RULE-MAKING ORDER

CR-103E (July 2011)
(Implements RCW 34.05.350)

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

Emergency Rule Only

Effective date of rule:
Emergency Rules
☒ Immediately upon filing.
☐ Later (specify)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?
☐ Yes ☒ No If Yes, explain:

Purpose:

The primary purpose for this filing is to allow DSHS to continue the Individual and Family Services (IFS) Waiver and the Community First Choice (CFC) program. Both were implemented by emergency rules and need to remain active by emergency while the department completes the process to make them permanent. In addition these rules clarify where the DDA assessment and reassessment are administered and define overnight planned respite services.

Citation of existing rules affected by this order: Refer to attachment 1
Repealed: 0
Amended: 90
Suspended: 0

Statutory authority for adoption:

SSB 6387 of the 63rd Legislature, 2014 Regular Session for the IFS Waiver, ESHB 2746 of the 63rd Legislative 2014 Regular Session for the CFC Waiver, and ESSB 6052.S.L of the 64th legislative 2015 3rd Special Session for the definition of overnight planned respite services.

Other authority: RCW 71A.12.030, RCW 71A.12.120

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

☐ That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

☒ That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

☐ That in order to implement the requirements or reductions in appropriations enacted in any budget for fiscal year 2009, 2010, 2011, 2012, or 2013, which necessitates the need for the immediate adoption, amendment, or repeal of a rule, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the fiscal needs or requirements of the agency.

Reasons for this finding:

Refer to attachment 2

Date adopted:
May 16, 2016

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: May 19, 2016
TIME: 8:49 AM

WSR 16-12-006

(COMPLETE REVERSE SIDE)

Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note. A section may be counted in more than one category.

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	16	Amended	90	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New _____ Amended _____ Repealed _____

The number of sections adopted in the agency's own initiative:

New _____ Amended _____ Repealed _____

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New _____ Amended _____ Repealed _____

The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	16	Amended	90	Repealed	_____

Attachment 1 for IFS and CFC Rules Filing

Sections being:

Repealed: 0

Amended: 90

Added (new): 16

Suspended: 0

EXISTING SECTIONS BEING AMENDED

388-823-0010 Definitions

388-825-020 Definitions

388-825-057 Am I eligible to receive paid services from DDD?

388-825-0571 What services am I eligible to receive from DDD if I am under the age of eighteen, have been determined to meet DDD eligibility requirements, and I am in a dependency guardianship or foster care with children's administration?

388-825-059 How will I know which paid services I will receive?

388-825-068 What Medicaid state plan services may DDD authorize?

388-825-083 Is there a comprehensive list of waiver and state-only DDD services?

388-825-305 What service providers are governed by the qualifications in these rules?

388-825-310 What are the qualifications for providers?

388-825-325 What are required skills and abilities for individuals and agencies contracted to provide respite care, personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers, or attendant care services?

388-825-330 What is required for agencies to provide care in the home of a person with developmental disabilities?

388-825-355 Are there any educational requirements for individuals providing respite care, attendant care, or personal care services?

388-828-1020 What definitions apply to this chapter?

388-828-1060 What is the purpose of the DDD assessment?

388-828-1500 When does DDD conduct a reassessment?

388-828-1520 Where is the DDD assessment and reassessment administered?

388-828-1540 Who participates in your DDD assessment?

388-828-8000 What is the purpose of the individual support plan (ISP) module?

388-831-0065 What if I refuse to participate in the risk assessment?

388-831-0160 What services may I receive if I refuse placement in the community protection program?

388-845-0001 Definitions

388-845-0015 What HCBS waivers are provided by the developmental disabilities administration (DDA)?

388-845-0020 When were the HCBS waivers effective?

388-845-0030 Do I meet criteria for HCBS waiver-funded services?

388-845-0041 What is DDA's responsibility to provide my services under the DDA HCBS waivers administered by DDA?

388-845-0045 When there is capacity to add people to a waiver, how does DDA determine who will be enrolled?

388-845-0052 What is the process if I am already on a DDA HCBS waiver and request enrollment onto a different waiver DDA HCBS?

388-845-0055 How do I remain eligible for the waiver?

388-845-0060 Can my waiver enrollment be terminated?

388-845-0100 What determines which waiver I am assigned to?

388-845-0105 What criteria determine assignment to the community protection waiver?

388-845-0110 Are there limitations to the waiver services I can receive?

388-845-0111 Are there limitations regarding who can provide services?

388-845-0115 Does my waiver eligibility limit my access to DDA nonwaiver services?

388-845-0200 What waiver services are available to me?

388-845-0210 Basic Plus waiver services

388-845-0215 Core waiver services

388-845-0220 Community protection waiver services

388-845-0225 Children's intensive in-home behavioral support (CIIBS) waiver services

388-845-0415 What is assistive technology?

388-845-0420 Who is a qualified provider of assistive technology?

388-845-0425 Are there limits to the assistive technology I can receive?

388-845-0505 Who is a qualified provider of behavior support and consultation?

388-845-0510 Are there limits to the behavior support and consultation I can receive?

388-845-0820 Are there limits to my use of emergency assistance?

388-845-0900 What are environmental accessibility adaptations?

388-845-0905 Who is a qualified provider for building these environmental accessibility adaptations?

388-845-0910 What limitations apply to environmental accessibility adaptations?

388-845-1015 Are there limits to the extended state plan services I can receive?

388-845-1040 Are there limits to the individualized technical assistance services I can receive?

388-845-1110 What are the limits of behavioral health crisis diversion bed services?

388-845-1150 What are behavioral health stabilization services?

388-845-1160 Are there limitations to the behavioral health stabilization services that I can receive?

388-845-1170 What is nurse delegation?

388-845-1180 Are there limitations to the nurse delegation services that I receive?

388-845-1300 What are personal care services?

388-845-1310 Are there limits to the personal care services I can receive?

388-845-1410 Are there limits to the prevocational services I can receive?

388-845-1600 What is respite care?

388-845-1605 Who is eligible to receive respite care?

388-845-1607 Can someone who lives with me be my respite provider?

388-845-1620 Are there limits to the respite care I can receive?

388-845-1660 Are there limitations to the sexual deviancy evaluations I can receive?

388-845-1700 What is skilled nursing?

388-845-1710 Are there limitations to the skilled nursing services I can receive?

388-845-1800 What are specialized medical equipment and supplies?

388-845-1810 Are there limitations to my receipt of specialized medical equipment and supplies?

388-845-1840 What is specialized nutrition and specialized clothing?

388-845-1845 Who are qualified providers of specialized nutrition and specialized clothing?

388-845-1850 Are there limitations to my receipt of specialized nutrition and specialized clothing?

388-845-1910 Are there limitations to the specialized psychiatric services I can receive?

388-845-2000 What is staff/family consultation and training?

388-845-2005 Who is a qualified provider of staff/family consultation and training?

388-845-2010 Are there limitations to the staff/family consultation and training I can receive?

388-845-2160 What is therapeutic equipment and supplies?

388-845-2170 Are there limitations on my receipt of therapeutic equipment and supplies?

388-845-2210 Are there limitations to the transportation services I can receive?

388-845-2260 What are vehicle modifications?

388-845-2270 Are there limitations to my receipt of vehicle modification services?

388-845-3000 What is the process for determining the services I need?

388-845-3055 What is a waiver individual support plan (ISP)?

388-845-3056 What if I need assistance to understand my individual support plan?

388-845-3060 When is my individual support plan effective?

388-845-3061 Can a change in my individual support plan be effective before I sign it?

388-845-3062 Who is required to sign or give verbal consent to the individual support plan?

388-845-3063 Can my individual support plan be effective before the end of the month?

388-845-3065 How long is my plan effective?

388-845-3070 What happens if I do not sign or verbally consent to my individual support plan (ISP)?

388-845-3075 What if my needs change?

388-845-3085 What if my needs exceed what can be provided under the IFS, CIIBS, Core or Community Protection waiver?

NEW SECTIONS BEING ADDED

388-845-0230 What is the scope of services for the individual and family services waiver?

388-845-0650 What are community engagement services?

388-845-0655 Who is a qualified provider of community engagement service?

388-845-0660 Are there limitations to the community engagement services I can receive?

388-845-1190 What is peer mentoring?

388-845-1191 Who are qualified providers of peer mentoring?

388-845-1192 What limitations are there for peer mentoring?

388-845-1195 What is person-centered planning facilitation?

388-845-1196 Who are qualified providers of person-centered planning facilitation?

388-845-1197 What limitations are there for person-centered planning facilitation?

388-845-1855 What is specialized clothing?

388-845-1860 Who are qualified providers of specialized clothing?

388-845-1865 Are there limitations to my receipt of specialized clothing?

388-845-2130 What are supported parenting services?

388-845-2135 Who are qualified providers of supported parenting services?

388-845-2140 Are there any limitations on my receipt of supported parenting services?

Attachment 2 Reasons for filing these rule changes as emergency

The purpose for this filing is to allow DSHS to continue the Individual and Family Services (IFS) Waiver and the Community First Choice (CFC) program. Both of these were implemented by emergency rules and need to remain active by emergency rules while we continue working with CMS, stake holders, advocacy groups, and other DSHS administrations to refine the semantics and structure of the text for the supplemental CR-102 filing, the comment period, and public hearing.

Related to the IFS Waiver: Once SSB 6387 of the 63rd Legislature 2014 Regular Session was passed, DDA worked on the new required IFS Waiver while we concurrently identified and programmed the enhancements needed to our statewide assessment tool "CARE" that would incorporate the waiver into our daily work process. Our intent was to be ready to file the emergency rules and implement the system changes to CARE upon the waiver approval date given to us by CMS. Our advanced preparation paid off and once CMS approved our IFS Waiver we were able to file the CR-103E to make those changes to rule effective by emergency on June 1, 2015 which turned out to be a short period of time from when CMS approved the waiver and when the waiver would be effective. Although we had also filed the CR-102 and held a public comment hearing for those proposed rules we find ourselves not able to make those rules effective through the regular process prior to needing the additional changes to some sections in chapter 388-845 WAC by the CMS implementation date for the new CFC program.

Related to the Community First Choice (CFC) Program: ESHB 2746 requires DSHS to refinance personal care services and establish a 1915(k) Community First Choice (CFC) program per §1915(k) of the Social Security Act. To that end, DSHS has been working to develop a State Plan Amendment for implementation after CMS approval. This new program also needed modifications to our state wide assessment tool "CARE" and updates to rules of which some sections needing updates are the same sections within Chapter 388-845 WAC that have been adopted by emergency but not yet completed the regular process to be adopted permanently

Related to where the DDA assessment and reassessment is administered: These changes are to more closely align our rules with 42 CFR 441.540 (a)(3) that allows the individual to select a time and location of their convenience for assessments.

Related to the definition of overnight planned respite services: Rule changes to implement overnight planned respite services, as approved in ESSB 6052.S.L of the 64th legislative 2015 3rd Special Session are being implemented by a different emergency rule filing. However, since the definitions section is already open in this filing we are adding the definition in this filing.

AMENDATORY SECTION (Amending WSR 14-12-046, filed 5/29/14, effective 7/1/14)

WAC 388-823-0010 Definitions. The following definitions apply to this chapter:

"ABAS-II" means adaptive behavior assessment system-second edition, which is a comprehensive, norm-referenced assessment of adaptive behavior and skills of individuals from birth through age 89.

"CAS" means the DAS-Naglieri cognitive assessment system, a clinical instrument for assessing intelligence based on a battery of cognitive tasks. The test is used for children ages five through seventeen years eleven months.

"Client" means a person with a developmental disability as defined in chapter 388-823 WAC who is currently eligible and active with the developmental disabilities administration (DDA).

"Community first choice (CFC) is a medicaid state plan program defined in chapter 388-106 WAC.

"C-TONI" means the comprehensive test of nonverbal intelligence, a battery of six subtests, designed to measure different aspects of nonverbal intellectual abilities from ages six to eighteen years eleven months.

"DAS" means differential ability scales, which is a cognitive abilities battery for children and adolescents at least age two years, six months but under age eighteen.

"DDA" means the developmental disabilities administration, an administration within department of social and health services.

"Department" means the department of social and health services.

"Documentation" means written information that provides support for certain claims, such as diagnoses, test scores, or residency for the purpose of establishing DDA eligibility.

"DSM-IV-TR" means the diagnostic and statistical manual of mental disorders, fourth edition, text revision.

"DSM-5" means the diagnostic and statistical manual of mental disorders, fifth edition.

"Eligible" means that DDA has determined that you have a condition that meets all of the requirements for a developmental disability as set forth in this chapter.

"ESIT" means early support for infants and toddlers, a program administered by the department of early learning.

"Expiration date" means a specific date that your eligibility as a client of DDA and all services paid by DDA will stop.

"FSIQ" means the full scale intelligence quotient which is a broad measure of intelligence achieved through one of the standardized intelligence tests included in these rules. Any standard error of measurement value will not be taken into consideration when making a determination for DDA eligibility.

"Functional limitation" means a reduced ability or lack of ability to perform an action or activity in the manner or within the range considered to be normal.

"ICAP" means the inventory for client and agency planning. This is a standardized assessment of functional ability. The adaptive behavior section of the ICAP assesses daily living skills and the applicant awareness of when to perform these skills. The goal is to get a snapshot of his/her ability.

"K-ABC" means Kaufman assessment battery for children, which is a clinical instrument for assessing intellectual development. It is an

individually administered test of intelligence and achievement for children at least age two years, six months but under age twelve years, six months. The K-ABC comprises four global scales, each yielding standard scores. A special nonverbal scale is provided for children at least age four years but under age twelve years, six months.

"Leiter-R" means Leiter international performance scale - revised, which is an untimed, individually administered test of nonverbal cognitive ability for individuals at least age two years but under age twenty-one years.

"Medicaid personal care (MPC)" ((~~means~~)) is a medicaid ((~~personal care and is the provision of medically necessary personal care tasks~~)) state plan program as defined in chapter 388-106 WAC.

