



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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FILED

DATE: August 25, 2022

TIME: 8:22 AM

WSR 22-18-004

Agency: Department of Social and Health Services, Aging and Long-Term Support Administration

Effective date of rule:

Permanent Rules

- 31 days after filing.
 Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose: The department is amending the rules due to changes in qualifications for TCARE assessments, to indicate changes made to TCARE screening and assessment process, to modify the TCARE screening measures, to indicate changes in the screening scores due to the changed screening measures, and to indicate changes made to the GetCare screening questions and scores for step three services.

Citation of rules affected by this order:

New:

Repealed:

Amended: 388-106-1900, 388-106-1905, 388-106-1910, 388-106-1915, 388-106-1931, 388-106-1932, 388-106-1945, and 388-106-1950

Suspended:

Statutory authority for adoption: RCW 74.08.090, RCW 74.39A.030

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 22-15-025 on July 12, 2022 (date).

Describe any changes other than editing from proposed to adopted version:

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

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Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

| | | | | | | |
|----------------------------------|-----|-----|---------|----------|----------|-----|
| Federal statute: | New | ___ | Amended | ___ | Repealed | ___ |
| Federal rules or standards: | New | ___ | Amended | <u>8</u> | Repealed | ___ |
| Recently enacted state statutes: | New | ___ | Amended | ___ | Repealed | ___ |

The number of sections adopted at the request of a nongovernmental entity:

| | | | | | |
|-----|-----|---------|-----|----------|-----|
| New | ___ | Amended | ___ | Repealed | ___ |
|-----|-----|---------|-----|----------|-----|

The number of sections adopted on the agency's own initiative:

| | | | | | |
|-----|-----|---------|-----|----------|-----|
| New | ___ | Amended | ___ | Repealed | ___ |
|-----|-----|---------|-----|----------|-----|

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

| | | | | | |
|-----|-----|---------|-----|----------|-----|
| New | ___ | Amended | ___ | Repealed | ___ |
|-----|-----|---------|-----|----------|-----|

The number of sections adopted using:

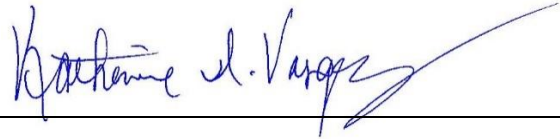
| | | | | | | |
|--------------------------------|-----|-----|---------|----------|----------|-----|
| Negotiated rule making: | New | ___ | Amended | ___ | Repealed | ___ |
| Pilot rule making: | New | ___ | Amended | ___ | Repealed | ___ |
| Other alternative rule making: | New | ___ | Amended | <u>8</u> | Repealed | ___ |

Date Adopted: August 25, 2022

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



WAC 388-106-1900 What definitions apply to MAC and TSOA services? The following definitions apply to MAC and TSOA services:

"**Care plan**" means the plan developed by the department in ((TCARE or)) GetCare that summarizes the services described in WAC 388-106-1915 that you chose to receive.

"**Care receiver**" means an adult age ((fifty-five)) 55 and over who has been authorized for MAC or TSOA services.

"**Caregiver**" means a spouse, relative, or friend (age ((eighteen)) 18 and over) who has primary responsibility for the care or supervision of an adult who meets eligibility criteria and does not receive direct, public, or private payment such as a wage for the caregiving services they provide.

"**Caregiver assistance services**" are services that take the place of those typically performed by an unpaid caregiver in support of the care receiver's unmet needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

"**Caregiver phases**" means the phases a caregiver experiences as the needs of the care receiver change, which in turn changes the responsibilities and tasks of caregiving. The change in responsibilities and tasks impacts the relationship between the caregiver and the care receiver. There are five phases showing the change in relationship roles from primarily family member to primarily caregiver. The five phases are:

(1) Phase one - Acting as a relative/friend almost all of the time;

(2) Phase two - Acting most often as a relative/friend, but sometimes as a caretaker;

(3) Phase three - Acting equally as a relative/friend and as a caregiver;

(4) Phase four - Acting most often as a caregiver, but sometimes you are still a relative/friend; and

(5) Phase five - Acting as a caregiver almost all of the time.

"**Family caregiver**" means the same as "caregiver."

"**GetCare**" means a statewide web-based information system that includes a client management component that includes screening and assessment tools for use by area agencies on aging (AAA) and other aging and disability network partners.

"**GetCare assessment**" is a process during which the department gathers information for an individual without a caregiver in the following areas: Functional needs, diagnoses and conditions, behavior health supports, oral health, and nutritional health to assist the individual with choosing step three services.

