Summary of Home and Community Services & Eligibility

This brochure is written for ADSA staff and other professional staff who deal with the long-term care system. It provides a quick overview and description of the long-term care services available through ADSA, with a brief reference to several funding sources.
<table>
<thead>
<tr>
<th>Service Name</th>
<th>Services Provided</th>
<th>Eligibility (see pages 10-11)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information &amp; Assistance/Case Management:</strong></td>
<td>An integrated system designed to link people to needed services and information, both public and private. May range from providing simple information to comprehensive case management. Case management assists certain functionally impaired adults who are not eligible for Medicaid programs to obtain and use necessary support services.</td>
<td>OAA, SCSA</td>
</tr>
<tr>
<td><strong>Adult Day Care:</strong></td>
<td>Supervised daytime care; services include personal care, social services and activities, education, routine health monitoring, general therapeutic activities, nutritional meal and snacks, supervision and/or protection if required, transportation coordination, and first aid and emergency care.</td>
<td>Adults with medical or disabling conditions that do not require a registered nurse or licensed rehabilitative therapist be involved. COPES, SCSA, respite funds</td>
</tr>
<tr>
<td><strong>Adult Day Health:</strong></td>
<td>Supervised skilled nursing and rehabilitative therapy services PLUS supervised daytime program providing same services as Adult Day Care.</td>
<td>Adults with medical or disabling conditions who need rehabilitative and nursing services in order to function in a non-institutional setting. Medicaid coupons (CNNP, CN, QMB, GA-X)</td>
</tr>
<tr>
<td><strong>Adult Protective Service:</strong></td>
<td>APS staff respond to all reports of abuse, neglect, self-neglect, exploitation, or abandonment of vulnerable adults. Staff screen and may investigate reports; coordinate with the legal system or other resources to protect the adult and/or develop a plan of intervention. Vulnerable adult or legal representatives must give written consent and may choose to end services at any time. Protective services may include: • Protection orders • Evaluations (such as competency evaluations) • Case management • Time-limited, in-home or residential services Legal guardianship (consent not required)</td>
<td>Elements of abuse, abandonment, exploitation, neglect, or self-neglect must exist. In addition, there is no other adult willing or able to responsibly assist the person. Investigation is conducted at no charge and without regard to income of alleged victim. Some protective services may be provided without cost. Eligibility for another service is not required.</td>
</tr>
<tr>
<td><strong>Disease Prevention/Health Promotion:</strong></td>
<td>A variety of services to prevent the onset of serious disease and promote healthy behaviors, including but not limited to health risk assessments, health education, home injury control, medication management, nutrition counseling.</td>
<td>OAA, SCSA (eligibility criteria for SCSA does not apply)</td>
</tr>
<tr>
<td><strong>Family Caregiver Support Program:</strong></td>
<td>Services may include: • Information about available public and private LTC support services • Help gaining access to LTC family caregiver services • Individual counseling, support group formation and implementation; caregiver training • Respite care • Supplemental services (vary according to local programs)</td>
<td>Recipient must be an unpaid caregiver who provides care to an adult who has a functional disability. Unpaid caregiver can also be 60 years and older and care for a child under age 19 who is a relative. Services are generally free. Exception is respite services, which has a sliding fee scale based on care recipient’s monthly income.</td>
</tr>
<tr>
<td><strong>Medication Management:</strong></td>
<td>Education on how to take prescription, over-the-counter, and herbal medications in a safe and proper manner. Referral to a physician or pharmacist for help with medications. Provides information about applying to drug companies that participate in prescription assistance programs.</td>
<td>People 60 years or older and/or family members or caregivers. OAA</td>
</tr>
<tr>
<td><strong>Nursing Services:</strong></td>
<td>Provides health-related consultation: • Review assessment and service plan • Nursing assessment • Instruction to care providers and clients • Coordinate care and health resources • Evaluate health-related care needs</td>
<td>COPES MPC Other funds if available through local agreements</td>
</tr>
<tr>
<td>Providers</td>
<td>Provider Training</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td></td>
</tr>
<tr>
<td>AAAs - in home</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>HCS - residential</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Must meet state WAC for adult day services and be contracted with ADSA.

<table>
<thead>
<tr>
<th>Providers</th>
<th>Provider Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAs or their designated subcontractors.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Must meet state WAC for adult day services and be contracted with Medical Assistance Administration (MAA).