"Necessary supplemental accommodation representative" means an individual who receives copies of DDA planned action notices (PANs) and other department correspondence in order to help a client understand the documents and exercise the client's rights. A necessary supplemental accommodation representative is identified by a client of DDA when the client does not have a legal guardian and the client is requesting or receiving DDA services.

"Nonverbal" means that you do not possess sufficient verbal skills to complete a standard intellectual test.

"NSA" means necessary supplemental accommodations, which are services provided to you if you have a mental, neurological, physical, or sensory impairment or other problems that prevent you from getting program benefits in the same way that an unimpaired person would get them.

"Review" means DDA must determine that a current client of DDA still meets all of the requirements for a developmental disability as set forth in this chapter.

"RHC" means a residential habilitation center operated by the DDA.

"SIB-R" means the scale of independent behavior-revised which is an adaptive behavior assessment derived from quality standardization and norming. It can be administered as a questionnaire or as a carefully structured interview, with special materials to aid the interview process.

"SOLA" means a state operated living alternative residential service for adults operated by DDA.

"Stanford-Binet" is a battery of fifteen subtests measuring intelligence for individuals at least age two years but under age twenty-three years.

"Termination" means an action taken by DDA that stops your DDA eligibility and services paid by DDA. If your DDA eligibility is terminated your DDA authorized services will also be terminated. If you remain eligible for community first choice (CFC) or medicaid personal care (MPC) and you are under the age of eighteen DDA will continue to authorize this service. If you are eighteen or older ((~~medicaid personal care~~)) CFC or MPC services will be authorized by the aging and long-term support administration.

"VABS" means Vineland adaptive behavior scales, which is an assessment to measure adaptive behavior in children from birth but under age eighteen years, nine months and in adults with low functioning in four separate domains: Communication, daily living skills, socialization, and motor skills.

"Wechsler" means the Wechsler intelligence scale, which is an individually administered measure of an individual's capacity for intel-

ligent behavior. There are three Wechsler intelligence scales, dependent upon the age of the individual:

• Wechsler preschool and primary scale of intelligence for children at least age three years but under age seven years;

• Wechsler intelligence scale for children at least age six years but under age sixteen years; and

• Wechsler adult intelligence scale for individuals at least age sixteen years but under age seventy-four years.

"WJ III(r)" means the Woodcock-Johnson(r) III, a test which is designed to provide a co-normed set of tests for measuring general intellectual ability, specific cognitive abilities, scholastic aptitude, oral language, and academic achievement. The WJ III(r) is used for ages two and up.

AMENDATORY SECTION (Amending WSR 12-22-037, filed 11/1/12, effective 12/2/12)

WAC 388-825-020 Definitions. "Authorization" means DDD approval of funding for a service as identified in the individual support plan or evidence of payment for a service.

"Client or person" means a person who has a developmental disability as defined in RCW 71A.10.020(3) who also has been determined eligible to receive services by the division under chapter 71A.16 RCW.

"Community first choice (CFC)" is a medicaid state plan program defined in chapter 388-106 WAC.

"Department" means the department of social and health services of the state of Washington.

"Director" means the director of the division of developmental disabilities.

"Division or DDD" means the division of developmental disabilities within the aging and disability services administration of the department of social and health services.

"Enhanced respite services" means respite care for DDD enrolled children and youth, who meet specific criteria, in a DDD contracted and licensed staffed residential setting.

"Family" means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

"ICF/ID" means a facility certified as an intermediate care facility for intellectually disabled by Title XIX to provide diagnosis, treatment and rehabilitation services to the individuals with intellectual disabilities or individuals with related conditions.

"ICF/ID eligible" for admission to an ICF/ID means a person is determined by DDD as needing active treatment as defined in C.F.R. 483.440. Active treatment requires:

(1) Twenty-four hour supervision; and

(2) Continuous training and physical assistance in order to function on a daily basis due to deficits in the following areas: Toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication.

"Individual support plan (ISP)" is a document that authorizes and identifies the DDD paid services to meet a client's assessed needs.

"Medicaid personal care (MPC)" is ((~~the provision of medically necessary personal care tasks as~~)) a medicaid state plan program defined in chapter 388-106 WAC.

"Overnight planned respite services" means services intended to provide short-term intermittent relief for persons who live with the DDA client as the primary care provider and are either (1) a family member (paid or unpaid); or (2) a nonfamily member who is not paid. These services provide person-centered support, care and planned activities for the client in the community.

"Residential habilitation center" or **"RHC"** means a state-operated facility certified to provide ICF/ID and/or nursing facility level of care for persons with developmental disabilities.

"Residential programs" means provision of support for persons in community living situations. Residential programs include DDD certified community residential services and support, both facility-based such as licensed group homes, and nonfacility based, such as supported living and state-operated living alternatives (SOLA). Other residential programs include alternative living (as described in chapter 388-829A WAC, companion homes (as described in chapter 388-829C WAC), adult family homes, adult residential care services, children's foster homes, group care and staffed residential homes.

"Respite care" means short-term intermittent care for DDD clients in order to provide relief for persons who normally provide that care.

"Secretary" means the secretary of the department of social and health services or the secretary's designee.

"State supplementary payment (SSP)" is the state paid cash assistance program for certain DDD eligible SSI clients.

AMENDATORY SECTION (Amending WSR 08-11-072, filed 5/19/08, effective 6/19/08)

WAC 388-825-057 Am I eligible to receive paid services from DDD? You may be eligible to receive paid services from DDD if you are currently an eligible client of DDD per chapter 388-823 WAC and:

(1) You are under the age of three and meet the eligibility requirements contained in WAC 388-823-0800 through 388-823-0850; or

(2) You are a recipient of Washington ((~~state medicaid~~)) apple health under the categorically needy program (CNP) or the alternative benefit plan and meet the eligibility requirements contained in ((~~chapters 388-474, 388-475 and 388-513~~)) chapter 182-513 WAC; or

(3) You are enrolled in a DDD home and community based services waiver and meet the eligibility requirements contained in chapter 388-845 WAC; or

(4) You have been enrolled in the individual and family services program and meet the eligibility requirements contained in chapter 388-832 WAC; or

(5) You have been approved to receive a state-only funded service.

AMENDATORY SECTION (Amending WSR 08-11-072, filed 5/19/08, effective 6/19/08)

WAC 388-825-0571 What services am I eligible to receive from DDD if I am under the age of eighteen, have been determined to meet DDD eligibility requirements, and I am in a dependency guardianship or foster care with children's administration? Your services from DDD are limited to CFC or medicaid personal care services and related case management if you meet the programmatic eligibility for ((~~medicaid personal care~~)) those programs defined in chapter 388-106 and 388-71 WAC ((~~governing medicaid personal care (MPC) using the current department approved assessment form, comprehensive assessment reporting evaluation (CARE),~~)) and:

(1) You are under the age of eighteen;

(2) You have been determined to meet DDD eligibility requirements; and

(3) You are in a dependency guardianship or foster care with children's administration.

AMENDATORY SECTION (Amending WSR 08-11-072, filed 5/19/08, effective 6/19/08)

WAC 388-825-059 How will I know which paid services I will receive? Your person-centered service plan/individual support plan (ISP) identifies the services and the amount of service you can receive.

AMENDATORY SECTION (Amending WSR 12-22-037, filed 11/1/12, effective 12/2/12)

WAC 388-825-068 What medicaid state plan services can DDD authorize? DDD may authorize the following medicaid state plan services if you meet the eligibility criteria for the program:

(1) Community first choice, per chapter 388-106 WAC;

(2) Medicaid personal care, per chapter 388-106 WAC;

((~~(2)~~)) (3) Private duty nursing for adults age eighteen and older; per chapter 388-106 WAC;

((~~(3)~~)) (4) Private duty nursing for children under the age of eighteen, per WAC 182-551-3000;

((~~(4) Adult day health for adults, per chapter 388-106 WAC; and~~))

(5) ICF/ID services, per chapters 388-835 and 388-837 WAC;

(6) Nursing facility services at residential habilitation centers (RHC) per chapter 388-97 WAC.

AMENDATORY SECTION (Amending WSR 10-02-101, filed 1/6/10, effective 2/6/10)

WAC 388-825-083 Is there a comprehensive list of waiver and state-only DDD services? For medicaid state plan services authorized by DDD, see WAC 388-825-068. The following is a list of waiver and state-only services that DDD can authorize and those services that can be either a waiver or a state-only service:

(1) **Waiver personal care services that are not available with state-only funds include:**

(a) In-home services;

(b) Adult family home; and

(c) Adult residential care.

(2) **Waiver services that can be funded as state-only services:**

(a) Assistive technology;

(b) Behavior management and consultation;

((~~(b)~~)) (c) Community engagement;

(d) Community guide;

(e) Community transition;

((~~(c)~~)) (f) Environmental accessibility adaptations;

((~~(d)~~)) (g) Medical equipment and supplies;

((~~(e)~~)) (h) Occupational therapy;

((~~(f)~~)) (i) Peer mentoring;

(j) Person-centered planning facilitation;

(k) Physical therapy;

((~~(g)~~)) (l) Respite care;

((~~(h)~~)) (m) Sexual deviancy evaluation;

((~~(i)~~)) (n) Skilled nursing;

((~~(j)~~)) (o) Specialized clothing;

(p) Specialized nutrition;

(q) Specialized medical equipment or supplies;

((~~(k)~~)) (r) Specialized psychiatric services;

((~~(l)~~)) (s) Speech, hearing and language therapy;

((~~(m)~~)) (t) Staff/family consultation and training;

((~~(n)~~)) (u) Supported parenting services;

(v) Therapeutic equipment and supplies;

(w) Transportation/mileage;

((~~(o)~~)) (x) Vehicle modification;

(y) Residential habilitation services (RHS), including:

(i) Alternative living;

(ii) Companion homes;

(iii) Supported living;

(iv) Group home;

(v) Child foster care;

(vi) Child group care;

(vii) Staffed residential; and

(viii) State operated living alternative (SOLA);

((~~(p)~~)) (z) Employment/day programs, including:

(i) Community access;

(ii) ((~~Community guide;~~))

((~~(iii)~~)) ((~~Person-to-person;~~

~~(iv)~~)) Prevocational services; and

((~~(v)~~))(iii) Supported employment;

((~~(q)~~)) (aa) ((~~ITEIP/~~))County programs, including child development services;

((~~(r)~~)) (bb) Behavioral ((~~Mental~~)) health stabilization services, including:

(i) Behavior ((~~management~~)) support and consultation;

(ii) ((~~Mental health crisis~~)) Behavioral health crisis diversion bed services; and

(iii) ((~~Skilled nursing; and~~

~~(s)~~)) Specialized psychiatric services.

(3) **State-only services that are not available as a waiver service:**

(a) Adult day care;

(b) Architectural and vehicle modification;

(c) Attendant care;

(d) Child care for foster children;

(e) Chore services;

(f) Community services grant;

(g) Individual and family assistance;

(h) Information/education;

(i) Medical and dental services;

(j) Medical insurance copays and costs exceeding other coverage;

(k) Parent and sibling education;

(l) Parent training and counseling;

(m) Psychological counseling;

(n) Recreational opportunities;

(o) State supplementary payments;

((~~(p) Specialized clothing;~~

~~(q) Specialized nutrition;~~

~~(r)~~)) (p) Training of the client;

((~~(s)~~)) (q) Transportation - cost of escort service or travel time; and

((~~(t)~~)) (r) Reimbursement to families for the purchase of approved items or services.

AMENDATORY SECTION (Amending WSR 07-23-062, filed 11/16/07, effective 12/17/07)

WAC 388-825-305 What service providers are governed by the qualifications in these rules? These rules govern individuals and agencies contracted with to provide:

(1) Respite care services;

(2) Personal care services through the ((~~medicaid personal care program or DDD HCBS Basic~~)), Basic Plus((~~, or CORE~~)) waiver((~~s~~)); ((~~or~~))

(3) Community first choice services;

(4) Medicaid personal care; or

(5) Attendant care services.

AMENDATORY SECTION (Amending WSR 05-17-135, filed 8/19/05, effective 9/19/05)

WAC 388-825-310 What are the qualifications for respite care, community first choice, medicaid personal care, and attendant care

service providers? (1) ((~~Individuals and agencies providing medicaid personal care (chapters 388-71 and 388-106 WAC) and DDD HCBS waiver personal care (chapter 388-845 WAC)~~)) The providers of services in WAC 388-825-305 must meet the qualifications and training requirements in WAC 388-71-0500 through 388-71-05909.

(2) ((~~Individuals and agencies providing nonwaiver DDD home and community based services (HCBS) in the client's residence or the provider's residence or other setting must meet the requirements in WAC 388-825-300 through 388-825-400~~)) Individuals and agencies providing state only individual and family services must meet the provider qualifications in chapter 388-832 WAC for the specific service.

(3) Individuals and agencies providing HCBS waiver services must meet the provider qualifications in chapter 388-845 WAC for the specific service. In addition to meeting the provider qualifications in chapter 388-845 WAC, respite care providers must meet requirements in subsection (1) of this section.

AMENDATORY SECTION (Amending WSR 10-02-101, filed 1/6/10, effective 2/6/10)

WAC 388-825-325 What are required skills and abilities for individuals and agencies contracted to provide community first choice services, medicaid personal care, respite care, ((~~personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers,~~)) or attendant care services? (1) As a provider of community first choice services, medicaid personal care, respite care, ((~~personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers,~~)) or attendant care services, you must be able to:

(a) Adequately maintain records of services performed and payments received;

(b) Read and understand the person's service plan. Translation services may be used if needed;

(c) Be kind and caring to the DSHS client for whom services are authorized;

(d) Identify problem situations and take the necessary action;

(e) Respond to emergencies without direct supervision;

(f) Understand the way your employer wants you to do things and carry out instructions;

(g) Work independently;

(h) Be dependable and responsible;

(i) Know when and how to contact the client's representative and the client's case resource manager;

(j) Participate in any quality assurance reviews required by DSHS;

(2) If you are working with an adult client of DSHS as a provider of attendant care, you must also:

(a) Be knowledgeable about the person's preferences regarding the care provided;

(b) Know the resources in the community the person prefers to use and enable the person to use them;

(c) Know who the person's friends are and enable the person to see those friends; and

(d) Enable the person to keep in touch with his/her family as preferred by the person.

