



DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request -- Damages

SECTION 1: IDENTIFYING INFORMATION <i>(to be completed by the provider)</i>		DATE REQUESTED:	
CLIENT NAME:		PROVIDER NAME:	CASE MANAGER NAME:
			RESOURCE MANAGER NAME:
SECTION 2: PROVIDER REQUEST FOR DAMAGES <i>(to be completed by the provider)</i>			
WHAT ARE YOU REQUESTING TO BE REPLACED OR REPAIRED?			
WHAT DAMAGE WAS CAUSED BY WHOM AND WHEN? WHY IS THE FUNDING NEEDED?			
IR Submitted to CM Yes <input type="checkbox"/> No <input type="checkbox"/>		PBSP Submitted to CM Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(if applicable)</small>	
WHO WILL YOU PURCHASE REPAIR OR SERVICE FROM? (Please list the vendor(s) by name)			
ESTIMATED COST: \$0.00		ESTIMATED AMOUNT CLIENT WILL CONTRIBUTE: \$0.00	
NAME OF PERSON COMPLETING REQUEST:		CONTACT PHONE NUMBER:	
SECTION 3: PRE-APPROVAL <i>(for DDA use only)</i>			
PRE-APPROVED AMOUNT:	\$0.00	DATE:	RMA/DESIGNEE PRE-APPROVAL SIGNATURE:
			DATE:
REVISED AMOUNT (if applicable):	\$0.00	DATE:	COMMENTS:
RM PRE-APPROVAL:		DATE:	
SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT <i>(to be completed by the provider)</i>			
ACTUAL COST OF REPAIR (attach copy of receipts): \$		WHO PAID FOR REPAIR OR SERVICE (name and contact info):	
AMOUNT CLIENT CONTRIBUTED: \$			
OTHER RESOURCES CONTRIBUTED: \$			
REQUESTED AMOUNT: \$			
NAME OF PERSON SUBMITTING FINAL INFO:		DATE:	CONTACT PHONE NUMBER:
SECTION 5: APPROVAL AND PAYMENT <i>(for DDA use only)</i>			
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO		FUNDING SOURCE AUTHORIZED AMOUNT	
COMMENTS:		SSP SA611 \$ _____	
		STATE SA615 \$ _____	
		RM AUTHORIZING PAYMENT:	DATE:
ETR (WAC 388-845-0115) Waiver/State Confirmed: <input type="checkbox"/>			
ETR (WAC 388-827-0100) SSP Confirmed: <input type="checkbox"/>			
ETR NA-State Only OR RCL client: <input type="checkbox"/>			
ETP (Policy 6.11) over policy limit <input type="checkbox"/>			

RESIDENTIAL ALLOWANCE REQUEST / DAMAGES INSTRUCTIONS

For all RARs, provider must submit the final formation of expenditures to the RM within 90 days of the end of the service month the RAR was utilized. (Refer to DDA Policy 6.11)

Section 1 -- Identifying Information

*Provider completes this section.

Section 2 -- Provider Request for Damages

*Provider must disclose the existence of any related insurance claim or provide explanation why one was not made.

*If damage is estimated over \$1,000, reference the incident report (IR) related to the request.

*If not an accident or isolated event, provider must review the client's PBSP for possible changes.

*If requested by DDA, provider must submit a copy of client's PBSP.

*Provider submits the RAR form to RM.

Note: If damage reimbursement is already reflected in a client's daily rate, DDA must not reimburse a provider for damages caused by client. (see DDA Policy 6.11)

Section 3 -- Pre-approval

*RM reviews provider request on the RAR form for pre-approval.

*For amounts over \$3000, RM discusses ETP request with the RMA/Designee.

*RMA/Designee approves purchase on the RAR form and returns the form to RM.

*RM returns the RAR form to provider within 10 business days after clarification of any questions.

Section 4 -- Provider Cost Submitted for Reimbursement

*Provider arranges for repair or purchases service.

*Provider may request revision of pre-approved amount by emailing RM, which RM documents in "Revised Amount."

*RM documents and dates the conversation(s) in comments box.

*Provider resubmits the RAR form with copies of receipt, invoice, or other information to verify expense to RM.

Section 5 -- Approval and Payment

*RM reviews the receipts to make sure they reasonably reflect the items/amounts requested.

*If over policy limits, RM submits an ETP in CARE to RMA/Designee.

*RM authorizes payment, indicates payment source and amount paid, then returns the RAR form to provider.

Note: The RM must process an authorization for the amount approved no more than 15 calendar days after receiving the RAR form and receipts from the provider.

ETR for use of state only funds (WAC 388-845-0115)

*CM submits the ETR in CARE, including the required language in the PCSP and assessment.

*RM confirms that the ETR has been submitted and checks the box on the form.

*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

Note: An ETR is required when using state-only funds for an individual on the waiver. This ETR does not apply to those receiving residential services through RCL or state-only funding.

ETR for use of SSP funds (WAC 388-827-0100)

*RM must verify with HQ SSP PM or designee that an ETR will be submitted to use SSP.

*CM verifies client eligibility for SSP, submits ETR in CARE, and includes the required language in the PCSP.

*RM confirms that the ETR has been submitted and checks the box on the form.

*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

Note: SSP funds are subject to available funding.