Participation: Depending on income

<table>
<thead>
<tr>
<th>Providers</th>
<th>Provider Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCS RN, AAA RN, or subcontractor</td>
<td>N/A</td>
</tr>
</tbody>
</table>

When a vulnerable adult lives at home, APS takes the report, investigates the allegations, and may provide protective services. When the adult lives in a long-term care setting and alleged perpetrator is an owner, operator, employee or volunteer of the facility, CRU conducts the investigation.

Staff attend APS Academy.

DSHS pays contractor for administering the program.

Providers who are qualified, licensed, and/or certified, including mental health, respite, and transportation providers.

Only for level 2 Respite Care Services.

Abbreviations

AAA Area Agency on Aging
ADL Activity of daily living (bathing, dressing, eating, locomotion, personal hygiene, toilet use, transfer, walking, medication assistance)
ADSA Aging and Disability Services Administration, DSHS
AH Adult Family Home
AL Assisted Living
APS Adult Protective Service, DSHS
ARC Adult Residential Care
BH Boarding Home
CA Comprehensive Assessment
CARE Comprehensive Assessment Reporting Evaluation
COPES Community Options Program Entry System (ADSA Medicaid waiver program)
CM Case Management
CMS Centers for Medicare and Medicaid Services
CN Categorically Needy - Medicaid program that provides the broadest scope of medical coverage.
CNC Community Nurse Consultant
DDD Division of Developmental Disabilities, ADSA
CPI Clothing and Personal Incidents allowance
DSHS Department of Social and Health Services
EARC Enhanced Adult Residential Care
FPL Federal Poverty Level
HCS Home and Community Services Division, ADSA
IADL Instrumental Activities of Daily Living (meal preparation, ordinary housework, shopping, transportation, wood supply (as only source of heat))
IP Individual Provider
LTC Long-term Care
MAA Medical Assistance Administration, DSHS
MN Medically Needy - Medicaid program for people with income above CN limits. It provides different medical coverage than CN and greater financial participation by client.
MNIL Medically Needy Income Level
MNRW Medically Needy Residential Waiver (effective March 2003)
MPC Medicaid Personal Care
NF Nursing Facility (nursing home)
OAA Older Americans Act
PNA Personal Needs Allowance retained by clients who must participate in their cost of care.
RN Registered Nurse
SCSA Senior Citizens Services Act
SIL Special Income Level (300% of SSI payment level)
SMI State Median Income
SSI Supplemental Security Income (the federal grant program for aged, blind and disabled clients which is administered by the Social Security Administration (SSA))
### In-Home Setting

#### Services Provided

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Eligibility (see pages 10-11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Services:</td>
<td>OAA, SCSA</td>
</tr>
<tr>
<td>Personal Care Waiver Services:</td>
<td>COPES or MPC</td>
</tr>
<tr>
<td>Other Waiver Services:</td>
<td>COPES</td>
</tr>
<tr>
<td>Private Duty Nursing:</td>
<td>Client must have complex medical needs that cannot be met with other services. Client must be technology-dependent: ventilator; tracheostomy tube care/suctioning; intravenous/parenteral administration of medications; intravenous administration of nutritional substances – and require 4 to 16 continuous hours skilled nursing care that can be safely provided outside a hospital or nursing facility. Private insurance is first payer.</td>
</tr>
<tr>
<td>Senior Employment:</td>
<td>OAA; low income and age 55 and older</td>
</tr>
<tr>
<td>Senior Farmers Market Nutrition Program:</td>
<td>USDA, local funds; 60 or over and income under 185% of Federal Poverty Level</td>
</tr>
<tr>
<td>Transportation:</td>
<td>MAA brokerage, MPC, COPES, OAA, SCSA, local transit funds</td>
</tr>
</tbody>
</table>