AMENDATORY SECTION (Amending WSR 10-02-101, filed 1/6/10, effective 2/6/10)

WAC 388-825-330 What is required for agencies ((~~wanting~~)) to provide care in the home of a person with developmental disabilities? (1) Agencies providing community first choice services, medicaid personal care or respite services must be licensed as a home care agency or a home health agency through the department of health per chapter 246-335 WAC.

(2) If a residential agency certified per chapter 388-101 WAC ((~~wishes~~)) wants to provide medicaid personal care or respite care in the client's home((~~,~~)) the agency must have a home care agency ((~~certification~~)) or ((~~a~~)) home health license.

(3) If a residential agency certified per chapter 388-101 WAC only wants to provide skills acquisition under the community first choice program the agency must be contracted with the department to provide the service.

AMENDATORY SECTION (Amending WSR 07-23-062, filed 11/16/07, effective 12/17/07)

WAC 388-825-355 ((~~Are there any educational~~)) What are the training requirements for individuals providing respite care, attendant care, community first choice, or personal care services? ((~~(1) If you are an~~)) The training and certification requirements for individuals who ((~~providing~~)) provide personal care or community first choice services ((~~for adults, you must meet the training requirements~~)) are listed in chapter 388-71 WAC ((~~388-71-05665 through 388-71-05909.~~)))

~~(2) If you provide personal care for children, or provide respite care, there is no required training but DDD retains the authority to require training of any provider~~)).

AMENDATORY SECTION (Amending WSR 07-10-029, filed 4/23/07, effective 6/1/07)

WAC 388-828-1020 What definitions apply to this chapter? The following definitions apply to this chapter:

"AAIDD" means the American Association on Intellectual and Developmental Disabilities.

"Acuity Scale" refers to an assessment tool that is intended to provide a framework for documenting important assessment elements and for standardizing the key questions that should be asked as part of a professional assessment. The design helps provide consistency from client to client by minimizing subjective bias and assists in promoting objective assessment of a person's support needs.

"ADSA" means the aging and disability services administration (ADSA), an administration within the department of social and health services, which includes the following divisions: Home and community services, residential care services, management services and division of developmental disabilities.

"ADSA contracted provider" means an individual or agency who is licensed, certified, and/or contracted by ADSA to provide services to DDD clients.

"Adult family home" or "AFH" means a residential home in which a person or persons provide personal care, special care, room and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services (see RCW 70.12.010).

"Agency provider" means a licensed and/or ADSA certified business who is contracted with ADSA or a county to provide DDD services (e.g., personal care, respite care, residential services, therapy, nursing, employment, etc.).

"Algorithm" means a numerical formula used by the DDD assessment for one or more of the following:

(1) Calculation of assessed information to identify a client's relative level of need;

(2) Determination regarding which assessment modules a client receives as part of his/her DDD assessment; and

(3) Assignment of a service level to support a client's assessed need.

"Authorization" means DDD approval of funding for a service as identified in the individual support plan or evidence of payment for a service.

"CARE" refers to the comprehensive assessment reporting evaluation assessment per chapter 388-106 WAC.

"Client" means a person who has a developmental disability as defined in RCW 71A.10.020(3) who also has been determined eligible to receive services by the division under chapter 71A.16 RCW.

"Collateral contact" means a person or agency that is involved in the client's life (e.g., legal guardian, family member, care provider, friend, etc.).

"Companion home" is a DDD contracted residential service that provides twenty-four hour training, support, and supervision, to one adult living with a paid provider.

"DDD" means the division of developmental disabilities, a division with the aging and disability services administration (ADSA), department of social and health services (DSHS).

"Department" means the department of social and health services (DSHS).

"Group home" or "GH" means an ADSA licensed adult family home or boarding home contracted and certified by ADSA to provide residential services and support to adults with developmental disabilities.

"ICF/MR" means a facility certified as an intermediate care facility for the mentally retarded to provide habilitation services to DDD clients.

"ICF/MR level of care" is a standardized assessment of a client's need for ICF/MR level of care per 42 C.F.R. 440 and 42 C.F.R. 483. In addition, ICF/MR level of care refers to one of the standards used by DDD to determine whether a client meets minimum eligibility criteria for one of the DDD HCBS waivers.

"Person-centered service plan/individual support plan" or "ISP" is a document that ((~~authorizes and~~)) identifies ((~~the DDD paid serv-~~

~~ices to meet a client's assessed needs~~)) your goals and assessed health and welfare needs. Your person-centered service plan also indicates the paid services and natural supports that will assist you to achieve your goals and address your assessed needs.

"Legal guardian" means a person/agency, appointed by a court, who is authorized to make some or all decisions for a person determined by the court to be incapacitated. In the absence of court intervention, parents remain the legal guardians for their child until the child reaches the age of eighteen.

"LOC score" means a score for answers to questions in the support needs assessment for children that are used in determining if a client meets eligibility requirements for ICF/MR level of care.

"Modules" refers to three sections of the DDD assessment. They are: The support assessment, the service level assessment, and the person-centered service plan/individual support plan (ISP).

"Panel" refers to the visual user-interface in the DDD assessment computer application where assessment questions are typically organized by topic and you and your respondents' answers are recorded.

"Plan of care" or "POC" refers to the paper-based assessment and service plan for clients receiving services on one of the DDD HCBS waivers prior to June 1, 2007.

"Raw score" means the numerical value when adding a person's "Frequency of support," "Daily support time," and "Type of support" scores for each activity in the support needs and supplemental protection and advocacy scales of the supports intensity scale (SIS) assessment.

"Residential habilitation center" or "RHC" is a state-operated facility certified to provide ICF/MR and/or nursing facility level of care for persons with developmental disabilities per chapter 71A.20 RCW.

"Respondent" means the adult client and/or another person familiar with the client who participates in the client's DDD assessment by answering questions and providing information. Respondents may include ADSA contracted providers.

"SIS" means the supports intensity scale developed by the American Association of Intellectual and Developmental Disabilities (AAIDD). The SIS is in the support assessment module of the DDD assessment.

"Service provider" refers to an ADSA contracted agency or person who provides services to DDD clients. Also refers to state operated living alternative programs (SOLA).

"SOLA" means a state operated living alternative program for adults that is operated by DDD.

"State supplementary payment" or "SSP" is the state paid cash assistance program for certain DDD eligible Social Security income clients per chapter 388-827 WAC.

"Supported living" or "SL" refers to residential services provided by ADSA certified residential agencies to clients living in homes that are owned, rented, or leased by the clients or their legal representatives.

"Waiver personal care" means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to your functional limitations per chapter 388-106 WAC to individuals who are authorized to receive services available in the ((~~Basic,~~)) Basic Plus((~~, and Core~~)) waiver((~~s~~)) per chapter 388-845 WAC.

"Waiver respite care" means short-term intermittent relief for persons normally providing care to individuals who are authorized to receive services available in the individual and family services (IFS), children's intensive in-home behavioral support (CIIBS)((~~Basic~~)), Basic Plus, and Core waivers per chapter 388-845 WAC.

"You/Your" means the client.

AMENDATORY SECTION (Amending WSR 08-12-037, filed 5/30/08, effective 7/1/08)

WAC 388-828-1060 What is the purpose of the DDD assessment? The purpose of the DDD assessment is to provide a comprehensive assessment process that:

(1) Collects a common set of assessment information for reporting purposes to the legislature and the department.

(2) Promotes consistency in evaluating client support needs for purposes of planning, budgeting, and resource management.

(3) Identifies a level of service and/or number of hours that is used to support the assessed needs of clients who have been authorized by DDD to receive:

(a) Medicaid personal care services or ((~~DDD HCBS waiver personal care~~)) community first choice services per chapter 388-106 WAC;

(b) Waiver respite care services per chapter 388-845 WAC;

(c) Services in the voluntary placement program (VPP) per chapter 388-826 WAC;

(d) Supported living residential services per chapter 388-101 WAC;

(e) Group home residential services per chapter 388-101 WAC;

(f) Group training home residential services per chapter 388-101 WAC;

(g) Companion home residential services per chapter 388-829C WAC; ((~~or~~))

(h) Individual and family services per chapter 388-832 WAC;

(i) Individual and family services waiver per chapter 388-845 WAC;

(j) State supplementary program per chapter 388-827 WAC.

(4) Records your service requests.

AMENDATORY SECTION (Amending WSR 07-10-029, filed 4/23/07, effective 6/1/07)

WAC 388-828-1500 When does DD((~~D~~))A conduct a reassessment? (1) A reassessment must occur:

((~~(1)~~)) (a) On an annual basis if you are receiving a paid service or SSP; ((~~or~~)) and

((~~(2)~~)) (b) When a significant change is reported that may affect your need for support((~~.~~)) (E.g., changes in your medical condition, caregiver status, behavior, living situation, employment status((~~.~~))); and

(c) Before the next ISP date of your current assessment.

(2) DDA will provide you with notice in advance of your next ISP date so you may schedule the assessment at a time that is convenient to you.

AMENDATORY SECTION (Amending WSR 07-10-029, filed 4/23/07, effective 6/1/07)

WAC 388-828-1520 Where is the DD((D))A assessment and reassessment administered? ((~~The DDD assessment and reassessment are administered in your place of residence~~)) (1) DDA assessments and reassessments are administered in your home or place of residence or at another location that is convenient to you.

(2) If the DDA assessment is not administered in your home or place of residence and if you receive a DDA paid service in your home, a follow up home visit will be conducted to ensure your person-centered service plan can be implemented in your living environment.

AMENDATORY SECTION (Amending WSR 08-12-037, filed 5/30/08, effective 7/1/08)

WAC 388-828-1540 Who participates in your DDD assessment? (1) ((~~All relevant persons who are involved in your life may participate in your DDD assessment, including your parent(s), legal representative/guardian, advocate(s), and service provider(s)~~)) You choose the people who participate in your assessment and person-centered service planning meeting.

(2) DDD requires that at a minimum: You, one of your respondents, and a DDD employee participate in your DDD assessment interview. In addition:

(a) If you are under the age of eighteen, your parent(s) or legal guardian(s) must participate in your DDD assessment interview.

(b) If you are age eighteen or older, your court appointed legal representative/guardian must be consulted if he/she does not attend your DDD assessment interview.

(c) If you are age eighteen and older and have no legal representative/guardian, DDD will assist you to identify a respondent.

(d) DDD may ((~~require additional respondents to participate in~~)) consult with other people who were not present at your DDD assessment interview, if needed, to obtain complete and accurate information.

AMENDATORY SECTION (Amending WSR 07-10-029, filed 4/23/07, effective 6/1/07)

WAC 388-828-8000 What is the purpose of the person-centered service plan/individual support plan (ISP) module? The purpose of the person-centered service plan/individual support plan module is to create a written plan that includes:

(1) Your goals and desired outcomes;

(2) The services and supports, both paid and unpaid, that will assist you to achieve your identified goals.

(3) Your acuity scores generated from the support assessment;

((~~(2)~~)) (4) Referral information;

((~~(3)~~)) (5) The SSP, if any, you are approved to receive in lieu of a DDD paid service; and

((~~(4)~~)) (6) DDD paid services you are authorized to receive:

(a) If you are enrolled in a DDD waiver, the ISP must address all the health and welfare needs identified in your ICF/MR level of care assessment and the supports used to meet your assessed needs; or

(b) If you are not enrolled in a DDD waiver, DDD is only required to address the DDD paid services you are approved to receive.

AMENDATORY SECTION (Amending WSR 08-20-118, filed 9/30/08, effective 10/31/08)

WAC 388-831-0065 What if I refuse to participate in the risk assessment? (1) If you refuse to participate in the risk assessment, the division cannot determine what your health and safety needs are, or whether you can be supported successfully in the community with reasonable safeguards. You will not be eligible for any division services except for case management and community first choice (CFC) or medicaid personal care (MPC) services (if eligible under chapter 388-106 WAC).

(2) Your name will be placed on the specialized client database. This database identifies individuals who may present a danger to their communities.

(3) If DDD determines it can provide only case management and ((~~personal care~~)) CFC or MPC services, you and your legal representative will receive a notice of the determination that explains the decision and your right to appeal that decision.

AMENDATORY SECTION (Amending WSR 08-20-118, filed 9/30/08, effective 10/31/08)

WAC 388-831-0160 What services may I receive if I refuse placement in the community protection program? If you are offered and refuse community protection program residential services, you may only receive case management services and community first choice or medicaid personal care services (if eligible under chapter 388-106 WAC).

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0001 Definitions. "Aggregate services" means a combination of services subject to the dollar limitations in the Basic Plus waivers.

"Allocation" means the amount of IFS waiver funding available to the client for a maximum of twelve months.

"CARE" means comprehensive assessment and reporting evaluation.

"CIIBS" means children's intensive in-home behavioral support waiver.

"Client or person" means a person who has a developmental disability as defined in RCW ((~~71A.10.020(3)~~)) 71A.10.020(5) and has been determined eligible to receive services by the administration under chapter 71A.16 RCW.

"Community crisis stabilization services" or "CCSS" means a state operated program that provides short term supports to participants who meet specific criteria and who are in crisis and/or who are at risk of hospitalization or institutional placement.

"DDA" means the developmental disabilities administration, of the department of social and health services.

"DDA assessment" refers to the standardized assessment tool as defined in chapter 388-828 WAC, used by DDA to measure the support needs of persons with developmental disabilities.

"Department" means the department of social and health services.

"EPSDT" means early and periodic screening, diagnosis, and treatment, medicaid's child health component providing a mandatory and comprehensive set of benefits and services for children up to age twenty one as defined in WAC 182-534-0100.

"Enhanced respite services" means respite care for DDA enrolled children and youth, who meet specific criteria, in a DDA contracted and licensed staffed residential setting.

"Evidence based treatment" means the use of physical, mental and behavioral health interventions for which systematic, empirical research has provided evidence of statistically significant effectiveness as treatments for specific conditions. Alternate terms with the same meaning are evidence-based practice (EBP) and empirically supported treatment (EST).

