Washington State Department of Social and Health Services

Developmental Disabilities Administration

Eligibility and Services Guide

Washington State Department of Social & Health Services

Transforming lives

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What is Washington state's definition of developmental disability?

The disability must:

- Originate before the person turns eighteen
- Continue or be expected to continue indefinitely, and
- Constitute a substantial limitation to the person.

A developmental disability is

A disability attributable to:

- Intellectual disability,
- Cerebral palsy,
- Epilepsy,
- Autism, or
- Another neurological or other condition closely related to an intellectual disability or that requires support similar to individuals with intellectual disabilities.

These are Washington state's qualifying conditions for DDA eligibility.

Basic eligibility determination process

1. Applicant or legal representative submits required documents and evidence for determination

   Application Contents:

   - Request for DDA Eligibility Determination (14-151)
   - Consent (14-012)
   - Notice of Privacy Practices for Client Confidential Information (03-387)
   - Eligible Conditions Specific to Age and Type of Evidence (14-459)

2. DDA Case Resource Manager evaluates evidence
   - Evidence of disability onset before age 18
   - Evidence of a qualifying condition
   - Evidence of substantial limitation

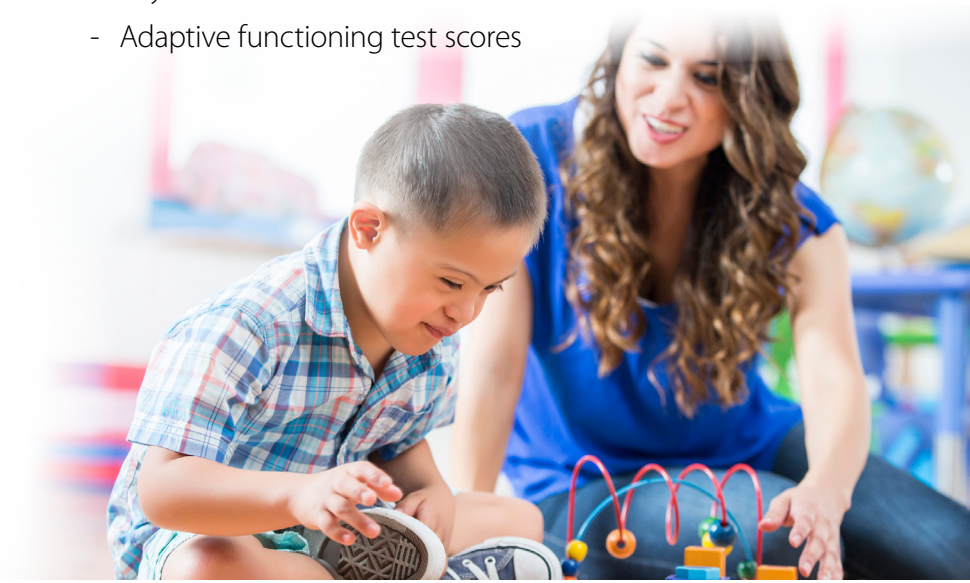
3. Notification of decision is sent to applicant and representative

How long does a determination take?

- DDA has 30 days from receiving the last piece of requested documentation before making a determination.
- If DDA has insufficient information to determine you eligible and has not received all of the requested documentation, DDA may deny your eligibility after 90 days from the date of application.

Required documentation

- Diagnosis of a qualifying condition that is not expected to improve or go away.
- Evidence that the condition was present prior to age 18 or other age as specified in diagnostic criteria.
- Evidence of substantial limitations
  - IQ scores
  - Physical assistance needs
  - Adaptive functioning test scores



Expiration and reviews

Eligibility expires:

- On the 4th birthday
- On the 10th birthday if eligible under developmental delay

Reviews

- At age 19 if the last determination was before age 16
- When there is evidence of insufficient, mistaken, or fraudulent information
- On the 20th birthday if the current eligibility determination relied on evidence of academic delays in Broad Reading and Broad Mathematics

Termination

- If you are no longer a resident of the State of Washington
- If you request it

Requesting Services

Once you are DDA eligible, you can request services by:

- Making a Service and Information Request on the DDA website: dshs.wa.gov/dda/service-and-information-request
- Contacting your local DDA office

Contact your local DDA office or visit the DDA website to request services.