#### Table: Services Provided

- **Nutrition Services:** Nutritious meals, risk assessments, and education are provided to help meet the nutritional and social needs of older persons in either a congregate setting or through home-delivery.
- **Personal Care Waiver Services:**
  - Assistance with personal care tasks (as determined through assessment)
  - Medical procedures delivered under self-directed care
  - Assistance with IADLs (person must be receiving personal care tasks also)
  - Case Management
- **Other Waiver Services:**
  - Environmental modification*
  - Transportation (see below)
  - Personal emergency response system*
  - Home health aide service*
  - Adult day care (see above)
  - Client training
  - Home-delivered meals* (see Nutrition Services, above)
  - Specialized medical equipment/supplies
  - Skilled nursing care
  - *available only to in-home clients
- **Private Duty Nursing:** In-home, skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a nursing facility or hospital.
- **Senior Employment:** Provides part-time employment in community service settings, with the goal of transitioning people to unsubsidized employment
- **Senior Farmers Market Nutrition Program:** Low-income seniors are provided with Farmers Market checks to purchase locally grown produce at farmers markets, or produce is delivered to them with home-delivered meals or at senior centers.
- **Transportation:** Transportation services are designed to transport older persons to and from social services, health care services, meal programs, senior centers, shopping and recreational activities so such services will be accessible to eligible individuals who have no other means of transportation. This is accomplished through a variety of programs:
  - Medicaid Brokered Transportation (healthcare only)
  - Local ADA Public Transportation
  - Medicaid waiver service
  - Local Volunteer Programs
  - Limited programs administered by some AAAs
<table>
<thead>
<tr>
<th>Providers</th>
<th>Provider Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted through the AAAs</td>
<td>Food service handler permits</td>
</tr>
<tr>
<td>Individual Provider (IP)</td>
<td>• Agency providers must complete orientation before working with clients</td>
</tr>
<tr>
<td>Client recruits, hires, and supervises IP, who must complete and meet the standards of a background check and sign an agreement with DSHS or AAA. DSHS will not pay for services provided by a spouse.</td>
<td>• IP must complete orientation (provided by DSHS or AAA) no later than 14 calendar days after starting work with first DSHS client</td>
</tr>
<tr>
<td>Agency Provider</td>
<td>• Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course) within 120 days</td>
</tr>
<tr>
<td>AAA contracts with licensed home care or home health agency.</td>
<td>• Continuing education (CE) of 10 hours/ calendar year</td>
</tr>
<tr>
<td></td>
<td>• Parents who are IP for adult child only are exempt from orientation and CE requirement</td>
</tr>
<tr>
<td>Contracted through AAAs</td>
<td></td>
</tr>
<tr>
<td>Licensed home health agencies that contract with ADSA</td>
<td></td>
</tr>
<tr>
<td>Privately contracted licensed RN or LPN (with RN supervision), only when client lives in a remote area or an agency refuses to serve the client.</td>
<td></td>
</tr>
<tr>
<td>Contracted through AAAs</td>
<td></td>
</tr>
</tbody>
</table>

By law, the state must recover (be paid back) payments DSHS made for certain long-term care benefits and medical services from the recipient’s estate (assets remaining at the time of death) This is called Estate Recovery.

**Washington State will recover funds:**

- For the following long-term care services received from age 55: nursing home services, COPES, Medicaid personal care services, adult day health, and private duty nursing.
- For state-funded long-term care services received at any age including: chore services, adult family home, adult residential care, and bed hold payments made to residential facilities.

The state will also recover costs of other medical services received during the time the recipient received long-term care services.

Collection only applies to assets the recipient owned or had an interest in at the time of death. It does not apply to property solely owned by a spouse or child.

The state will not begin recovery efforts until after the death of the recipient or during the life of a surviving spouse, or while a surviving child is under age 21 or blind or disabled. Hardship provisions to protect dependent heirs may apply.

Various exemptions have existed over the years. DSHS will apply whatever estate recovery law existed on the date that benefits were received.

DSHS may file a lien or make a claim against any property that is included in the deceased recipient’s estate. Before filing a lien against real property, DSHS will give notice and an opportunity for a hearing to the estate’s personal representative or any other established titled of the property.
**Eligibility**
Multidisciplinary team provides all-inclusive acute and long-term care services; PACE services are tailored to meet the unique needs of each client. Some PACE services include:

- Prescription drug coverage
- Inpatient hospital and nursing home care
- Hospital care
- Housing in adult family home, boarding home, or other residential setting
- Personal care and chore services
- Home health
- Transportation
- Primary medical care and specialist services
- Adult day health
- Vision, dental, and hearing benefits
- Physical, occupational, and speech therapies
- Mental health services
- Durable medical equipment