"Family" means the following relatives: ((~~who live in the same home with the eligible client. Relatives include~~)) spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

"Family home" means the residence where you and your relative(s) live.

"Gainful employment" means employment that reflects achievement of or progress towards a living wage.

"HCBS waivers" means home and community based services waivers.

"Home" means present or intended place of residence.

"ICF/ID" means an intermediate care facility for individuals with intellectual disabilities.

"IFS waiver" means the individual and family services waiver.

((~~"Individual support plan (ISP)" is a document that authorizes and identifies the DDA paid services and unpaid supports to meet a client's assessed needs.~~))

"Integrated business settings" means a setting that enables participants to either work alongside or interact with individuals who do not have disabilities, or both.

"Integrated settings" mean typical community settings not designed specifically for individuals with disabilities in which the majority of persons employed and participating are individuals without disabilities.

"Legal representative" means a parent of a person who is under eighteen years of age, a person's legal guardian, a person's limited guardian when the subject matter is within the scope of limited guardianship, a person's attorney at law, a person's attorney in fact, or any other person who is authorized by law to act for another person.

"Living wage" means the amount of earned wages needed to enable an individual to meet or exceed his/her living expenses.

"Necessary supplemental accommodation representative" means an individual who receives copies of DDA planned action notices (PANs) and other department correspondence in order to help a client understand the documents and exercise the client's rights. A necessary supplemental accommodation representative is identified by a client of DDA when the client does not have a legal guardian and the client is requesting or receiving DDA services.

"Participant" means a client who is enrolled in a home and community based services waiver program.

"Person-centered service plan/individual support plan (ISP)" is a document that identifies your goals and assessed health and welfare needs. Your person-centered service plan also indicates the paid services and natural supports that will assist you to achieve your goals and address your assessed needs.

"Primary caregiver" means the person who provides the majority of your care and supervision.

"Provider" means an individual or agency who meets the provider qualifications and is contracted with DSHS to provide services to you.

"Respite assessment" means an algorithm within the DDA assessment that determines the number of hours of respite care you may receive per year if you are enrolled in the Basic Plus, children's intensive in-home behavioral support, or Core waiver.

"SSI" means supplemental security income, an assistance program administered by the federal Social Security Administration for blind, disabled and aged individuals.

"SSP" means state supplementary payment program, a state-paid cash assistance program for certain clients of the developmental disabilities administration.

"State funded services" means services that are funded entirely with state dollars.

"You/your" means the client.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0015 What HCBS waivers are provided by the developmental disabilities administration (DDA)? DDA provides services through ((~~four~~)) five HCBS waivers:

(1) Basic Plus waiver;

(2) Core waiver;

(3) Community protection (CP) waiver; ((~~and~~))

(4) Children's intensive in-home behavioral support waiver (CIIBS); and

(5) Individual and family services (IFS) waiver.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0020 When were the HCBS waivers effective? Basic Plus, children's intensive in-home behavioral support, Core and community protection waivers were effective September 1, 2012.

Individual and family services waiver was effective June 1, 2015.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0030 Do I meet criteria for HCBS waiver-funded services? (1) You meet criteria for DDA HCBS waiver-funded services if you meet all of the following:

((~~(1)~~)) (a) You have been determined eligible for DDA services per RCW 71A.10.020.

((~~(2)~~)) (b) You have been determined to meet ICF/ID level of care per WAC 388-845-0070, 388-828-3060 and 388-828-3080.

((~~(3)~~)) (c) You meet disability criteria established in the Social Security Act.

((~~(4)~~)) (d) You meet financial eligibility requirements as defined in WAC ((~~388-515-1510~~)) 182-515-1510.

((~~(5)~~)) (e) You choose to receive services in the community rather than in an ICF/ID facility.

((~~(6)~~)) (f) You have a need for monthly waiver services or monthly monitoring as identified in your person-centered service plan/individual support plan.

((~~(7)~~)) (g) You are not residing in hospital, jail, prison, nursing facility, ICF/ID, or other institution.

((~~(8)~~)) (h) Additionally, for the children's intensive in-home behavioral support (CIIBS) waiver-funded services:

((~~(a)~~)) (i) You are age eight or older and under the age of eighteen for initial enrollment and under age twenty-one for continued enrollment;

((~~(b)~~)) (ii) You have been determined to meet CIIBS program eligibility per chapter 388-828 WAC prior to initial enrollment only;

((~~(c)~~)) (iii) You live with your family; and

((~~(d)~~)) (iv) Your parent/guardian(s) and primary caregiver(s), if other than parent/guardian(s), have signed the participation agreement.

(2) For individual and family services waiver funded services, you must meet the criteria in subsection (1) of this section and also:

(a) Live in your family home; and

(b) Are age three or older.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0041 What is DDA's responsibility to provide my services under the DDA HCBS waivers administered by DDA? If you are enrolled in an HCBS waiver administered by ((~~DDD~~)) DDA.

(1) DDA will provide an annual comprehensive assessment to evaluate your health and welfare needs. Your person-centered service plan/individual support plan, as specified in WAC 388-845-3055, will document:

(a) Your identified health and welfare needs; and

(b) Your HCBS waiver services and nonwaiver services authorized to meet your assessed need.

(2) You have access to DDA paid services that are provided within the scope of your waiver, subject to the limitations in WAC 388-845-0110 and 388-845-0115.

(3) DDA will provide waiver services you need and qualify for within your waiver.

(4) DDA will not deny or limit, based on lack of funding, the number of waiver services for which you are eligible.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0045 When there is capacity to add people to a waiver, how does DDA determine who will be enrolled? When there is capacity on a waiver and available funding for new waiver participants, DDA may enroll people from the statewide data base in a waiver based on the following priority considerations:

(1) First priority will be given to current waiver participants assessed to require a different waiver because their identified health and welfare needs have increased and these needs cannot be met within the scope of their current waiver.

(2) DDA may also consider any of the following populations in any order:

(a) Priority populations as identified and funded by the legislature.

(b) Persons DDA has determined to be in immediate risk of ICF/ID admission due to unmet health and welfare needs.

(c) Persons identified as a risk to the safety of the community.

(d) Persons currently receiving services through state-only funds.

(e) Persons on an HCBS waiver that provides services in excess of what is needed to meet their identified health and welfare needs.

(f) Persons who were previously on an HCBS waiver since April 2004 and lost waiver eligibility per WAC 388-845-0060 (1)(i).

(3) ((~~For the Basic Plus waiver only,~~)) DDA may consider persons who need the waiver services available in the Basic Plus or IFS waivers to maintain them in their family's home or in their own home.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0052 What is the process if I am already on a DDA HCBS waiver and request enrollment onto a different ((~~waiver~~)) DDA HCBS waiver? (1) If you are already enrolled in a DDA HCBS waiver and you request to be enrolled in a different waiver DDA will do the following:

(a) Assess your needs to determine whether your health and welfare needs can be met with services available on your current waiver or whether those needs can only be met through services offered on a different waiver.

(b) If DDA determines your health and welfare needs can be met by services available on your current waiver your enrollment request will be denied.

(c) If DDA determines your health and welfare needs can only be met by services available on a different waiver your service need will be reflected in your person-centered service plan/ISP.

(d) If DDA determines there is capacity on the waiver that is determined to meet your needs, DDA will place you on that waiver.

(2) You will be notified in writing of DDA's decision under subsection (1)(a) of this section and if your health and welfare needs cannot be met on your current waiver, DDA will notify you in writing whether there is capacity on the waiver that will meet your health and welfare needs and whether you will be enrolled on that waiver. If current capacity on that waiver does not exist, your eligibility for enrollment onto that different waiver will be tracked on a statewide data base.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0055 How do I remain eligible for the waiver? (1) Once you are enrolled in a DDA HCBS waiver, you can remain eligible if you continue to meet eligibility criteria in WAC 388-845-0030, and:

((~~(1)~~)) (a) You complete a reassessment with DDA at least once every twelve months to determine if you continue to meet all of these eligibility requirements; and

((~~(2)~~)) (b) You must either receive a waiver service at least once in every thirty consecutive days, as specified in WAC 182-513-1320 (3)((~~(b)~~)), or your health and welfare needs require monthly monitoring, which will be documented in your client record; and

((~~(3)~~)) (c) You complete an in-person DDA assessment/reassessment interview ((~~administered in your home~~)) per WAC 388-828-1520.

((~~(4) In addition, for~~)) (2) For the children's intensive in-home behavioral supports waiver, you must meet the criteria in subsection (1) of this section and also:

(a) Be under age twenty-one;

(b) Live with your family; and

(c) Have an annual participation agreement signed by your parent/guardian(s) and primary caregiver(s), if other than parent/guardian(s).

(3) For the individual and family services waiver, you must meet the criteria in subsection (1) of this section and:

(a) Live in the family home; and

(b) Be age three or over.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0060 Can my waiver enrollment be terminated? DDA may terminate your waiver enrollment if DDA determines that:

(1) Your health and welfare needs cannot be met in your current waiver or for one of the following reasons:

(a) You no longer meet one or more of the requirements listed in WAC 388-845-0030;

(b) You do not have an identified need for a waiver service at the time of your annual person-centered service plan/individual support plan;

(c) You do not use a waiver service at least once in every thirty consecutive days and your health and welfare do not require monthly monitoring;

(d) You are on the community protection waiver and:

(i) You choose not to be served by a certified residential community protection provider-intensive supported living services (CP-ISLS);

(ii) You engage in any behaviors identified in WAC 388-831-0240 (1) through (4); and

(iii) DDA determines that your health and safety needs or the health and safety needs of the community cannot be met in the community protection program.

(e) You choose to disenroll from the waiver;

(f) You reside out-of-state;

(g) You cannot be located or do not make yourself available for the annual waiver reassessment of eligibility;

(h) You refuse to participate with DDA in:

(i) Service planning;

(ii) Required quality assurance and program monitoring activities; or

(iii) Accepting services agreed to in your person-centered service plan/individual support plan as necessary to meet your health and welfare needs.

(i) You are residing in a hospital, jail, prison, nursing facility, ICF/ID, or other institution and remain in residence at least one full calendar month, and are still in residence:

(i) At the end of that full calendar month, there is no immediate plan for you to return to the community; or

(ii) At the end of the twelfth month following the effective date of your current person-centered service plan/individual support plan, as described in WAC 388-845-3060; or

(iii) The end of the waiver fiscal year, whichever date occurs first.

(j) Your needs exceed the maximum funding level or scope of services under the Basic Plus waiver as specified in WAC 388-845-3080; or

(k) Your needs exceed what can be provided under WAC 388-845-3085; or

(2) Services offered on a different waiver can meet your health and welfare needs and DDA enrolls you on a different waiver.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0100 What determines which waiver I am assigned to? DDA will assign you to the waiver with the minimum service package necessary to meet your health and welfare needs, based on its evaluation of your DDA assessment as described in chapter 388-828 WAC and the following criteria:

(1) For the individual and family services waiver, you:

(a) Are age three or older;

(b) Live in your family home; and

(c) Are assessed to need a waiver service to remain in the family home.

(2) For the Basic Plus waiver your health and welfare needs require a waiver service to remain in the community.

((~~(2)~~)) (3) For the Core waiver:

(a) You are at immediate risk of out-of-home placement; and/or

(b) You have an identified health and welfare need for residential services that cannot be met by the Basic Plus waiver.

((~~(3)~~)) (4) For the community protection waiver, refer to WAC 388-845-0105 and chapter 388-831 WAC.

((~~(4)~~)) (5) For the children's intensive in-home behavioral support waiver, you:

(a) Are age eight or older and under age eighteen;

(b) Live with your family;

(c) Are assessed at high or severe risk of out of home placement due to challenging behavior per chapter 388-828 WAC; and

(d) You have a signed participation agreement from your parent/guardian(s) and primary caregiver(s), if other than parent/guardian(s).

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0105 What criteria determine assignment to the community protection waiver? DDA may assign you to the community protection waiver only if you are at least eighteen years of age, not currently residing in a hospital, jail or other institution, and meet the following criteria:

(1) You have been identified by DDA as a person who meets one or more of the following:

(a) You have been convicted of or charged with a crime of sexual violence as defined in chapter 71.09 RCW;

(b) You have been convicted of or charged with acts directed towards strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization, or persons of casual acquaintance with whom no substantial personal relationship exists;

(c) You have been convicted of or charged with a sexually violent offense and/or predatory act, and may constitute a future danger as determined by a qualified professional;

(d) You have not been convicted and/or charged, but you have a history of stalking, violent, sexually violent, predatory and/or opportunistic behavior which demonstrates a likelihood to commit a sexually violent and/or predatory act based on current behaviors that may escalate to violence, as determined by a qualified professional; or

(e) You have committed one or more violent offense, as defined in RCW 9.94A.030.

(2) You receive or agree to receive residential services from certified residential community protection provider-intensive supported living services (CP-ISLS); and

(3) You comply with the specialized supports and restrictions in your:

(a) Person-centered service plan/individual support plan;

(b) Individual instruction and support plan (IISP); and/or

(c) Treatment plan provided by DDA approved certified individuals and agencies.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0110 Are there limitations to the waiver services I can receive? There are limitations to waiver services. ((~~In addition to the limitations to your access to nonwaiver services cited for specific services in WAC 388-845-0115, the following limitations apply~~)) Those are:

(1) A service must be ((~~offered~~)) available in your waiver.

(2) The need for a service must be identified and authorized in your person-centered service plan/individual support plan.

((~~(2)~~)) (3) Behavioral health stabilization services may be added to your person-centered service plan/individual support plan after the services are provided.

((~~(3)~~)) (4) Waiver services are limited to services required to prevent ICF/ID placement.

((~~(4)~~)) (5) The cost of your waiver services cannot exceed the average daily cost of care in an ICF/ID.

((~~(5)~~)) (6) Waiver services cannot replace or duplicate other available paid or unpaid supports or services. Participants must first pursue benefits available to them through private insurance and the medicaid state plan.

((~~(6)~~)) (7) Waiver funding cannot be authorized for treatments determined by DSHS to be experimental.

