Waiver Eligibility

Recipients must meet all of the following criteria:

- Be an eligible DDA client per RCW 71A.10.020(5).
- Have a disability according to criteria established in the Social Security Act.
- Apply for long-term care services/Medicaid and have verified income that does not exceed 300% of the SSI federal benefit standard.
  - If a child, parent’s income and resources are not considered.
  - If an adult living with a spouse, the spouse’s income and resources are not considered.
- Have resources less than $2,000 or be in the Apple Health for Workers with Disabilities (HWD) program.
- Meet the level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) as determined by the DDA Assessment.
- Person-centered service plan (PCSP) shows how health, safety, and habilitation needs can be met in the community with a monthly waiver service and/or monthly monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.

Access to a Waiver

A request for enrollment, or to switch to an alternate waiver can be done at any time. Ask a case resource manager (CRM). If a CRM is not available, leave a message on the local No-Paid Service line listed under Regional Offices or submit the request online at www.dshs.wa.gov/dda/service-and-information-request. Meeting service criteria for the waiver does not guarantee access to waiver services. Each waiver is limited on the number of people who can be served. DDA has the authority to limit enrollment based on the availability of funding for new waiver participants.

Administrative Hearing Rights

Everyone has the right to an administrative hearing with any of the following decisions regardless of program or service:

- DDA eligibility is denied, terminated or DDA has unreasonably delayed acting on application; or
- Type or amount of service authorized to receive; or
- Denial, reduction, or termination of services; or
- Denial of choice of service provider; or
- If moved to a different residential setting, not of one’s choice; or
- DDA refusal to abide by request not to send notices to any other person; or
- Disenrollment from a waiver program; or
- Denial of request to receive ICF/IID services instead of waiver services; or
- DDA decides the services available on your current waiver can meet your health and welfare needs and a person disagrees; or
- A person is assessed to not need ICF/IID level of care; or
- One has been assessed to not meet CIIBS eligibility.
Waiver Overview

Department of Social and Health Services’ Developmental Disabilities Administration (DDA) has five Home and Community-Based Service (HCBS) Medicaid Waiver programs. Each waiver offers specific services to meet health and safety needs in the community. The Core waiver offers a variety of services when not available through other resources (private insurance, Medicaid, school, etc.).

Core waiver offers residential options to individuals at immediate risk of institutional placement or have an identified health and welfare need for services that cannot be met by the Basic Plus Waiver. Age 0+

If the assessed need for services exceeds the scope of service provided under the Core waiver, DDA will make one or more of the following efforts to meet health and welfare needs:

- Identify more available natural supports;
- Initiate an exception to rule to access available non-waiver services not included in the Core waiver other than natural supports;
- Offer the opportunity to apply for an alternative waiver that has services needed;
- Offer placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

If none of the above options is successful in meeting your health and welfare needs, DDA may terminate your waiver eligibility. If you are terminated from a waiver, you may still be eligible for other non-waiver DDA services.

Waiver Services

Use this brochure to plan annual assessments. A Case Resource Manager (CRM) will explain services and requirements, and document services selected in the person-centered service plan (PCSP). Some services require review and approval before once can receive them. Services in four categories with age limits include:

- Community services – promote client participation and integration in the community
- Professional services – support services provided by contracted professionals
- Caregiving services – supports for participants and their caregivers
- Goods and services – equipment, supplies and specialized services for participants

Community Services

- Community guide – short-term services designed to develop creative, flexible, and supportive community resources.
- Community inclusion – individualized support services that connect people in the local community to build relationships and friendships with others who share similar interests.
- Residential habilitation – assistance for learning, improving, or retaining the skills necessary for living in the community.
- Supported employment – intensive, ongoing individual and group support to obtain and sustain employment. 21+
- Transportation – reimbursement to a provider for non-medical transportation required to access waiver services specified in a PCSP.

Professional Services

- Behavioral health stabilization services – services to assist one during a behavioral health crisis. Includes positive behavior support and consultation, specialized psychiatric services and crisis diversion bed services.
- Behavioral health stabilization services – crisis diversion bed services – temporary residential and behavioral services for persons at risk of serious decline in mental functioning and at risk of psychiatric hospitalization.
- Positive behavior support and consultation – supports that assess and address behavioral health needs. These include direct interventions to promote behaviors that improve quality of life and inclusion in the community.

Professional Services

- Risk assessment – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- Specialized psychiatric services – psychiatric services specific to the needs of individuals with a developmental disability. 21+
- Staff/family consultation and training – professional training and consultation for family and direct service providers to better meet needs of individual.
- Therapies – occupational, physical and speech, language and hearing services beyond those provided to you by Medicaid (Apple Health). 21+

Caregiving Services

- Respite – short-term relief to individuals who live with and care for persons with disabilities.
- Skilled nursing – chronic, long-term, nursing services to address needs not met through Medicaid (Apple Care). 21+

Goods and Services

- Bed bug extermination – Treatment for bed bugs in the home.
- Environmental adaptations – physical modification to a home necessary for one to continue living in the community.
- Specialized medical equipment and supplies – medically necessary equipment and supplies not available under Medicaid (Apple Care).
- Wellness education – monthly, individualized, printed, educational letter designed to assist in managing health-related issues and achieving wellness goals.