COPES eligible, age 55 and over.
Medicaid state plan service

Primary caregiver of client (adult with functional disability including dementia) does not receive financial compensation for providing care and client is at risk of placement in a facility if respite and other services are not available.
Financial participation is required and is based on client's monthly income. Sliding fee scale.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Services Provided</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Care Services</td>
<td>Companionship/supervision (level 1), personal care (level 2), and nursing services (level 3) provided in in-home and out-of-home settings on a planned or emergency basis.</td>
<td>Primary caregiver of client (adult with functional disability including dementia) does not receive financial compensation for providing care and client is at risk of placement in a facility if respite and other services are not available. Financial participation is required and is based on client's monthly income. Sliding fee scale.</td>
</tr>
<tr>
<td>Self-Directed Care</td>
<td>Individual Provider (IP) performs defined routine health care tasks</td>
<td>COPES MPC Chore</td>
</tr>
<tr>
<td>Volunteer Chore</td>
<td>Help with household tasks and personal care. Help with tasks not allowed under state-paid services, such as moving assistance and yard care. Number of service hours determined by agency provider, based on volunteer availability and client's needs.</td>
<td>At risk of placement in a long-term care facility. Client must be low-income. Eligible for state-paid services or cannot afford to purchase services privately.</td>
</tr>
<tr>
<td>Nurse Delegation</td>
<td>Nursing assistant performs defined, routine health care tasks, most frequently administration of medications and glucose testing</td>
<td>In home - COPES AFH or BH - COPES MPC state-funded</td>
</tr>
<tr>
<td>PACE</td>
<td>Multidisciplinary team provides all-inclusive acute and long-term care services; PACE services are tailored to meet the unique needs of each client. Some PACE services include:</td>
<td>COPES eligible, age 55 and over. Medicaid state plan service</td>
</tr>
</tbody>
</table>
Suspected abuse or neglect

A mandatory reporter is a professional - facility staff, state employee or numerous professional licensed occupations - required by state law to report suspected abuse or neglect.

Anyone with concerns about:

- Care in a nursing facility, adult family home, boarding home, or intermediate care facility for the mentally retarded, or
- Nurse delegation

can call the toll-free Complaint Resolution Hotline 1-800-562-6078 or (TDD) 1-800-737-7931. The hotline operates 24 hours a day, 7 days a week. Calls are returned Monday through Friday from 8 am to 4:30 pm. Callers should be prepared to provide the name of the facility (NH, AFH, or BH), the resident’s name, the name(s) of staff involved, the allegation, and any other relevant information.

To report suspected abuse or neglect of a vulnerable adult living in the community, contact the regional Adult Protective Services intake number (see back cover) or call toll-free 1-866-EndHarm (1-866-363-4276).

Another resource for anyone with concerns, inquiries, or complaints about resident care is the State Long-Term Care Ombudsman Office, 1-800-562-6028.

It is the policy of the Department of Social and Health Services that no person is subjected to discrimination in this agency or its contractors because of race, color, national origin, sex, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

Other AAA services:

Alzheimer’s support; foot care, chore, health maintenance, bath assistance, health screening, and minor home repair.

These services are not available in all areas of the state.

Please contact your Area Agency on Aging to see what services are available in your area.
A Long-Term Care Ombudsman:

- advocates for residents of nursing homes, boarding homes, and adult family homes
- provides information to residents and families about the LTC system, and works to effect systems changes at the local, state and national level.

State Long-Term Care
Ombudsman Office
(800) 562-6028
www.ltcp.org/index.html

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Services Provided</th>
<th>Eligibility</th>
</tr>
</thead>
</table>
| **Adult Family Homes:** | • Assistance with personal care tasks (as determined through CARE or CA):  
• Negotiated services plan  
• MAY provide nursing services by licensed health provider  
• Nurse Delegation  
• 24-hour supervision  
• Case management  
• IADLs  
• AFH may be designated for specialty care, mental health, dementia, or developmental disability | COPES, MPC, MN waiver |
| **Licensed Boarding Homes:** | • Assistance with personal care tasks (as determined through CARE or CA):  
• IADLs  
• Negotiated service agreement  
• Nurse Delegation  
• Case management  
• BHs may offer care for residents with dementia or residents with mental health needs,  
• BHs may offer Specialized Dementia Care program | COPES, MPC, MN waiver |
| **Nursing Facility:** | • Registered nurse or licensed practical nurse 24 hours per day  
• Therapeutic services directed toward rehabilitation and discharge  
• Help with personal care tasks (ADLs)  
• IADLs | Requires services provided by or under supervision of licensed nurse.  
Requires more than supervision, protection, and assistance with personal care. |
### Providers

- DSHS licenses and contracts with AFH.
- Licensed and certified nursing facility or NF certified hospital wing. Medicaid contract with DSHS.

