



AGING AND LONG-TERM SUPPORT ADMINISTRATION
HOME AND COMMUNITY SERVICES
RESIDENTIAL SUPPORT WAIVER (RSW)
EXPANDED BEHAVIOR SUPPORTS (EBS) IN NURSING FACILITY

RSW and EBS Eligibility Determination

1. CLIENT'S NAME
2. ACES ID NUMBER
3. CLIENT'S CURRENT LOCATION
4. REFERRING CASE MANAGER'S NAME

A. RSW and/or EBS in Nursing Facility Eligibility (Check all that apply.)

	YES	NO
1. Does the individual meet the functional and financial requirements for Nursing Facility* or RSW?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the individual (please select all that apply):		
<input type="checkbox"/> Currently reside at a state mental hospital or psychiatric unit of a hospital and has been deemed ready to discharge; or		
<input type="checkbox"/> Have a history of frequent or protracted psychiatric hospitalizations; or		
<input type="checkbox"/> Have a history of an inability to remain medically or behaviorally stable for more than six months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the individual exhibited serious challenging behaviors within the last year or has problems managing their medication which has affected their ability to live in the community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the individual have no other transition options due to the extensive nature of behavior or clinical complexity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the individual have behavioral or clinical complexity that requires staffing supports that are only available in a setting contracted to provide RSW services or a Nursing Facility with EBS and require caregiving staff with specific training in providing personal care, supervision, and behavioral supports to adults with challenging behaviors?	<input type="checkbox"/>	<input type="checkbox"/>

B. Eligibility Determination (If the answer is "Yes" for each of the above questions, the individual is eligible.)

Client is:

Eligible Not Eligible (See comments below in Section E.)

C. Client has been found eligible for the following level of service(s) (please select all that applies)

<input type="checkbox"/> Expanded Community Services (ECS) <input type="checkbox"/> Specialized Behavior Support (SBS) <input type="checkbox"/> Community Stability Supports (CSS) <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Enhanced Services Facility (ESF)	Nursing Facility Options: <input type="checkbox"/> Expanded Community Services Respite (ECS Respite) <input type="checkbox"/> Expanded Behavior Supports (EBS) <input type="checkbox"/> Expanded Behavior Supports Plus (EBS Plus) <input type="checkbox"/> EBS Plus Special Services * Medicaid recipients are not required to meet waiver eligibility for Nursing Facility Admission, only Nursing Facility Level of Care.
---	--

D. Approvals

By signing below, we confirm the approval for the checked services above.

RSW Committee Representative's Printed Name: _____

RSW Committee Representative's Signature: _____ Date: _____

E. RSW Committee Comments

If client does not meet RSW or EBS in Nursing Facility eligibility, please document reason below. Add additional program / services for CM to consider, if applicable.

When RSW and EBS Eligibility Determination form is completed and returned, scan the PDF into DMS or print the form, and put it into the "File only" process at the local office.

Instructions for Completing the RSW and EBS Eligibility Determination Form

Use: This form is used by the regional Residential Support Waiver Committees to document a RSW and/or EBS approval or denial, as well as the service level(s) the client has been approved for. Form 11-130 documents approval and denial for the following services: Expanded Community Services (ECS), Specialized Behavior Support (SBS), Community Stability Supports (CSS), and Enhanced Services Facility (ESF),

Expanded Behavior Supports (EBS), EBS Plus, EBS Plus Specialized Services and ECS Respite are not part of the RSW and instead are included in the State Plan. All Nursing Facility admissions for a Medicaid recipient require a client to meet Nursing Facility Level of Care. A full CARE assessment is not necessary to access EBS, though eligibility criteria for Expanded Behavior Supports (EBS) must be documented.

Items 1 through 5

1. Client's name as seen in CARE (first name, middle initial and last name)
2. Client's 9-digit number, which can be found in the client's demographic screen in CARE
3. Date the form is completed by the RSW Committee.
4. Client's current location (hospital, home, facility)
5. Referring case manager's full name

A. RSW and EBS Eligibility Questions:

- If the RSW Committee answers "yes" to all five questions, client has been determined eligible for the RSW and/or an EBS service.
- For Question 2, select all that applies to the client. Note:
 - "Medically stable" means the individual does not need acute care medical intervention, is close to baseline functioning and their immediate needs, treatments, and therapies have been achieved.
 - "Behaviorally stable" means the individual has been determined by a psychiatric provider (usually a psychiatrist or psychiatric nurse in a hospital or psychiatric inpatient facility) to no longer need in-patient hospitalization. The individual is close to baseline functioning and their immediate medical psychiatric needs, treatments, and therapies have been achieved, evidenced by no use of physical or chemical restraints.
- For Question 3, "challenging behaviors" means a persistent pattern of behaviors or uncontrolled symptoms of a cognitive or mental condition that inhibit the individual's functioning in public places, the facility, or integration within the community that have been present for long periods of time or have manifested as an acute onset.
- For Question 4, no other transition options have been found OR would not be found, due to client's behavioral or clinical complexity.

B. Eligibility Determination:

- The RSW Committee will find a client either APPROVED or DENIED for RSW or EBS services and will mark the box that aligns with the determination. If a client is denied RSW or EBS services, the RSW Committee will document a reason for denial in section E.

C. Service Level Determination:

- The RSW Committee will mark the boxes for the service level(s) that the client is eligible for.
- If client is approved for CSS, the RSW Committee will send this form to the HQ SHDD Committee, who will mark a box indicating which Tier client is eligible for and initial next to the Tier.
- Skilled Nursing Facility options:
 - Expanded Community Services (ECS) Respite: For those already receiving ECS or SBS on the RSW and require a short stay in a Nursing Facility. The previous RSW setting has agreed to have the client return within 20 days.
 - Expanded Behavior Supports (EBS): Client meets NFLOC eligibility and all other eligibility questions above, but their medical needs can only be met in a Nursing Facility.
 - EBS Plus: Client meets above EBS eligibility and requires additional staffing support and intervention.
 - EBS Plus Specialized Services: Client meets above EBS Plus eligibility and requires skilled physical and occupational therapy to assist with evaluation and utilization of a less restrictive mobility device or ambulation aid.

D. Approver's Information:

- This is for a regional management member of the RSW Committee to sign to confirm the eligibility determination.

E. RSW Committee Comments:

- **Required:** If the client was denied RSW or EBS, the RSW Committee will document the reason here.
- The RSW Committee may also document other recommendations that were discussed when reviewing the case for RSW or EBS. If the client was approved for a RSW or EBS level of service, the recommendations made are not required prior to authorizing the RSW or EBS service. They are recommendations made on top of the RSW or EBS approval.

See [WAC 388-106-0338](#) for RSW eligibility criteria. See [WAC 388-96-781](#) for EBS eligibility criteria.

Please use current rates when authorizing RSW services: [Office of Rates Management | DSHS \(wa.gov\)](#)

When RSW and EBS Eligibility Determination form is completed and returned, scan the PDF into DMS or print the form, and put it into the "File only" process at the local office.