((~~(7) The~~)) (8) For IFS and Basic Plus waivers, ((~~has~~)) services must not exceed the yearly limits ((~~on some~~)) specified in these programs for specific services and/or combinations of services. ((~~The combination of services is referred to as aggregate services.~~))

((~~(8)~~)) (9) Your choice of qualified providers and services is limited to the most cost effective option that meets your health and welfare needs.

((~~(9)~~)) (10) Services provided out-of-state, other than in recognized bordering cities, are limited to respite care and personal care during vacations of not more than thirty consecutive days.

(a) You may receive services in a recognized out-of-state bordering city on the same basis as in-state services.

(b) The only recognized bordering cities per WAC 182-501-0175 are:

(i) Coeur d'Alene, Moscow, Sandpoint, Priest River and Lewiston, Idaho; and

(ii) Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater and Astoria, Oregon.

((~~(10)~~)) (11) Other out-of-state waiver services require an approved exception to rule before DDA can authorize payment.

((~~(11)~~)) (12) Waiver services do not cover co-pays, deductibles, dues, membership fees or subscriptions.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-0111 Are there limitations regarding who can provide services? The following limitations apply to providers for waiver services:

(1) Your spouse must not be your paid provider for any waiver service.

(2) If you are under age eighteen, your natural, step, or adoptive parent must not be your paid provider for any waiver service.

(3) If you are age eighteen or older, your natural, step, or adoptive parent must not be your paid provider for any waiver service with the exception of:

(a) Personal care;

(b) Transportation to and from a waiver service;

(c) Residential habilitation services per WAC 388-845-1510 if your parent is certified as a residential agency per chapter 388-101 WAC; or

(d) Respite care if you and the parent who provides the respite care live in separate homes.

(4) If you receive CIIBS waiver services, your legal representative or family member per WAC 388-845-0001 must not be your paid provider for any waiver service with the exception of:

(a) ((~~Personal care;~~

~~(b)~~)) Transportation to and from a waiver service; and

((~~(c)~~)) (b) Respite per WAC 388-845-1605 through 388-845-1620.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0115 Does my waiver eligibility limit my access to DDA nonwaiver services? If you are enrolled in a DDA HCBS waiver:

(1) You are not eligible for state-only funding for DDA services; and

(2) You ((~~are not~~)) may be eligible for medicaid personal care or community first choice services.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0200 What waiver services are available to me? Each of the DDA HCBS waivers has a different scope of service and your person-centered service plan/individual support plan defines the waiver services available to you.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0210 What is the scope of services for the Basic Plus waiver? ((~~services.~~))

BASIC PLUS WAIVER	SERVICES	YEARLY LIMIT
	AGGREGATE SERVICES: Behavior support and consultation Community guide Environmental ((~~accessibility~~)) adaptations Occupational therapy Physical therapy Skilled nursing Specialized medical equipment/supplies Specialized psychiatric services Speech, hearing and language services Staff/family consultation and training Transportation	May not exceed $6192 per year on any combination of these services
	Wellness Education EMPLOYMENT SERVICES: Prevocational services Supported employment Individual technical assistance	Limits are determined by DDA assessment and employment status; No new enrollment in prevocational services after September 1, 2015
	Community access	Limits are determined by DDA assessment

BASIC PLUS WAIVER	SERVICES	YEARLY LIMIT
	((~~Adult foster care (adult family home)~~)) ((~~Adult residential care (assisted living facility)~~))	((~~Determined per department rate structure~~))
	BEHAVIORAL HEALTH STABILIZATION SERVICES: Behavior support and consultation Behavioral health crisis diversion bed services Specialized psychiatric services	Limits determined by a behavioral health professional or DDA
	Personal care	Limits determined by the CARE tool used as part of the DDA assessment
	Respite care	Limits are determined by the DDA assessment
	Sexual deviancy evaluation	Limits are determined by DDA
	Emergency assistance is only for Basic Plus waiver aggregate services	$6000 per year; preauthorization required

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0215 What is the scope of services for the CORE waiver? ((~~services.~~))

CORE WAIVER	SERVICES	YEARLY LIMIT
	Behavior support and consultation Community guide Community transition Environmental ((~~accessibility~~)) adaptations Occupational therapy Physical therapy	Determined by the person-centered service plan/ individual support plan, not to exceed the average cost of an ICF/ID for any combination of services

CORE WAIVER	SERVICES	YEARLY LIMIT
	Sexual deviancy evaluation Skilled nursing Specialized medical equipment/supplies Specialized psychiatric services Speech, hearing and language services Staff/family consultation and training Transportation Wellness education	
	Residential habilitation	
	Community access	Limits are determined by DDA assessment
	Employment services	Limits are determined by DDA assessment and employment status; No new enrollment in prevocational services after September 1, 2015
	Prevocational services Supported employment Individualized technical assistance	
	BEHAVIORAL HEALTH STABILIZATION SERVICES: Behavior support and consultation Behavioral health crisis diversion bed services Specialized psychiatric services	Limits determined by a behavioral health professional or DDA
	((~~Personal care~~))	((~~Limits determined by the CARE tool used as part of the DDA assessment~~))
	Respite care	Limits are determined by the DDA assessment

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0220 What is the scope of services for the community protection waiver? ((services.))

COMMUNITY PROTECTION WAIVER	SERVICES	YEARLY LIMIT
	Behavior support and consultation Community transition Environmental ((accessibility)) adaptations Occupational therapy Physical therapy Sexual deviancy evaluation Skilled nursing Specialized medical equipment and supplies Specialized psychiatric services Speech, hearing and language services Staff/family consultation and training Transportation	Determined by the person-centered service plan/ individual support plan, not to exceed the average cost of an ICF/ID for any combination of services
	Residential habilitation	
	Employment Services: Prevocational services Supported employment Individual technical assistance	Limits determined by DDA assessment and employment status; No new enrollment in prevocational services after September 1, 2015

COMMUNITY PROTECTION WAIVER	SERVICES	YEARLY LIMIT
	BEHAVIORAL HEALTH STABILIZATION SERVICES: Behavioral support and consultation Behavioral health crisis diversion bed services Specialized psychiatric services	Limits determined by a behavioral health professional or DDA

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0225 What is the scope of services for the children's intensive in-home behavioral support (CIIBS) waiver? ((~~services.~~))

CIIBS Waiver	Services	Yearly Limit
	• Behavior support and consultation • Staff/family consultation and training • Environmental ((~~accessibility~~)) adaptations • Occupational therapy • Physical therapy • Sexual deviancy evaluation • Nurse delegation • Specialized medical equipment/supplies • Specialized psychiatric services • Speech, hearing and language services • Transportation • Assistive technology • Therapeutic equipment and supplies • Specialized nutrition and clothing • Vehicle modifications	Determined by the person-centered service plan/individual support plan. Total cost of waiver services cannot exceed the average cost of $4,000 per month per participant.
	((~~Personal care~~))	((~~Limits determined by the DDA assessment. Costs are included in the total average cost of $4000 per month per participant for all waiver services.~~))

CIIBS Waiver	Services	Yearly Limit
	Respite care	Limits determined by the DDA assessment. Costs are included in the total average cost of $4000 per month per participant for all waiver services.
	Behavioral health Stabilization services: Behavioral support and consultation Crisis diversion bed services Specialized psychiatric services	Limits determined by behavioral health specialist

NEW SECTION

WAC 388-845-0230 What is the scope of services for the individual and family services (IFS) waiver? (1) IFS waiver services include:

(a) Assistive technology;

(b) Behavioral health stabilization services (paid for outside of annual allocation):

(i) Behavioral support and consultation; and

(ii) Specialized psychiatric service.

(c) Behavioral support and consultation;

(d) Community engagement;

(e) Environmental adaptations;

(f) Nurse delegation;

(g) Occupational therapy;

(h) Person-centered plan facilitation;

(i) Peer mentoring;

(j) Physical therapy;

(k) Speech, hearing and language services;

(l) Respite care;

(m) Psychosexual evaluation (paid for outside of annual allocation);

(n) Skilled nursing;

(o) Specialized clothing;

(p) Specialized medical equipment and supplies;

(q) Specialized nutrition;

(r) Supported parenting services;

(s) Staff/Family consultation and training;

(t) Therapeutic equipment and supplies;

(u) Transportation; and

(v) Vehicle modification.

(2) Your IFS waiver services annual allocation is based upon the DDA assessment described in chapter 388-828 WAC. The DDA assessment

determines your service level & annual allocation based on your assessed need. Annual allocations are:

(a) Level 1 = one thousand two hundred dollars;
(b) Level 2 = one thousand eight hundred dollars;
(c) Level 3 = two thousand four hundred dollars;
(d) Level 4 = three thousand six hundred dollars.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-0415 What is assistive technology? Assistive technology consists of items, equipment, or product systems used to increase, maintain, or improve functional capabilities of waiver participants, as well as services to directly assist the participant and caregivers to select, acquire, and use the technology. Assistive technology is available in the CIIBS and IFS waivers, and includes the following:

(1) The evaluation of the needs of the waiver participant, including a functional evaluation of the ((~~child~~)) participant in the ((~~child's~~)) participant's customary environment;

(2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;

(3) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;

(4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(5) Training or technical assistance for the participant and/or if appropriate, the ((~~child's~~)) participant's family; and

(6) Training or technical assistance for professionals, including individuals providing education and rehabilitation services, employers, or other individuals who provide services to, employ, or are otherwise involved in the assistive technology related life functions of ((~~children~~)) individuals with disabilities.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0420 Who is a qualified provider of assistive technology? The provider of assistive technology must be an ((~~assistive technology vendor~~)) entity contracted with DDA to provide assistive technology, or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:

(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) ((~~Certified recreation therapist~~)) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(6) Audiologist; ((~~or~~))

(7) Behavior specialist((~~.~~)) ; or
(8) Rehabilitation counselor.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0425 Are there limits to the assistive technology I can receive? (1) ((~~Providers of assistive technology services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they are providing.~~)) Clinical and support needs for assistive technology are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) ((~~Vendors of assistive technology must maintain a business license required by law and be contracted with DDA to provide this service.~~

~~(3)~~)) Assistive technology may be authorized as a waiver service by obtaining an initial denial of funding or information showing that the technology is not covered by medicaid or private insurance.

((~~(4)~~)) (3) The department does not pay for experimental technology.

((~~(5)~~)) (4) The department requires your treating professional's written recommendation regarding your need for the technology. This recommendation must take into account that:

(a) The treating professional has personal knowledge of and experience with the requested and ((~~alternative~~)) assistive technology; and

(b) The treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation.

((~~(6)~~)) (5) Assistive technology requires prior approval by the DDA regional administrator or designee;

(6) The department may require a written second opinion from a department selected professional that meets the same criteria in subsection ((~~(5) above~~)) (4) of this section.

(7) The dollar amounts for the waiver participant's IFS waiver annual allocation limit the amount of assistive technology you are authorized to receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0505 Who is a qualified provider of behavior support and consultation? Under the Basic Plus, Core, ((~~and community protection~~)) CP and IFS waivers, the provider of behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:

(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;

(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated behavior support agency limited to behavioral health stabilization services.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0510 Are there limits to the behavior support and consultation I can receive? ((~~The following limits apply to your receipt of~~)) (1) Clinical and support needs for behavior support and consultation((~~:~~)) are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

((~~(1)~~)) (2) DDA and the treating professional will determine the need and amount of service you will receive, subject to the limitations in subsection ((~~(2)~~)) (3) ((~~below~~))of this section.

((~~(2)~~)) (3) The dollar ((~~limitations~~)) amounts for aggregate services in your Basic Plus waiver or the dollar amounts in the annual allocation for the IFS waiver limit the amount of service unless provided as a behavioral health stabilization service.

((~~(3)~~)) (4) DDA reserves the right to require a second opinion from a department-selected provider.

(((~~4~~)) (5) Behavior support and consultation not provided as a behavioral health stabilization service requires prior approval by the DDA regional administrator or designee.

NEW SECTION

WAC 388-845-0650 What are community engagement services? (1) Community engagement services are services designed to increase a waiver participant's connection to and engagement in formal and informal community supports.

(2) Services are designed to develop creative, flexible and supportive community resources and relationships for individuals with developmental disabilities.

(3) Waiver participants are introduced to the community resources and supports that are available in their area.

(4) Participants are supported to develop skills that will facilitate integration into their community.

(5) Outcomes for this service include skill development, ((~~positive relationships~~)) opportunities for socialization, valued community roles and involvement in community activities/organizations/groups/projects/other resources.

(6) This service is available in IFS waiver.

NEW SECTION

WAC 388-845-0655 Who is a qualified provider of community engagement service? Any individual or agency contracted with DDA as a "community engagement service provider" is qualified to provide this service as evidenced by:

(1) Two years of community engagement experience with the community in which the participant lives; and

(2) Organizations that provide peer support to individuals with developmental disabilities or families that have a member with a developmental disability and are contracted with DDA to provide this service.

NEW SECTION

WAC 388-845-0660 Are there limitations to the community engagement services I can receive? (1) Support needs for community engagement services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) The dollar amounts in the annual allocation for the IFS waiver limit the amount of service you can receive.

(3) Community engagement services do not pay for the following costs:

(a) Membership fees or dues; and/or

(b) Equipment related to activities; and/or

(c) The cost of any activities;

(4) Community engagement services are provided in the community where the participant lives.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0820 Are there limits to my use of emergency assistance? All of the following limitations apply to your use of emergency assistance:

(1) Prior approval by the DDA regional administrator or designee is required based on a reassessment of your person-centered service plan/individual support plan to determine the need for emergency services;

(2) Payment authorizations are reviewed every thirty days and cannot exceed six thousand dollars per twelve months based on the effective date of your current ((~~plan of care or~~)) person-centered service plan/individual support plan;

(3) Emergency assistance services are limited to the Basic Plus waiver aggregate services;

(4) Emergency assistance may be used for interim services until:

(a) The emergency situation has been resolved; or

(b) You are transferred to alternative supports that meet your assessed needs; or

(c) You are transferred to an alternate waiver that provides the service you need.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0900 What are environmental ((~~accessibility~~)) adaptations? (1) Environmental ((~~accessibility~~)) adaptations are available in all of the DDA HCBS waivers. Environmental adaptations ((~~and~~)) provide ((~~the~~)) physical adaptations within the physical structure of the home, or outside the home to provide access to the home. The need must be identified by the DDA assessment and the participant's person-centered service plan/ ((~~required by the individual's~~)) individual support plan. ((~~needed to~~)) The following criteria must be met:

(a) Ensure the health, welfare and safety of the individual or caregiver or both; or

(b) Enable the individual who would otherwise require institutionalization to function with greater independence in the home.