### Provider Training

- Orientation before employees have routine interaction with residents.
- Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course, or other DSHS-approved curriculum)
- Continuing education (10 hours/calendar year)
- Nurse Delegation Training to be able to perform delegated nursing tasks
- Specialty training to be able to admit residents with dementia, developmental disabilities, or mental illness.

- Orientation before employees have routine interaction with residents.
- Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course, or other DSHS-approved curriculum)
- Continuing education (10 hours/calendar year)
- Nurse Delegation Training to be able to perform delegated nursing tasks
- Specialty training to be able to admit residents with dementia, developmental disabilities, or mental illness.

Visit ADSA’s Internet site at [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov) for English and translated versions of brochures, selection of nursing facilities, boarding homes and adult family homes, information for caregivers, and much more.

ADSA staff can visit the ADSA Intranet at [http://adsaweb.](http://adsaweb/)

For other DSHS services, see No Wrong Door site at [www.dshs.wa.gov/basicneeds/](http://www.dshs.wa.gov/basicneeds/).

For benefits eligibility, go to [www.benefitscheckup.org](http://www.benefitscheckup.org).

For services in other states, go to [www.eldercare.gov](http://www.eldercare.gov).
## Funding Sources

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Functional Eligibility</th>
<th>Financial Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Older Americans Act (OAA):</strong></td>
<td>Age 60 and older</td>
<td>Not means tested, but priority populations are those who are low-income, have the greatest economic and social need, are minority, or live in rural areas</td>
</tr>
<tr>
<td><strong>Senior Services Citizens Act (state funds):</strong></td>
<td>Sixty-five or older; or sixty or older, and unemployed, or working twenty hours a week or less; and an impairment, which without services would prevent person from remaining at home;</td>
<td>Income at or below forty percent of the state median income (SMI) for a family of four adjusted for family size; and nonexempt resources under $10,000 for a single person or $15,000 for two. With income over 40% of SMI, may be eligible for services on a sliding fee basis.</td>
</tr>
<tr>
<td><strong>Title 19 Nursing facility services for categorically needy (CN) and medically needy (MN):</strong></td>
<td>See WAC 388.71.0700</td>
<td>Categorically Needy (CN) Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA’s criteria for disability) OR Receiving GAX cash assistance, AND Income less than or equal to the special income level (SIL). Medically Needy (MN) Clients who have income above the SIL, but below the private facility rate can qualify. Resources for MN and CN: At or below $2,000 for single client, $4,000 if married and both spouses applying, or $40,000 if married and only one spouse is applying and living in the community (community spouse).</td>
</tr>
<tr>
<td><strong>Title 19 Medicaid Personal Care:</strong></td>
<td>For CA, see WAC 388.71.0440 For CARE, see WAC 388.72A.0060</td>
<td>Financial Eligibility for MPC Certified as Title XIX Categorically Needy eligible for a medical program that does not use institutional financial rules (nursing facility or COPES). Example: eligible person receives or would be eligible for CN medical as SSI recipient, SSI-related CN medical, TANF, or GA-X</td>
</tr>
<tr>
<td><strong>Title 19 Medically Needy Residential (Limited number of slots available):</strong></td>
<td>Requires level of care provided in a nursing facility. For CA, see WAC 388.71.0442; for CARE, see WAC 388.72A.0055</td>
<td>Categorically related to SSI: must be 65 or older, blind, or disabled (SSA’s criteria for disabled), AND Does not meet financial eligibility for MPC or COPES; AND Lives in AFH with DSHS contract or BH with contract for assisted living or EARC; AND Resources at or below $2,000 for single client, $3,000 if married and only one applying; $4,000 if both applying; AND Income less than facility’s DSHS rate.</td>
</tr>
<tr>
<td><strong>Title 19 COPES waiver:</strong></td>
<td>For CA, see WAC 388.71.0435 For CARE, see WAC 388.72A.0055</td>
<td>Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA’s criteria for disabled), AND Income less than or equal to the SIL AND Resources at or below $2,000 for single client, $4,000 if married and both spouses applying, or $40,000 if married and only one spouse is applying and is living in the community (community spouse).</td>
</tr>
</tbody>
</table>

