilities, the base rate for telephone service, basic cable, the cost of public transportation to essential services, and allowable costs for food, personal care products, essential clothing, and cleaning supplies; and
   b. Request for allowance of any other expenses must be by ETP.
3. Upon request, the service provider will submit additional documentation or information to the RM, including:

a. Justification for selection of a specific living unit if other less expensive units are available;

b. Evidence of application for HUD Section 8 rent subsidies or a statement that applications are not being accepted; and

c. Receipts to verify expenses claimed on the Residential Allowance Request. If a receipt is not available, document the expense in the client file.

4. The RM determines the allowance amount based on the information above, using the calculation formula on the regional request form submitted by the provider.

5. If approved, the allowance must be authorized within fifteen (15) calendar days of receipt of the request.

C. Housemate Allowance

1. Clients who retain their Social Security benefits for home maintenance during a temporary stay in a facility will continue to pay their portion to maintain their home.

2. When a housemate allowance is needed, the amount of this allowance is determined by the total portion of the fixed monthly expenses that would normally be paid by the absent housemate(s) unless or until the household is reconfigured for the number of clients in the household.

3. A housemate allowance will be reevaluated every ninety (90) days and may be authorized as long as necessary.

4. Within ninety (90) days, the service provider may need to assist client(s) to look for a residence that fits their household configuration and their budget if a potential housemate is not identified.

5. If approved, the allowance must be authorized within fifteen (15) calendar days of receipt of the request.

D. Client Damage

1. Include or attach to the reimbursement request the following documents:

a. A reference to the relevant incident report; and
b. Damages exceeding $1500 must have at least two (2) written estimates and require ETP approval and must include:

1) The client’s Positive Behavior Support Plan (PBSP) developed to respond to the behavior(s) that resulted in the damage if applicable; or

2) Changes to the PBSP that have been made since last RAR was submitted unless the damage is a result of an accident or an isolated incident; and

c. Unless it is an imminent health or safety concern, at least one (1) written estimate or other documentation from a:

1) Licensed and bonded contractor;
2) Bonded service repair person; or
3) Retail store carrying the item to be replaced.

2. The client, the client’s legal representative, or the RM may request an additional estimate.

3. The amount of reimbursement must not exceed the estimate or the replacement value of the article.

4. Reimbursement for damages caused by a client will not be allowed if damage reimbursement is already reflected in the client’s daily rate.

5. In requesting client reimbursement for any damage, the service provider must disclose the existence of any applicable insurance claim. The amount of reimbursement may be limited to the amount of the insurance deductible if an insurance claim has been made.

6. Damages that have been caused by provider’s negligence in following the support needs identified in the client’s Positive Behavior Support Plan (PBSP), DDA Assessment/Individual Support Plan (ISP), or Individual Instruction and Support Plan (IISP) will not be reimbursed by DDA.

E. SOLA Authorizations

All types of RARs for SOLA are paid through SSP or RCL.

F. RAR Submissions

Service providers will submit RARs within ninety (90) days of service month.
G. Resource Manager Administrator Approval

All allowance requests must be reviewed and approved by the Resource Manager Administrator or designee. Approval is contingent upon the availability of funding within the Region.

H. This policy creates no legal obligation on the part of the State of Washington to reimburse any individual or entity and does not give rise to a right of action under any legal or equitable theory.

EXCEPTIONS

Any exceptions to this policy must be approved by the Community Residential Program Manager.

SUPERSESSION

DDA Policy 6.11
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Approved: /s/ Donald Clintsman
Date: July 1, 2015
Deputy Assistant Secretary
Developmental Disabilities Administration