Community First Choice (CFC): An Entitlement Program

You are eligible if you are:

- Medicaid Eligible; and
- Functionally Eligible as determined by the DDA CARE assessment

CFC Services

- **Personal Care** provides assistance with everyday tasks like bathing, dressing, or managing your medication. If you are eligible, you choose a qualified caregiver. DSHS pays for background checks and basic caregiver training for all qualified caregivers

- **Skills Acquisition Training** is available for you to become more independent with your daily personal care tasks. You may use some of your personal care hours or your state fiscal year annual limit to purchase Skills Acquisition Training to have a caregiver teach you how to do some personal care tasks. Your paid caregiver can ONLY help you learn the following tasks:
  - *Cooking and meal preparation*
  - *Shopping*
  - *Housekeeping tasks*
  - *Laundry*
  - *Bathing (excludes any transfer activities)*
  - *Dressing*
  - *Application of deodorant*
  - *Washing hands and face*
  - *Washing, combing, styling hair*
  - *Application of make-up*
  - *Shaving with an electric razor*
  - *Brushing teeth or care of dentures*
  - *Menses care*

- **Relief Care** can be used to give your regular caregiver a break, or to step in if your regular caregiver is sick or is not available. You determine how many of your authorized personal care hours you want your relief caregiver to work.

- **Nurse Delegation** Training and nursing oversight for caregivers to perform certain tasks, in your home.

- **Personal Emergency Response Systems (PERS)** is an electronic device that you wear connected through your phone, which allows you to get help in an emergency. When activated, staff at a response center will follow the directions you provide to call for help. In addition, add on services are available to have your PERS equipped with fall detection, a GPS locator, or a medication management system. Your case manager will help determine if you qualify for these systems.

  If you qualify for the service, a standard PERS unit is included in your CFC benefit package. Add on services will be charged to your state fiscal year annual limit.

- **Caregiver Management Training** Your paid caregiver is an important part of your support team. You manage your caregiver's daily routine. Training is available that explains how to select, manage, and dismiss caregivers.

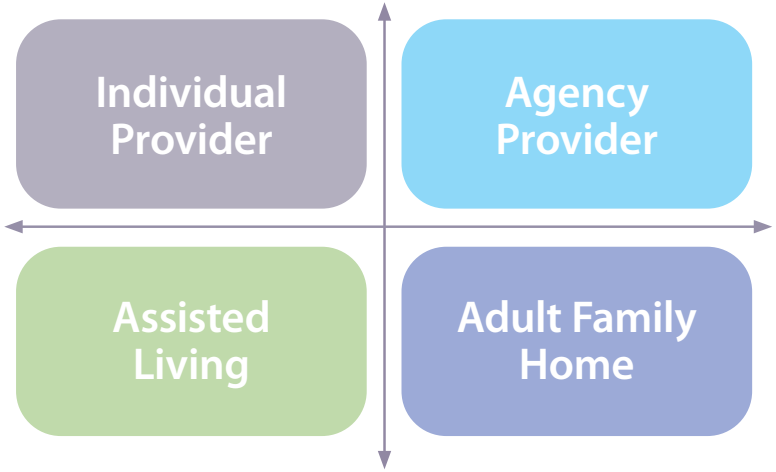
- **Community Transition** can help you move from an institutional setting into the community. You may choose to move to your own home, an adult family home or assistive living facility with supports.

- **Assistive Technology** including equipment and other items, can help you complete tasks without the help of another person or be more independent with daily tasks.

  To get assistive technology, you may need a professional recommendation on what item is best for you to increase your independence. The professional will recommend the right technology and may help you learn how to use it once you get it.

  Assistive technology is purchased using your state fiscal year annual limit.

CFC Choice of Providers



What is a Waiver?

The Home and Community Based Services (HCBS) waiver began in 1981 as a means to correct the "institutional bias" of Medicaid funding.

The "bias" means that historically, individuals could get support services while institutionalized, but if they wanted to return to the community they could not get similar services.

A waiver means that some of the federal rules are "waived" so that funding for services can be provided in the community.

- Section 1915 (c) of the Social Security Act was changed to allow states to ask for waivers of existing Medicaid regulation.
- The idea is that states can pay for community services using the Medicaid money that would have been used if the person resided in an institution.