(2) Environmental ((~~accessibility~~)) adaptations may include the purchase and installation of ((~~ramps and grab bars, widening of doorways, modification of bathroom facilities, or installing specialized electrical and/or plumbing systems necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.~~)) the following:

(a) Portable and fixed ramps;

(b) Grab bars and handrails;

(c) Widening of doorways, addition of pocket doors, or removal of nonweight bearing walls for accessibility;

(d) Prefabricated roll-in showers and bathtubs;

(e) Automatic touchless or other adaptive faucets and switches;

(f) Automatic turn-on and shut-off adaptations for appliances in the home;

(g) Adaptive toilets, bidets, and sinks;

(h) Specialized electrical and/or plumbing systems necessary for the approved modification or medical equipment and supplies that are necessary for the welfare of the individual and/or safety of the caregiver;

(i) Repairs to environmental adaptations due to wear and tear if necessary for client safety and more cost-effective than replacement of the adaptation;

(j) Debris removal necessary due to hoarding behavior addressed in the participant's positive behavior support plan (PBSP);

(k) Lowering or raising of counters, sinks, cabinets, or other modifications for accessibility;

(l) Reinforcement of walls and replacement of hollow doors with solid core doors;

(m) Replacement of windows with non-breakable glass;

(n) Adaptive hardware and switches;

(o) Ceiling mounted lift systems or portable lift systems; and

(p) Other adaptations that meet identified needs.

(3) For the CIIBS and IFS waivers only, adaptations ((~~include repairs~~)) to the home necessary ((~~due to~~)) to prevent property destruction caused by the participant's behavior, as addressed in the participant's positive behavior support plan.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0905 Who is a qualified provider for ((~~building these~~)) environmental ((~~accessibility~~)) adaptations? ((~~The provider making these environmental accessibility adaptations~~))

(1) For adaptations that do not require installation, qualified providers are retail vendors with a valid business license contracted with DDA to provide this service.

(2) For adaptations requiring installation, qualified providers must be a registered contractor per chapter 18.27 RCW and contracted with DDA. The contractor or subcontractor must be licensed and bonded to perform the specific type of work they are providing.

(3) For debris removal, qualified providers must be contracted with DDA.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-0910 What limitations apply to environmental ((~~accessibility~~)) adaptations? The following service limitations apply to environmental ((~~accessibility~~)) adaptations:

(1) Clinical and support needs for environmental adaptations are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan;

(2) Environmental ((~~accessibility~~)) adaptations require prior approval by the DDA regional administrator or designee((~~.~~)) supported by written bids from licensed contractors:

(a) One bid is required for adaptations costing one thousand five hundred dollars or less;

(b) Two bids are required for adaptations costing more than one thousand five hundred dollars and equal to or less than five thousand dollars;

(c) Three bids are required for adaptations costing more than five thousand dollars;

(d) All bids must include the cost of all required permits and sales tax;

(e) Bids must be itemized and clearly outline the scope of work.

(3) DDA may require an occupational therapist, physical therapist, or construction consultant to review and recommend an appropriate environmental adaptation statement of work prior to the waiver participant soliciting bids or purchasing adaptive equipment.

((~~(2) With the exception of damage repairs under the CIIBS waiver, e)~~)) (4) Environmental ((~~accessibility~~)) adaptations or improvements to the home are excluded if they are of general utility without

direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.

(5) Environmental adaptations must meet all local and state building codes. Evidence of any required completed inspections must be submitted to DDA prior to authorizing payment for work.

(6) Deteriorated condition of the dwelling or other remodeling projects in progress in the dwelling may prevent or limit some or all environmental adaptations at the discretion of DDA.

(7) Location of the dwelling in a flood plain, landslide zone or other hazardous area may limit or prevent any environmental adaptations at the discretion of DDA.

(8) Written consent from the dwelling landlord is required prior to starting any environmental adaptations for a rental property. The landlord must not require removal of the environmental adaptations at the end of the waiver participant's tenancy as a condition of the landlord approving the environmental adaptation to the waiver participant's dwelling.

((~~(3)~~)) (9) Environmental ((~~accessibility~~)) adaptations cannot add to the total square footage of the home.

((~~(4)~~)) (10) The dollar ((~~limitations~~)) amounts for aggregate services in your Basic Plus waiver or the dollar amount of your annual IFS allocation limit the amount of service you may receive.

((~~(5)~~)) (11) Damage repairs under the CIIBS and IFS waivers are subject to the following restrictions:

(a) Limited to the cost of restoration to the original condition((~~.~~));

(b) Limited to the dollar amounts of the IFS waiver participant's annual allocation;

(c) Behaviors of waiver participants that resulted in damage to the dwelling must be addressed in a positive behavior support plan prior to the repair of damages;

((~~(b)~~)) (d) Repairs to personal property such as furniture and appliances and normal wear and tear are excluded.

(12) The following adaptations are not included in this service:

(a) Building fences and fence repairs;

(b) Carpet or carpet replacement.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1015 Are there limits to the extended state plan services I can receive? (1) Clinical and support needs for extended state plan services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Additional therapy may be authorized as a waiver service only after you have accessed what is available to you under medicaid and any other private health insurance plan;

((~~(2)~~)) (3) The department does not pay for treatment determined by DSHS to be experimental;

((~~(3)~~)) (4) The department and the treating professional determine the need for and amount of service you can receive:

(a) The department may require a second opinion from a department selected provider.

(b) The department will require evidence that you have accessed your full benefits through medicaid before authorizing this waiver service.

((~~(4)~~)) (5) The dollar ((~~limitations~~)) amount for Basic Plus waiver aggregate services limit the amount of service you may receive.

(6) The dollar amount for your annual allocation on the IFS waiver limit the amount of service you may receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1040 Are there limits to the individualized technical assistance services I can receive? (1) Individualized technical assistance service cannot exceed three months in an individual's plan year.

(2) These services are available on the Basic Plus, Core and ((~~community protection~~)) CP waivers.

(3) Individual must be receiving supported employment or prevocational services.

(4) Services are limited to additional hours per WAC 388-828-9355 and 388-828-9360.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1110 What are the limits of behavioral health crisis diversion bed services? (1) Clinical and support needs for behavioral health crisis diversion bed services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Behavioral health crisis diversion bed services are intermittent and temporary. The duration and amount of services you need to stabilize your crisis is determined by a behavioral health professional and/or DDA.

((~~(2)~~)) (3) These services are available in the CIIBS, Basic Plus, Core((~~,~~)) and community protection waivers administered by DDA as behavioral health stabilization services in accordance with WAC 388-845-1150 through 388-845-1160.

((~~(3)~~)) (4) The costs of behavioral health crisis diversion bed services do not count toward the dollar ((~~limits~~)) amounts for aggregate services in the Basic Plus waiver.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1150 What are behavioral health stabilization services? Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis or meet criteria for enhanced

respite or community crisis stabilization services. These services are available in the Basic Plus, Core, CIIBS, IFS and community protection waivers to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization or hospitalization who need one or more of the following services:

(1) Behavior support and consultation;

(2) Specialized psychiatric services; or

(3) Behavioral health crisis diversion bed services (not available to participants on the IFS waiver).

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1160 Are there limitations to the behavioral health stabilization services that I can receive? (1) Clinical and support needs for behavioral health stabilization services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Behavioral health stabilization services are intermittent and temporary. The duration and amount of services you need to stabilize your crisis is determined by a behavioral health professional and/or DDA.

((~~(2)~~)) (3) The costs of behavioral health stabilization services do not count toward the dollar ((~~limitations~~)) amounts for aggregate services in the Basic Plus waiver or the annual allocation in the IFS waiver.

((~~(3)~~)) (4) Behavioral health stabilization services require prior approval by DDA or its designee.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-1170 What is nurse delegation? (1) Nurse delegation services are services in compliance with WAC 246-840-910 through 246-840-970 by a registered nurse to provide training and nursing management for nursing assistants who perform delegated nursing tasks.

(2) Delegated nursing tasks include, but are not limited to, administration of noninjectable medications except for insulin, blood glucose testing, and tube feedings.

(3) Services include the initial visit, care planning, competency testing of the nursing assistant, consent of the client, additional instruction and supervisory visits.

(4) Clients who receive nurse delegation services must be considered "stable and predictable" by the delegated nurse.

(5) Nurse delegation services are available on all DDA HCBS waivers.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-1180 Are there limitations to the nurse delegation services that I receive? The following limitations apply to receipt of nurse delegation services:

(1) Clinical and support needs for nurse delegation are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) The department requires the delegating nurse's written recommendation regarding your need for the service. This recommendation must take into account that the nurse has recently examined you, reviewed your medical records, and conducted a nursing assessment.

((~~(2)~~)) (3) The department may require a written second opinion from a department selected nurse delegator that meets the same criteria in subsection ((~~(1)~~)) (2) of this section.

((~~(3)~~)) (4) The following tasks must not be delegated:

(a) Injections, other than insulin;

(b) Central lines;

(c) Sterile procedures; and

(d) Tasks that require nursing judgment.

(5) The dollar amounts for aggregate services in your basic plus waiver or the dollar amounts for your annual allocation in your IFS waiver limit the amount of nurse delegation service you are authorized to receive.

NEW SECTION

WAC 388-845-1190 What is peer mentoring? (1) Peer mentoring is a form of mentorship that takes place between a person who is living through the experience of having a developmental disability or being the family member of a person who has a developmental disability (peer mentor) and a person who is new to that experience (the peer mentee).

(2) Peer mentors utilize their personal experiences to provide support and guidance to a waiver participant and family members of a waiver participant.

(3) Peer mentors may orient a waiver participant to local community services, programs and resources and provide answers to participants' questions or suggest other sources of support.

(4) Peer mentoring is available in the IFS waiver.

NEW SECTION

WAC 388-845-1191 Who are qualified providers of peer mentoring? Qualified providers include organizations who:

(1) Provide peer mentoring support and training to individuals with developmental disabilities or to families with a member with a developmental disability; and

(2) Are contracted with DDA to provide this service.

NEW SECTION

WAC 388-845-1192 What limitations are there for peer mentoring? (1) Support needs for peer mentoring are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Peer mentors cannot mentor their own family members.

(3) The dollar amounts for the waiver participant's annual allocation in the IFS waiver limit the amount of peer mentoring service that the participant is authorized to receive.

NEW SECTION

WAC 388-845-1195 What is person-centered plan facilitation? (1) Person-centered plan facilitation is an approach to forming life plans that is centered on the individual. It is used as a life planning process to enable individuals with disabilities to increase personal self-determination. Person-centered plan facilitation is available in the IFS waiver.

(2) Person-centered plan facilitation typically includes:

(a) Identifying and developing a potential circle of people who know and care about the individual;

(b) Exploring what matters to the waiver participant by listening to and learning from the person;

(c) Developing a vision for a meaningful life, as defined by the waiver participant, which may include goals for education, employment, housing, relationships and recreation;

(d) Discovering capacities and assets of the waiver participant and her or his family, neighborhood, and support network;

(e) Generating an action plan; and

(f) Facilitating follow-up meetings to track progress towards goals.

NEW SECTION

WAC 388-845-1196 Who are qualified providers of person-centered plan facilitation? Qualified providers include organizations and individuals who:

(1) Provide person-centered plan facilitation to individuals with developmental disabilities; and

(2) Are contracted with DDA to provide this service.

NEW SECTION

WAC 388-845-1197 What limitations are there for person-centered plan facilitation? (1) Support needs for person-centered planning facilitation are identified in the waiver participant's DDA assessment

and documented in the person-centered service plan/individual support plan.

(2) Person-centered plan facilitation may include follow up contacts with the waiver participant and his or her family to consult on plan implementation.

(3) The dollar amounts for the waiver participants' annual allocation in the IFS waiver limit the amount of person-centered plan facilitation service the individual is authorized to receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1300 What are personal care services? Personal care services as defined in WAC 388-106-0010 are the provision of assistance with personal care tasks. These services are available in the Basic Plus((~~, CIIBS and Core~~)) waiver((~~s~~)) if:

(1) You do not meet the programmatic eligibility requirements for community first choice services in chapter 388-106 WAC; and

(2) You meet the programmatic eligibility requirements for medicaid personal care in chapter 388-106 WAC.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1310 Are there limits to the personal care services I can receive? (1) Clinical and support needs for personal care services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) You must meet the programmatic eligibility for medicaid personal care in chapter 388-106 WAC governing medicaid personal care (MPC) using the current department approved assessment form: Comprehensive assessment reporting evaluation (CARE).

((~~(2)~~)) (3) The maximum hours of personal care you may receive are determined by the CARE tool used as part of the DDA assessment.

(a) Provider rates are limited to the department established hourly rates for in-home medicaid personal care.

(b) Homecare agencies must be licensed through the department of health and contracted with DSHS.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1410 Are there limits to the prevocational services I can receive? The following limitations apply to your receipt of prevocational services:

(1) Clinical and support needs for prevocational services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) You must be age twenty and graduating from high school prior to your July or August twenty-first birthday, age twenty-one and graduated from high school, or age twenty-two or older to receive prevocational services.

((~~(2)~~)) (3) New referrals for prevocational services require prior approval by the DDA regional administrator and county coordinator or their designees.

((~~(3)~~)) (4) Prevocational services are a time limited step on the pathway toward individual employment and are dependent on your demonstrating steady progress toward gainful employment over time. Your annual employment plan will include exploration of integrated settings within your next service year. Criteria that would trigger a review of your need for these services include, but are not limited to:

(a) Compensation at more than fifty percent of the prevailing wage;

(b) Significant progress made toward your defined goals;

(c) Recommendation by your individual support plan team.