## Funding Sources for Long-Term Care

**Title 19 Nursing facility services for categorically needy (CN) and medically needy (MN):**
- Categorically Needy (CN) Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA’s criteria for disability) OR Receiving GAX cash assistance, AND Income less than or equal to the special income level (SIL). Medically Needy (MN) Clients who have income above the SIL, but below the private facility rate can qualify. Resources for MN and CN: At or below $2,000 for single client, $4,000 if married and both spouses applying, or $40,000 if married and only one spouse is applying and living in the community (community spouse).

**Title 19 Medicaid Personal Care:**
- For CA, see WAC 388.71.0440
- For CARE, see WAC 388.72A.0060

**Title 19 Medically Needy Residential (Limited number of slots available):**
- Requires level of care provided in a nursing facility. For CA, see WAC 388.71.0442; for CARE, see WAC 388.72A.0055
- Categorically related to SSI: must be 65 or older, blind, or disabled (SSA’s criteria for disabled), AND
- Does not meet financial eligibility for MPC or COPES; AND
- Lives in AFH with DSHS contract or BH with contract for assisted living or EARC; AND
- Resources at or below $2,000 for single client, $3,000 if married and only one applying; $4,000 if both applying; AND
- Income less than facility’s DSHS rate.

**Title 19 COPES waiver:**
- For CA, see WAC 388.71.0435
- For CARE, see WAC 388.72A.0055
- Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA’s criteria for disabled), AND
- Income less than or equal to the SIL AND
- Resources at or below $2,000 for single client, $4,000 if married and both spouses applying, or $40,000 if married and only one spouse is applying and is living in the community (community spouse).
**Client Contribution**

<table>
<thead>
<tr>
<th>No set contribution; OAA participants must be given opportunity to contribute to cost of service</th>
<th>AAA pays provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sliding fee basis</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Payment Process**

<table>
<thead>
<tr>
<th>Client contributes all available income after deductions and allocations. Client retains $41.62 PNA if in a nursing facility.</th>
<th>Client pays participation to provider; DSHS pays provider the remainder.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client does not pay any participation for in-home care. In a residential setting, SSI recipients retain $38.84 as PNA; all others retain $58.84 as PNA. Participation is determined by HCS social worker. Client contributes toward room and board.</td>
<td>Provider bills for authorization and provided hours to SSPS. SSPS sends check to provider. In-home agency provider-DSHS pays AAA, AAA pays agency, agency pays provider. In-home individual provider-DSHS pays contracted individual provider. Providers are responsible for collecting client contributions to their care (participation).</td>
</tr>
<tr>
<td>Client contributes all available income after deductions. Client retains $58.84 PNA. Client contributes toward room and board.</td>
<td>Client pays participation to provider. DSHS pays provider the remainder.</td>
</tr>
</tbody>
</table>

**Short-Term Funding Resources**

### Residential Services to Adults
(formerly known as Residential Care Discharge Allowance)

**What is it?** Funds to assist someone to move from a residential setting to a less restrictive environment. It can be used to retain housing while the person is in a hospital or nursing facility, or to purchase independent living services, environmental modifications, security deposits, moving expenses, etc.

**Who can benefit from it?** HCS & AAA clients who are moving from Adult Family Homes or Boarding Homes, and HCS, AAA, & DD clients who are moving from a nursing facility.

**How do I access the funds?** HCS and AAA social workers/case managers responsible for transitioning clients to less restrictive settings can authorize up to $800 on an SSPS 14-154, as a one time payment. See SSPS manual Service Codes 4600. Check with your supervisor for amounts in excess of $800.

### Assistive Technology (AT) Fund

**What?** Funds that can buy assistive, adaptive or durable medical equipment, evaluations, training, or minor home modifications. Limited funds available each fiscal year.