This means you are eligible for services in an institution but you can choose services in the community. To be on a waiver you must live in the community.

Waiver eligibility

- The person must be functionally and financially eligible for Medicaid, and determined to meet federal disability criteria, which includes going through a Social Security Disability Determination.
- Financial eligibility is determined by a Long Term Care Application. DDA Case Resource Managers can assist you in contacting the LTC team or you can call directly at **1-855-873-0642** (you will need your ACES ID or Social Security number).
- Functional eligibility is determined by the DDA CARE Assessment.

5 DDA Waivers

Individual and Family Services (IFS)
Children's Intensive In-Home Behavior Supports (CIIBS)
Basic Plus (B+)
Core
Community Protection (CP)

People can only be on one waiver at a time.

Individual and Family Services (IFS)

Waiver

The IFS Waiver is intended to:

- Supports individuals who live with their families.
- Provides individuals with a choice of services within an annual allocation amount of: $1200, $1800, $2400, or $3600.

Children's Intensive In-Home Behavior Supports (CIIBS)

Waiver

The CIIBS Waiver is intended to bring together a child, their family, school, and other systems of supports to:

- Support children (8-20 years) and their families who are at risk of out of home placement due to challenging behaviors.
- Offer services based on need, limited to $5,753/month.

Basic Plus

Waiver

The Basic Plus Waiver is intended to support individuals who require more support than the IFS Waiver can provide to:

- Individuals who live in their own home, family home, in an Adult Family Home, or Adult Residential Center.
- Provide aggregate funds up to $6,192, employment and day funding, and $6,000 of emergency funding annually to meet service needs.

CORE

Waiver

The CORE Waiver is intended to support individuals who are at immediate risk of out of home placement and whose needs cannot be met on the IFS or Basic Plus Waiver to:

- Provide residential habilitation supports.
- Offer services based on need and to not exceed the daily cost of an Intermediate Care Facility.

Community Protection

Waiver

The Community Protection Waiver is intended to support individuals who require supports to keep their community safe:

- Offers habilitative residential supports for individuals who meet criteria and agree to participate in the community protection program.
- The limit of services is based on need and may not meet or exceed the cost of an Intermediate Care Facility.

Assistive Technology
(CFC, IFS and CIIBS waivers)

Items, equipment, or product systems, not related to a client's physical health, that are used to increase, maintain, or improve functional capabilities of waiver participants.

- Requires a treating professional's written recommendation regarding need for the technology.
- Examples may include: adaptive equipment, language applications (Proloquo2go) or switches.

Extermination of Bed Bugs
(B+, CORE and CP Waivers)

Extermination of cimex lectularius (bedbugs) is the professional extermination of bedbugs.

DDA covers professional extermination of bedbugs in the waiver participants' primary residence if the waiver recipient:

a) Lives in their own private house or apartment and are responsible for their own rent or mortgage; or

b) Lives with a non-relative primary caregiver.

Extermination services only cover: assessment or inspection by qualified provider, application of chemical-based pesticide or heat treatment and one follow-up visit.

**On September 1, 2017 Washington State became the first state in the nation to offer Chemical Extermination of Bed Bugs.*

Community Engagement
(IFS, Basic Plus and CORE Waivers Only)

A service to increase your connection to and engagement in community supports.

- Expected outcomes of this service include skill development and/or development of positive relationships.
- A community engagement provider provides supports for you while you participate in community activities. *(does not pay for the cost of the activity.)*
- Examples may include: Support a person to learn a new bus route, go to a community center activity, or find an apartment or attend social groups.

Community Inclusion
(Basic Plus & Core only)

Individualized support services that connect people in the local community to build relationships and friendships with others who share similar interests.

Equine Therapy
(CIIBS Waiver only)

Equine experience to promote emotional and physical growth.

Environmental Adaptations
(All Waivers)

Physical modifications to the home required to successfully access the home.

- Modifications to homes are intended to increase your independence, or help ensure your health and safety.
- Examples may include: accessible shower (pre-fab), ramp or grab bars, lowered sink, automatic faucet.
- For CIIBS and IFS waiver: can pay for repairs caused by a waiver participant.

Music Therapy
(CIIBS Waiver Only)

Musical interventions to promote progress on individual goals.