((~~(4)~~)) (5) You will not be authorized to receive prevocational services in addition to community access services or supported employment services.

((~~(5)~~)) (6) Your service hours are determined by the assistance you need to reach your employment outcomes as described in WAC 388-828-9325.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1600 What is respite care? Respite care is short-term intermittent care in order to provide relief for persons who: ((~~normally provide care for and l~~))

(1) Live with you and are your primary care providers; and

(a) Your family members (paid or unpaid care providers); or

(b) Nonfamily members who are not paid to provide care for you; or

(c) Contracted companion home providers paid by DDA to provide support to you; or

(d) Licensed children's foster home providers paid by DDA to provide support to you.

(2) This service is available in the Basic Plus, CIIBS, ((~~and~~)) Core and IFS waivers.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1605 Who is eligible to receive respite care? You are eligible to receive respite care if you are in the Basic Plus, CIIBS, ((~~or~~)) Core or IFS waiver and((~~÷~~)) meet the criteria in WAC 388-845-1600.

((~~(1) You live in a private home and no person living with you is contracted by [DSHS] to provide you with a service; or~~

~~(2) You are age eighteen or older and:~~

~~(a) You live with your natural, step or adoptive parent(s) who is also contracted by [DSHS] to provide you with a service; and~~

~~(b) No one else living with you is contracted by DSHS to provide you with a service; or~~

~~(3) You are under the age of eighteen and:~~

~~(a) You live with your natural, step or adoptive parent(s); and~~

~~(b) There is a person living with you who is contracted by DSHS to provide you with a service; or~~

~~(4) You live with a caregiver who is paid by DDA to provide supports as:~~

~~(a) A contracted companion home provider; or~~

~~(b) A licensed children's foster home provider.~~))

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1607 Can someone who lives with me be my respite provider? Someone who lives with you may be your respite provider as long as he or she is not ((~~the person who normally provides care for you~~)) your primary care provider and is not contracted to provide any other DSHS paid service to you. The limitations listed in WAC 388-845-0111 also apply.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1620 Are there limits to the respite care I can receive? The following limitations apply to the respite care you can receive:

(1) For basic plus, core and CIIBS waivers, the DDA assessment will determine how much respite you can receive per chapter 388-828 WAC.

(2) For the IFS waiver, the dollar amount for your annual allocation in your IFS waiver limits the amount of respite care you may receive.

(3) Respite cannot replace:

(a) Day care while your parent or guardian is at work; and/or

(b) Personal care hours available to you. When determining your unmet need, DDA will first consider the personal care hours available to you.

((~~(3)~~)) (4) Respite providers have the following limitations and requirements:

(a) If respite is provided in a private home, the home must be licensed unless it is the client's home or the home of a relative of specified degree per WAC 388-825-345;

(b) The respite provider cannot be the spouse of the caregiver receiving respite if the spouse and the caregiver reside in the same residence; and

(c) If you receive respite from a provider who requires licensure, the respite services are limited to those age-specific services contained in the provider's license.

((~~(4)~~)) (5) Your ((~~caregiver~~)) individual respite provider may not provide:

(a) Other DDA services for you ((~~or other persons~~)) during your respite care hours((~~.~~)) ; or

(b) DDA paid services to other persons during your respite care hours.

((~~(5) If your personal care provider is your parent, your parent provider will not be paid to provide respite services to any client in the same month that you receive respite services.~~))

(6) Your primary caregivers may not provide other DDA services for you during your respite care hours.

(7) If your personal care provider is your parent and you live in your parent's adult family home you may not receive respite.

((~~(7)~~)) (8) DDA may not pay for any fees associated with the respite care; for example, membership fees at a recreational facility, or insurance fees.

((~~(8)~~)) (9) If you require respite from a licensed practical nurse (LPN) or a registered nurse (RN), services may be authorized as skilled nursing services per WAC 388-845-1700 using an LPN or RN. Respite care from a LPN or RN requires prior approval per WAC 388-845-1700(2). If you are in the IFS or Basic Plus waiver, skilled nursing services are limited to the dollar ((~~limits~~)) amounts of your basic plus aggregate services or IFS annual allocation per WAC 388-845-0210 and 388-845-0230.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1660 Are there limitations to the sexual deviancy evaluations I can receive? (1) Clinical and support needs for sexual deviancy evaluations are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan. Sexual deviancy evaluations must meet the standards contained in WAC 246-930-320.

(2) Sexual deviancy evaluations require prior approval by the DDA regional administrator or designee.

(3) The costs of sexual deviancy evaluations do not count toward the dollar limits for aggregate services in the Basic Plus waivers or the annual allocation in the IFS waiver.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-1700 What is skilled nursing? (1) Skilled nursing is continuous, intermittent, or part time nursing services. These services are available in the Basic Plus, Core, IFS and ((~~Community Protection~~)) CP waivers.

(2) Services include nurse delegation services, per WAC 388-845-1170, provided by a registered nurse, including the initial visit, follow-up instruction, and/or supervisory visits.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1710 Are there limitations to the skilled nursing services I can receive? The following limitations apply to your receipt of skilled nursing services:

(1) Clinical and support needs for skilled nursing services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

((~~(1)~~)) (2) Skilled nursing services with the exception of nurse delegation and nursing evaluations require prior approval by the DDA regional administrator or designee.

((~~(2)~~)) (3) DDA and the treating professional determine the need for and amount of service.

((~~(3)~~)) (4) DDA reserves the right to require a second opinion by a department-selected provider.

((~~(4)~~)) (5) The dollar ((~~limitation~~)) amount for aggregate services in your Basic Plus waiver or the dollar amount of your annual allocation in your IFS waiver limits the amount of skilled nursing services you may receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1800 What are specialized medical equipment and supplies? (1) Specialized medical equipment and supplies are durable and nondurable medical equipment not available through medicaid or the state plan (or are in excess of what is available through your medicaid state plan benefit) which enables individuals to:

(a) Increase their abilities to perform their activities of daily living; or

(b) Perceive, control or communicate with the environment in which they live.

(2) Durable medical equipment and medical supplies are defined in WAC 182-543-1000 and 182-543-5500 respectively.

(3) Also included are items necessary for life support; and ancillary supplies and equipment necessary to the proper functioning of the equipment and supplies described in subsection (1) above.

(4) Specialized medical equipment and supplies include the maintenance and repair of specialized medical equipment not covered through the medicaid state plan.

(5) Specialized medical equipment and supplies are available in all DDA HCBS waivers.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1810 Are there limitations to my receipt of specialized medical equipment and supplies? The following limitations apply to your receipt of specialized medical equipment and supplies:

(1) Clinical and support needs for specialized medical equipment and supplies are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

((~~(1)~~)) (2) Specialized medical equipment and supplies require prior approval by the DDA regional administrator or designee for each authorization.

((~~(2)~~)) (3) DDA ((~~reserves the right to~~)) may require a second opinion by a department-selected provider.

((~~(3)~~)) (4) Items ((~~reimbursed~~)) purchased with waiver funds shall be in addition to any medical equipment and supplies furnished under the medicaid state plan.

((~~(4)~~)) (5) Items must be of direct medical or remedial benefit to the individual and necessary as a result of the individual's disability.

((~~(5)~~)) (6) Medications, prescribed or nonprescribed, and vitamins are excluded.

((~~(6)~~)) (7) The dollar ((~~limitations~~)) amounts for aggregate services in your Basic Plus waiver limit the amount of service you may receive.

(8) The dollar amounts for your annual allocation in your IFS waiver limit the amount of service you may receive.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-1840 What is specialized nutrition ((~~and specialized clothing~~))? ((~~(1)~~)) Specialized nutrition is available to you in the CIIBS and IFS waivers and is defined as:

((~~(a)~~)) (1) Assessment, intervention, and monitoring services from a certified dietitian; and/or

((~~(b)~~)) (2) Specially prepared food, or purchase of particular types of food, needed to sustain you in the family home. Specialized nutrition is in addition to meals a parent would provide and specific to your medical condition or diagnosis.

((~~(2) Specialized clothing is available to you in the CIIBS waiver and defined as nonrestrictive clothing adapted to the participant's individual needs and related to his/her disability. Specialized clothing can include weighted clothing, clothing designed for tactile defensiveness, specialized footwear, or reinforced clothing.~~))

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1845 Who are qualified providers of specialized nutrition((~~ and specialized clothing~~))? ((~~(1)~~)) Providers of specialized nutrition are:

((~~(a)~~)) (1) Certified dietitians contracted with DDA to provide this service or employed by an agency contracted with DDA to provide this service; and

((~~(b)~~)) (2) Specialized nutrition vendors contracted with DDA to provide this service.

((~~(2) Providers of specialized clothing are specialized clothing vendors contracted with DDA to provide this service.~~))

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1850 Are there limitations to my receipt of specialized nutrition ((~~and specialized clothing~~))? (1) The following limitations apply to your receipt of specialized nutrition services:

(a) Clinical and support needs for specialized nutrition are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(b) Specialized nutrition may be authorized as a waiver service if the service is not covered by medicaid or private insurance. You must assist the department in determining whether third party payments are available;

((~~(b)~~)) (c) Services must be safe, effective, and individualized;

((~~(c)~~)) (d) Services must be ordered by a physician licensed to practice in the state of Washington;

((~~(d)~~)) (e) Specialized diets must be periodically monitored by a certified dietitian;

((~~(e)~~)) (f) Specialized nutrition products will not constitute a full nutritional regime unless an enteral diet is the primary source of nutrition;

((~~(f)~~)) (g) Department coverage of specialized nutrition products is limited to costs that are over and above inherent family food costs;

((~~(g)~~)) (h) DDA ((~~reserves the right to~~)) may require a second opinion by a department selected provider; and

((~~(h)~~)) (i) Prior approval by regional administrator or designee is required for participants on the CIIBS waiver.

(2) The ((~~following limitations apply to your receipt of specialized clothing:~~)) dollar amounts for your annual allocation in your IFS waiver limit the amount of service you may receive.

((~~(a) Specialized clothing may be authorized as a waiver service if the service is not covered by medicaid or private insurance. You must assist the department in determining whether third party payments are available.~~

~~(b) The department requires written documentation from an appropriate health professional regarding your need for the service. This recommendation must take into account that the health professional has~~

~~recently examined you, reviewed your medical records, and conducted an assessment.~~

~~(c) The department may require a second opinion from a department selected provider that meets the same criteria as subsection (b) of this section.~~

~~(d) Prior approval by regional administrator or designee is required.~~))

NEW SECTION

WAC 388-845-1855 What is specialized clothing? Specialized clothing is available to you in the CIIBS and IFS waivers and is defined as nonrestrictive clothing adapted to your individual needs and related to your disability, such as weighted clothing, clothing designed for tactile defensiveness, specialized footwear, or reinforced clothing.

NEW SECTION

WAC 388-845-1860 Who are qualified providers of specialized clothing? Providers of specialized clothing are specialized clothing vendors contracted with DDA to provide this service.

NEW SECTION

WAC 388-845-1865 Are there limitations to my receipt of specialized clothing? (1) The following limitations apply to your receipt of specialized clothing:

(a) Clinical and support needs for specialized clothing are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(b) Specialized clothing may be authorized as a waiver service if the service is not covered by medicaid or private insurance. You must assist the department in determining whether third party payments are available.

(c) The department requires written documentation from an appropriate health professional regarding your need for the service. This recommendation must take into account that the health professional has recently examined you, reviewed your medical records, and conducted an assessment.

(d) The department may require a second opinion from a department selected provider that meets the criteria in subsection (1)(c) of this section.

(2) For IFS waiver participants, the dollar amounts for your annual allocation in your IFS waiver limit the amount of service you may receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-1910 Are there limitations to the specialized psychiatric services I can receive? (1) Clinical and support needs for specialized psychiatric services are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Specialized psychiatric services are excluded if they are available through other medicaid programs.

(3) DDA and the treating professional will determine the need and amount of service you will receive in the IFS, basic plus, core, CIIBS, and CP waivers, subject to the limitations in subsection (4) of this section.

((~~(2)~~)) (4) The dollar ((~~limitations~~)) amounts for aggregate service in your Basic Plus waiver or the dollar amount of your annual allocation in your IFS waiver limit the amount of specialized psychiatric services you are authorized to receive, unless provided as a behavioral health stabilization service.

((~~(3)~~)) (5) Specialized psychiatric services require prior approval by the DDA regional administrator or designee.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2000 What is staff/family consultation and training? (1) Staff/family consultation and training is professional assistance to families or direct service providers to help them better meet the needs of the waiver person. This service is available in all DDA HCBS waivers.

(2) Consultation and training is provided to families, direct staff, or personal care providers to meet the specific needs of the waiver participant as outlined in the ((~~individual's~~)) person-centered service plan/individual support plan, including:

(a) Health and medication monitoring;

(b) Positioning and transfer;

(c) Basic and advanced instructional techniques;

(d) Positive behavior support;

(e) Augmentative communication systems;

(f) Diet and nutritional guidance;

(g) Disability information and education;

(h) Strategies for effectively and therapeutically interacting with the participant;

(i) Environmental consultation; and

(j) For the IFS and CIIBS waivers only, individual and family counseling.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training? To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:

(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only); ((~~or~~))
(19) Psychiatrist; or
(20) Professional advocacy organization.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2010 Are there limitations to the staff/family consultation and training I can receive? (1) Clinical and support needs for staff/family consultation and training are identified in the waiver participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Expenses to the family or provider for room and board or attendance, including registration, at conferences are excluded as a service under staff/family consultation and training.

((~~(2)~~)) (3) ((~~Staff/family consultation and training require prior approval by the DDA regional administrator or designee.~~)) The dollar amounts for aggregate service in your basic plus waiver or the dollar amount of the annual allocation in your IFS waiver limit the amount of staff/family consultation and training you may receive.

((~~(3) The dollar limitations for aggregate services in your Basic Plus waiver limit the amount of service you may receive.~~))

NEW SECTION

WAC 388-845-2130 What are supported parenting services? (1) Supported parenting services are professional services offered to participants who are parents or expectant parents.

(2) Services may include teaching, parent coaching, and other supportive strategies in areas critical to parenting, including child development, nutrition and health, safety, childcare, money management, time and household management, and housing.