**Who?** Clients living at home or in an AFH or boarding home. Use this fund after all other resources are exhausted.

**How?** Call 360/725-2552. Headquarters issues payment via an A-19.

### Client Intervention Services

**What?** Funds that can purchase time limited evaluations/consultations by professionals, such as:
- Psychological
- OT/PT
- Nutrition
- Independent living
- RN or rehabilitation

**Who?** Clients living in residential facilities or at home, and who may gain improved health, functioning, or independence through such intervention. Intervention must be in response to client-centered issues, not provider or business issues.

**How?** Only contracted providers may provide these services. Find a list of contracted providers at the ADSA Intranet homepage: Click Home and Community Services, then click Intervention Services Contractors. Check with your supervisor for the process to access these funds.

### Supported Transitions Grant (expires 10/04)

**What?** Can be used for certain independent living services, home modifications, adaptive and durable medical equipment expenses that exceed the $800 limit of Residential Services.

**Who?** All Medicaid eligible people who want to move from a nursing facility to a less restrictive environment.

**How?** Call 360/725-2552.
<table>
<thead>
<tr>
<th>Region 1</th>
<th>Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman, and Pend Oreille Counties</th>
<th>1 (800) 462-0624</th>
<th>1 (800) 459-0421</th>
<th>(509) 458-3608</th>
<th>1(800)459-0421</th>
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</thead>
<tbody>
<tr>
<td>Region 2</td>
<td>Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin Counties</td>
<td>1 (800) 822-7840</td>
<td>1 (800) 822-2097</td>
<td>(509) 225-2800</td>
<td>(1)(877)389-3013</td>
</tr>
<tr>
<td>Region 3</td>
<td>Snohomish, Skagit, Island, San Juan, and Whatcom Counties</td>
<td>1 (800) 788-2053</td>
<td>1 (866) 608-0836</td>
<td>(360) 651-6851</td>
<td>(1)(800)487-0416</td>
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<tr>
<td>Region 4</td>
<td>King County</td>
<td>1 (800) 314-3296</td>
<td>1 (800) 346-9257</td>
<td>(206) 341-7799</td>
<td>(1)(866)221-4909</td>
</tr>
<tr>
<td>Region 5</td>
<td>Pierce and Kitsap Counties</td>
<td>1 (800) 248-0949</td>
<td>1 (800) 442-5129</td>
<td>(253) 983-3849</td>
<td>(1)(800)442-5129</td>
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<tr>
<td>Region 6</td>
<td>Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Klickitat, and Clark Counties</td>
<td>1 (800) 339-8227</td>
<td>1 (800) 462-4957</td>
<td>(360) 725-2521</td>
<td>(1)(877)734-6277</td>
</tr>
</tbody>
</table>

### Aging and Disability Services Administration

PO Box 45600  
Olympia, WA 98504-5600  
1-800-422-3263 or (TDD)1-800-737-7931

### Area Agencies on Aging in Washington State

- **Olympia Area Agency on Aging**: (360) 379-5064  
  Clallam, Grays Harbor, Jefferson, Pacific Counties
- **Northwest Regional Council**: (360) 676-6749  
  Island, San Juan, Skagit, Whatcom Counties
- **Snohomish County Long Term Care & Aging Division**: (425) 388-7200  
  Snohomish County
- **Aging & Disability Services - Seattle/King County**: (206) 684-0660  
  King County
- **Pierce County Aging & Long Term Care**: (253) 798-7236  
  Pierce County
- **Lewis/Mason/Thurston Area Agency on Aging**: (360) 664-2168  
  Lewis, Mason, Thurston Counties
- **Southwest Washington Area Agency on Aging**: (360) 694-6577  
  Clark, Cowlitz, Klickitat, Skamania, Wahkiakum Counties
- **Aging & Adult Care of Central Washington**: 1 (800) 572-4459  
  Adams, Chelan, Douglas, Grant, Lincoln, Okanogan Counties
- **Southeast Washington Area Agency on Aging**: (509) 965-0105  
  Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Yakima, Walla Walla Counties
- **Yakama Nation Area Agency on Aging**: (509) 865-5121  
  Yakama Reservation
- **Aging & Long Term Care of Eastern Washington**: (509) 458-2509  
  Ferry, Pend Oreille, Spokane, Stevens, Whitman Counties
- **Colville Indian Area Agency on Aging**: (509) 634-2237  
  Colville Reservation
- **Kitsap County Division of Aging & Long Term Care**: (360) 337-7068  
  Kitsap County