



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

**Agency:** Department of Social and Health Services, Developmental Disabilities Administration

- Preproposal Statement of Inquiry was filed as WSR:15-09-092; or
- Expedited Rule Making--Proposed notice was filed as WSR:\_\_\_; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR:
- Continuance of WSR:

**Title of rule and other identifying information:** (Describe Subject)

The department is proposing to amend WAC 388-828-9060, "How does DDD determine your individual and family services support rating?", WAC 388-828-9100, "How does DDD determine the number to use in the adjustment of your individual and family services support rating?", WAC 388-828-9120, "How does DDD determine your individual and family services score?", and WAC 388-832-0120, "Will my IFS allocation be impacted if I am eligible for Medicaid personal care services?".

**Hearing location(s):**

Office Building 2  
DSHS Headquarters  
1115 Washington  
Olympia, WA 98504

Public parking at 11<sup>th</sup> and Jefferson. A map is available at:  
<http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html>

Date: **September 22, 2015** Time: **10:00 a.m.**

**Submit written comments to:**

Name: DSHS Rules Coordinator  
Address: PO Box 45850  
Olympia, WA 98504  
e-mail: [DSHSRPAURulesCoordinator@dshs.wa.gov](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
fax: (360) 664-6185  
**by: 5:00 p.m. September 22, 2015**

**Assistance for persons with disabilities:** Contact:

Jeff Kildahl, DSHS Rules Consultant by  
Phone: (360) 664-6092 or TTY: (360) 664-6178  
Email: [KildaJA@dshs.wa.gov](mailto:KildaJA@dshs.wa.gov)

**Date of intended adoption:** Not earlier than September 23, 2015  
(Note: This is **NOT** the effective date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The Developmental Disabilities Administration (DDA) intends to make changes to these sections because the majority of individual and family services (IFS) clients will start to receive Medicaid with the implementation of the IFS waiver, and DDA wants to evenly apply the adjustment based on Medical acuity and activities of daily living (ADL) support needs to all clients, regardless of Medicaid eligibility.

**Reasons supporting proposal:**

The consequences of not making these changes would be that an estimated 75% of IFS clients would experience a reduction in their IFS allocation at their next assessment, with the receipt of Medicaid.

**Statutory authority for adoption:**  
RCW 71A.12.030, RCW 71A.12.140

**Statute being implemented:**

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**DATE**  
August 7, 2015

**NAME** (type or print)  
Katherine Vasquez

**SIGNATURE**

**TITLE**  
DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: August 18, 2015**

**TIME: 10:42 AM**

**WSR 15-17-091**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

|                    | Name           | Office Location                         | Phone        |
|--------------------|----------------|---|--------------|
| Drafting....       | Sheila Collins | DDA, P.O. Box 45310, Olympia 98504-5310 | 360.725.3415 |
| Implementation.... | Sheila Collins | DDA, P.O. Box 45310, Olympia 98504-5310 | 360.725.3415 |
| Enforcement.....   | Sheila Collins | DDA, P.O. Box 45310, Olympia 98504-5310 | 360.725.3415 |

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

No. Explain why no statement was prepared.

The rules do not impact small businesses or non-profits. They only impact DSHS clients.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

Phone: ( )

fax: ( )

e-mail:

No: Please explain: The proposed rules are exempt under RCW 34.05.328(5)(b)(vii) and relate only to client medical or financial eligibility.

AMENDATORY SECTION (Amending WSR 09-21-033, filed 10/13/09, effective 11/13/09)

**WAC 388-828-9060 How does DDD determine your individual and family services support rating?** ~~((+1))~~ Your individual and family services support rating is determined by using the following table:

| If your unadjusted individual and family services level is: | Then your individual and family services support rating is: |
|---|---|
| 1   | 0   |
| 2   | 240   |
| 3   | 336   |
| 4   | 432   |
| 5   | 528   |

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-828-9100 How does DDD determine the number to use in the adjustment of your individual and family services support rating?** DDD determines the amount of the adjustment for your individual and family services support rating using the following tables:

~~((+1))~~

| If your individual and family services level is 1, 2, 3, 4, or 5, <del>((and you are not eligible for medicaid personal care))</del> |        | And your ADL support needs level for the SIS per WAC 388-828-5480 |     |        |      |
|--|--------|---|-----|--------|------|
|  |        | None  | Low | Medium | High |
| And your medical acuity level per WAC 388-828-5700   | None   | 57  | 57  | 76     | 85   |
|  | Low    | 57  | 57  | 76     | 85   |
|  | Medium | 57  | 88  | 122    | 145  |
|  | High   | 57  | 145 | 245    | 287  |

~~((+2))~~

| If your individual and family services level is 1, 2, 3, 4, or 5 and you are eligible for medicaid personal care per chapter 388-106 WAC |        | And your ADL support needs level for the SIS per WAC 388-828-5480 |     |        |      |
|--|--------|---|-----|--------|------|
|  |        | None  | Low | Medium | High |
| And your medical acuity level per WAC 388-828-5700   | None   | 0   | 0   | 0      | 0    |
|  | Low    | 0   | 0   | 0      | 0    |
|  | Medium | 0   | 0   | 0      | 0    |
|  | High   | 0   | 0   | 0      | 0))  |

Example: If your individual and family service level is 3 ~~((and you are not eligible for medicaid personal care services))~~ and your ADL support needs level is "low" and your medical acuity level is "medium," the amount of your adjustment is 88.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-828-9120 How does DDD determine your individual and family services score?** DDD adds your individual and family services support rating from WAC 388-828-9060 to the adjustment amount in WAC 388-828-9100 to determine your individual and family services score.

Example: If (~~you are not eligible for medicaid personal care services and~~) your individual and family services support rating is 336 and the amount of your adjustment is 122, your individual and family services score is 458.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0120 Will my IFS allocation be impacted if I am eligible for medicaid personal care services?** (~~If you meet financial and functional eligibility for medicaid personal care services, your IFS allocation will be adjusted according to WAC 388-828-9100 through 388-828-9140.~~) Financial and functional eligibility for medicaid personal care services will not impact your IFS allocation.