(3) Supported parenting services are designed to build parental skills around the child's developmental domains of cognition, language, motor, social-emotional, and self-help.

(4) Supported parenting services are offered in the IFS waiver.

NEW SECTION

WAC 388-845-2135 Who are qualified providers of supported parenting services? Qualified providers of supported parenting services must:

(1) Have an understanding of the manner in which persons with intellectual/developmental disabilities best learn;

(2) Have skills in child development and family dynamics;

(3) Have a supported parenting contract with DDA; and

(4) Be one or more of the following licensed, registered or certified professionals:

(a) Audiologist;

(b) Licensed practical nurse;

(c) Marriage and family therapist;

(d) Mental health counselor;

(e) Occupational therapist;

(f) Physical therapist;

(g) Registered nurse or licensed practical nurse;

(h) Speech/language pathologist;

(i) Social worker;

(j) Psychologist;

(k) Certified american sign language instructor;

(l) Nutritionist;

(m) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;

(n) Certified dietician;

(o) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;

(p) Psychiatrist;

(q) Professional advocacy organization.

NEW SECTION

WAC 388-845-2140 Are there any limitations on my receipt of supported parenting services? The following limitations apply to your receipt of supported parenting services:

(1) Clinical and support needs for supported parenting services are identified in your DDA assessment and documented in your person-centered service plan/individual support plan;

(2) The dollar amount of your annual allocation in your IFS waiver limit the amount of supported parenting service you are authorized to receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2160 What is therapeutic equipment and supplies? (1) Therapeutic equipment and supplies are only available in the CIIBS and IFS waivers.

(2) Therapeutic equipment and supplies are equipment and supplies that are necessary to implement a behavioral support plan or other therapeutic plan, designed by an appropriate professional, such as a sensory integration or communication therapy plan, and necessary in order to fully implement the therapy or intervention.

(3) Included are items such as a weighted blanket, supplies that assist to calm or redirect the ((~~child~~)) individual to a constructive activity, or a vestibular swing.

AMENDATORY SECTION (Amending WSR 12-16-095, filed 8/1/12, effective 9/1/12)

WAC 388-845-2170 Are there limitations on my receipt of therapeutic equipment and supplies? The following limitations apply to your receipt of therapeutic equipment and supplies under the CIIBS and IFS waivers:

(1) Therapeutic equipment and supplies may be authorized as a waiver service if the service is not covered by medicaid or private insurance. You must assist the department in determining whether third party payments are available.

(2) The department does not pay for experimental equipment and supplies.

(3) The department requires your treating professional's written recommendation regarding your need for the service. This recommendation must take into account that the treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation.

(4) The department may require a written second opinion from a department selected professional that meets the same criteria in subsection (3) of this section.

(5) The dollar amount of your annual allocation in your IFS waiver limits the amount of therapeutic equipment and supplies you are authorized to receive.

(6) Therapeutic equipment and supplies requires a prior approval by the DDA regional administrator or designee.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2210 Are there limitations to the transportation services I can receive? The following limitations apply to transportation services:

(1) ((~~Transportation to/from medical or medically related appointments is a medicaid transportation service and is to be considered and used first.~~

~~(2) Support needs for transportation services are identified in your DDA assessment and documented in your person-centered service plan/individual support plan.~~

~~(3) Transportation is offered in addition to medical transportation but cannot replace medicaid transportation services.~~

~~(4)~~)) Support needs for transportation services are identified in your DDA assessment and documented in your person-centered service plan/individual support plan.

(2) Transportation is limited to travel to and from a waiver service. When the waiver service is supported employment, transportation is limited to days when the participant receives employment support services.

((~~(4)~~)) (3) Transportation does not include the purchase of a bus pass.

((~~(5)~~)) (4) Reimbursement for provider mileage requires prior ((~~approval~~)) authorization by DDA and is paid according to contract.

((~~(6)~~)) (5) This service does not cover the purchase or lease of vehicles.

((~~(7)~~)) (6) Reimbursement for provider travel time is not included in this service.

((~~(8)~~)) (7) Reimbursement to the provider is limited to transportation that occurs when you are with the provider.

((~~(9)~~)) (8) You are not eligible for transportation services if the cost and responsibility for transportation is already included in your provider's contract and payment.

((~~(10)~~)) (9) The dollar limitations for aggregate services in your Basic Plus waiver or the dollar amount of your annual allocation in the IFS waiver limit the amount of service you may receive.

((~~(11) Transportation services require prior approval by the DDA regional administrator or designee.~~))

((~~(12)~~)) (10) If your individual waiver personal care provider uses his/her own vehicle to provide transportation to you for essential shopping and medical appointments as a part of your personal care service, your provider may receive up to ((~~sixty~~)) one hundred miles per month in mileage reimbursement. If you work with more than one individual personal care provider, your limit is still a total of ((~~sixty~~)) one hundred miles per month. This cost is not counted toward the dollar limitation for aggregate services in the Basic Plus waiver.

AMENDATORY SECTION (Amending WSR 10-22-088, filed 11/1/10, effective 12/2/10)

WAC 388-845-2260 What are vehicle modifications? ((~~This service is only available in the CIIBS waiver.~~)) (1) Vehicle modifications are

adaptations or alterations to a vehicle required in order to accommodate the unique needs of the individual, enable full integration into the community, and ensure the health, welfare, and safety of the ((~~individual~~)) participant and/or ((~~family members~~)) caregivers.

(2) Vehicle modifications require prior approval from the DDA regional administrator or designee.

(3) Examples of vehicle modifications include:

(a) Manual hitch-mounted carrier and hitch for all wheelchair types;

(b) Wheelchair cover;

(c) Wheelchair strap-downs;

(d) Portable wheelchair ramp;

(e) Accessible running boards and steps;

(f) Assist poles and/or grab handles.

(j) Power activated carrier for all wheelchair types;

(h) Permanently installed wheelchair ramps;

(i) Repairs and maintenance to vehicular modifications as needed for client safety; and

(j) Other access modifications.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-2270 Are there limitations to my receipt of vehicle modification services? Vehicle modification services are only available on the CIIBS or IFS waiver. The following limitations apply ((~~to your receipt of vehicle modifications under the CIIBS waiver~~)):

(1) ((~~Prior approval by the regional administrator or designee is required.~~)) Clinical and support needs for vehicle modification services are identified in the participant's DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Vehicle modifications are excluded if they are of general utility without direct medical or remedial benefit to the ((~~individual~~)) participant or caregiver.

(3) Participants who are enrolled with division of vocational rehabilitation (DVR) must pursue this benefit through DVR first.

(4) Vehicle modifications must be the most cost effective modification based upon a comparison of contractor bids as determined by DDA.

((~~(4)~~)) (5) Modifications will only be approved for a vehicle that serves as the participant's primary means of transportation and is owned by the participant and/or family.

((~~(5 The department)~~)) (6) DDA requires your treating professional's written recommendation regarding your need for the service. This recommendation must take into account that the treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation.

((~~(6)~~)) (7) The department may require a second opinion from a department selected provider that meets the same criteria as subsection ((~~(5)~~)) (6) of this section.

(8) The dollar amount for your annual allocation in your IFS waiver limits the amount of vehicle modification service you are authorized to receive.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3000 What is the process for determining the services I need? Your service needs are determined through the DDA assessment and the service planning process as defined in chapter 388-828 WAC. Only identified health and welfare needs will be authorized for payment in the ((~~ISP~~)) person-centered service plan/individual support plan.

(1) You receive an initial and annual assessment of your needs using a department-approved form.

(a) You meet the eligibility requirements for ICF/ID level of care.

(b) The "comprehensive assessment reporting evaluation (CARE)" tool will determine your eligibility and amount of personal care services.

(c)If you are in the Basic Plus, CIIBS, or Core waiver, the DDA assessment will determine the amount of respite care available to you.

(2) From the assessment, DDA develops your waiver person-centered service plan/individual support plan (ISP) with you and/or your legal representative and others who are involved in your life such as your parent or guardian, advocate and service providers.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3055 What is a waiver person-centered service plan/individual support plan (ISP)? (1) The person-centered service plan/individual support plan (ISP) is the primary tool DDA uses to determine and document your needs and to identify the services to meet those needs.

(2) Your person-centered service plan/ISP must include:

(a) Your identified health and welfare needs;

(b) Both paid and unpaid services and supports approved to meet your identified health and welfare needs as identified in WAC 388-828-8040 and 388-828-8060; and

(c) How often you will receive each waiver service; how long you will need it; and who will provide it.

(3) For ((~~an initial~~)) any person-centered service plan/ISP, you or your legal representative must sign ((~~or give verbal consent to~~)) the plan indicating your agreement to the receipt of services.

(4) ((~~For a reassessment or review of your ISP, you or your legal representative must sign or give verbal consent to the plan indicating your agreement to the receipt of services.~~

~~(5)~~)) You may choose any qualified provider for the service, who meets all of the following:

(a) Is able to meet your needs within the scope of their contract, licensure and certification;

(b) Is reasonably available;

(c) Meets provider qualifications in chapters 388-845 and 388-825 WAC for contracting; and

(d) Agrees to provide the service at department rates.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3056 What if I need assistance to understand my person-centered service plan/individual support plan? If you are unable to understand your person-centered service plan/individual support plan and the individual who has agreed to provide assistance to you as your necessary supplemental accommodation representative is unable to assist you with understanding your individual support plan, DDA will take the following steps:

(1) Consult with the office of the attorney general to determine if you require a legal representative or guardian to assist you with your individual support plan.

(2) Continue your current waiver services.

(3) If the office of the attorney general or a court determines that you do not need a legal representative, DDA will continue to try to provide necessary supplemental accommodations in order to help you understand your person-centered service plan/individual support plan.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3060 When is my person-centered service plan/individual support plan effective? Your person-centered service plan/individual support plan is effective the last day of the month in which DDA signs and dates it. ((~~after a signature or consent is obtained.~~))

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3061 Can a change in my person-centered service plan/individual support plan be effective before I sign it? If you verbally request a change in service to occur immediately, DDA can sign the person-centered service plan/individual support plan and approve it prior to receiving your signature.

(1) Your person-centered service plan/individual support plan will be mailed to you for signature.

(2) You retain the same appeal rights as if you had signed the person-centered service plan/individual support plan.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3062 Who is required to sign ((~~or give verbal consent to~~)) the person-centered service plan/individual support plan? (1) If you do not have a legal representative, you must sign ((~~or give~~

~~verbal consent to~~)) the person-centered service plan/individual support plan.

(2) If you have a legal representative, your legal representative must sign ((~~or give verbal consent to~~)) the person-centered service plan/individual support plan.

(3) If you need assistance to understand your person-centered service plan/individual support plan, DDA will follow the steps outlined in WAC 388-845-3056 (1) and (3).

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3063 Can my person-centered service plan/individual support plan be effective before the end of the month? You may request to DDA to have your person-centered service plan/individual support plan effective prior to the end of the month. The effective date will be the date DDA signs and dates it. ((~~after receiving your signature or verbal consent.~~))

AMENDATORY SECTION (Amending WSR 13-04-005, filed 1/24/13, effective 2/24/13)

WAC 388-845-3065 How long is my plan effective? Your person-centered service plan/individual support plan is effective through the last day of the twelfth month following the effective date or until another ISP is completed, whichever occurs sooner.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3070 What happens if I do not sign ((~~or verbally consent to~~)) my person-centered service plan/individual support plan (ISP)? If DDA is unable to obtain the necessary signature ((~~or verbal consent~~)) for an initial, reassessment or review of your person-centered service plan/individual support plan (ISP), DDA will take one or more of the following actions:

(1) If this person-centered service plan/individual support plan is an initial plan, DDA will be unable to provide waiver services. DDA will not assume consent for an initial plan and will follow the steps described in WAC 388-845-3056 (1) and (3).

(2) If this person-centered service plan/individual support plan is a reassessment or review ((~~and you are able to understand your ISP~~)):

(a) DDA will continue providing services as identified in your most current ISP until the end of the ten-day advance notice period as stated in WAC 388-825-105.

(b) ((~~At the end of the ten-day advance notice period, unless you file an appeal, DDA will assume consent and implement the new ISP~~

~~without the required signature or verbal consent as defined in WAC 388-845-3062 above~~)) Your complete person-centered service plan/individual support plan is sent to you for signature after DDA signs and dates it. If your signed ISP is not returned to DDA within two months of your assessment completion, DDA will terminate your services.

(3) If this person-centered service plan/individual support plan is a reassessment or review and you are not able to understand your ISP, DDA will continue your existing services and take the steps described in WAC 388-845-3056.

(4) You will be provided written notification and appeal rights to this action to implement the new ISP.

(5) Your appeal rights are in WAC 388-845-4000 and 388-825-120 through 388-825-165.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3075 What if my needs change? You may request a review of your person-centered service plan/individual support plan at any time by calling your case manager. If there is a significant change in your condition or circumstances, DDA must reassess your person-centered service plan/individual support plan with you and amend the plan to reflect any significant changes. This reassessment does not affect the end date of your annual person-centered service plan/individual support plan.

AMENDATORY SECTION (Amending WSR 13-24-045, filed 11/26/13, effective 1/1/14)

WAC 388-845-3085 What if my needs exceed what can be provided under the IFS, CIIBS, Core or Community Protection waiver? (1) If you are on the IFS, CIIBS, Core or Community Protection waiver and your assessed need for services exceeds the scope of services provided under your waiver, DDA will make the following efforts to meet your health and welfare needs:

(a) Identify more available natural supports;

(b) Initiate an exception to rule to access available nonwaiver services not included in the IFS, CIIBS, Core or Community Protection waiver other than natural supports;

(c) Offer you the opportunity to apply for an alternate waiver that has the services you need, subject to WAC 388-845-0045;

(d) Offer you placement in an ICF/ID.

(2) If none of the above options is successful in meeting your health and welfare needs, DDA may terminate your waiver eligibility.

(3) If you are terminated from a waiver, you will remain eligible for nonwaiver DDA services but access to state-only funded DDA services is limited by availability of funding.