Peer Mentoring
(IFS Waiver Only)

Peer mentors utilize their personal experiences to provide support and guidance to the waiver participant and/or the family according to the identified need.

Examples may include:

Support to access local community services, programs and resources and provide answers to participants' questions or suggest other sources of support.

Peer mentors cannot mentor their own family members.

Person Centered Plan Facilitation
(IFS Waiver Only)

A planning process which looks at the person's strengths, needs, and desires.

It uses purposeful discovery processes to gather information and listen to a person. Discovery helps identify what's important to a person and how they would like to address what is important for them. This planning process results in an action plan that is developed to help the person achieve personal goals.

This is different than the DDA Person Centered Service Plan.

Positive Behavior Support and Consultation
(all Waivers)

Supports that assess and address behavior health needs. These include direct interventions to promote behaviors that improve quality of life and inclusion in the community.

Residential Habilitation
(Core and CP Waivers)

Services in the community including assistance with personal care, supervision and to learn, improve, or retain skills to live in the community.

- Residential Guidelines: Personal Power & Choice; Positive Recognition by Self & Others *(Status)*; Maintaining Relationships with Family & Friends *(Relationships)*; Participating in the Physical and Social Life of the Community *(Integration)*; Managing Daily Activities & Personal Goals *(Competence)*; and Health & Safety – Transforming Lives
- Provide up to 24-hour support by DDA contracted supported living agencies.

Respite Care
Available on all Waivers (except CP)

Respite care is short term, intermittent care in order to provide relief for persons who live with you and are your primary care providers; such as

- Your family members (Paid or unpaid care providers); or
- Non-family members who are not paid to provide care for you; or
- Contracted companion home providers paid by DDA to provide support to you; or
- Licensed children's foster home providers paid by DDA to provide support to you.
- Respite cannot replace daycare while your parent or guardian is at work or personal care hours available to you.
- Your primary caregivers may not provide other DDA services for you during your respite time.
- Respite can be provided in your home, a relative's home of a specified degree (WAC 388-825-345) or in a community setting.
- Respite cannot pay for any fees associated with the respite care; for example, membership fees at a recreational facility, or insurance fees.
- *Respite provided by nurse does require prior approval.*

Risk Assessment
(all Waivers)

Evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.

Skilled Nursing
(IFS, Basic Plus, Core and Community Protection Waivers)

Chronic, long-term, nursing services to address needs not met through Medicaid (Apple Care).

Specialized Habilitation
(IFS, Basic Plus, Core and CIIBS Waivers)

Individualized supports to learn or maintain a range of life skills.

Specialized Clothing
(IFS and CIIBS Waivers)

Non-restrictive clothing adapted to the needs of a disability.

Specialized Equipment and Supplies
(all Waivers)

Necessary equipment and supplies that are not available under the Medicaid State Plan or any other private insurance you may have. Includes equipment and supplies needed to implement therapeutic or positive behavior support plan.

Examples may include:

- Shower chair
- Wipes
- Hearing aides *(Medicaid rates do apply)*

Stabilization Services
(all Waivers)

Services to assist and support a person during a behavioral health crisis. Services include specialized habilitation, staff/family consultation and crisis diversion bed services.

Staff / Family Consultation
(All Waivers)

Consultation 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.

Some examples may include:

- Augmentative communication systems supports;
- Diet and nutritional guidance;
- Disability information and education;
- Strategies for effectively and therapeutically interacting with the participant;
- Environmental consultation
- Providers are licensed, registered or certified professionals, contracted with DDA and within their professional scope of service.

Supported Employment
(B+, Core and CP Waivers)

This service is for individuals interested in obtaining and maintaining integrated, gainful employment.

Service is tailored to individual need, interest, ability and career development.

Supported Parenting
(IFS Waiver only)

Services include teaching, parent coaching, and other supportive strategies.

Therapeutic Adaptations
(IFS, Basic Plus and CIIBS Waivers)

Modifications to the home environment to reduce or eliminate stressors.

Vehicle Modifications
(IFS and CIIBS Waivers only)

Adaptations to a vehicle that accomodates a person's needs and supports community integration.

Wellness Education
(IFS, Basic Plus and Core Waivers only)

Monthly individualized printed educational letter designed to assist in managing health-related issues and achieving wellness goals.

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DSHS 22-1839 (Rev. 4/21)