"**GetCare screening**" is a process during which the department gathers information for an individual without a caregiver in order to determine risk scores. The information covers the following areas: Function needs, fall risk, availability of informal help, memory and decision-making issues, and emotional well-being. The risk scores are used to determine if the individual is referred for a full GetCare assessment.

"**Health maintenance and therapies**" are clinical or therapeutic services that assist the care receiver to remain in their home or the caregiver to remain in their caregiving role and provide high quality

care. Services are provided for the purpose of preventing further deterioration, improving, or maintaining current level of functioning.

"Identity discrepancy" means a negative psychological state that occurs when the activities and responsibilities that a caregiver assumes with regard to the care receiver are inconsistent with the caregiver's expectations or personal norms concerning these activities and responsibilities.

"MAC" means medicaid alternative care, which is a federally funded program authorized under section 1115 of the Social Security Act. It enables an array of person-centered services to be delivered to unpaid caregivers caring for a medicaid eligible person who lives in a private residence (such as their own home or a family member's home) and chooses to receive community-based services.

"Medicaid transformation demonstration" refers to the authority granted to the state by the federal government under section 1115 of the Social Security Act. This waiver is a five year demonstration to support health care systems prepare for and implement health reform and provide new targeted medicaid services to eligible individuals with significant needs. It includes MAC and TSOA programs.

"Personal assistance services" are supports involving the labor of another person to help the care receiver complete activities of daily living and instrumental activities of daily living that they are unable to perform independently. Services may be provided in the care receiver's home or to access community resources.

"RDAD" means reducing disability in Alzheimer's disease. This program is designed to improve the ability of the person with memory problems to complete activities of daily living while also helping caregivers provide assistance to the person.

"Service provider" means an agency or organization contracted with the department.

"Specialized medical equipment and supplies" are goods and supplies needed by the care receiver that are not covered under the medicaid state plan, medicare, or private insurance.

"TCARE" means tailored caregiver assessment and referral, which is an evidence-based caregiver coordination process designed to assist department assessors who work with family caregivers to support adults living with disabilities. TCARE is designed to tailor services to the unique needs of each caregiver to help reduce stress, depression, and burdens associated with caregiving. TCARE was developed by a research team at the University of Wisconsin-Milwaukee led by Dr. Rhonda Montgomery in collaboration with over (~~thirty~~) 30 organizations serving family caregivers. The TCARE process is licensed for use by Tailored Care Enterprises, Inc.

"TCARE assessment" is a part of the TCARE process during which the department assessors gather responses to all of the TCARE screening questions and additional questions focused on both the caregiver's experience and the care receiver's situation, such as memory issues, behavioral needs, assistance needs with activities of daily living and instrumental activities of daily living, and diagnoses/conditions.

"TCARE screening" is a part of the TCARE process during which the department gathers information from the caregiver to determine scores and ranges for the caregiver's identity discrepancy, burdens, uplifts, and depression. The ranges are used to determine if the caregiver is referred for a full TCARE assessment.

"Training and education" are services and supports to help caregivers gain skills and knowledge to implement services and supports

needed by the care receiver to remain at home and skills needed by the caregiver to remain in their role.

"**TSOA**" means tailored supports for older adults, which is a federally-funded program approved under section 1115 of the Social Security Act. It enables the delivery of person-centered services to:

(1) Caregivers who care for an eligible person as defined in WAC 388-106-1910; and

(2) Eligible persons as defined in WAC 388-106-1910, without a caregiver.

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1905 Am I eligible for MAC services? (1) You are eligible to receive MAC services if you, as a care receiver, meet the following criteria:

(a) Are age (~~(fifty-five)~~) 55 or older;

(b) Meet nursing facility level of care as defined in WAC 388-106-0355;

(c) Meet medicaid financial eligibility requirements as defined in WAC 182-513-1605;

(d) Have an unpaid caregiver who:

(i) Is age (~~(eighteen)~~) 18 or older;

(ii) Has participated in the following:

(A) Care plan for step one services;

(B) TCARE screening and care plan for step two services; or

(C) TCARE assessment and care plan for step three services;

(e) Live in a private residence (such as your own home or a family member's home) and choose to receive community based services; and

(f) Do not receive any other medicaid funded long-term services and supports (LTSS) while receiving MAC services.

(2) The department may use preliminary information you provide through a presumptive eligibility screening to determine if you, as the care receiver, meet the eligibility criteria in subsection (1) of this section in order to receive services while the formal eligibility determination is being completed. This is called presumptive eligibility.

(a) Your presumptive eligibility period ends with the earlier date of:

(i) The date you were confirmed not to meet full functional eligibility criteria; or

(ii) The last day of the month following the month when your MAC services were first authorized.

(b) In the event the department implements a waitlist under WAC 388-106-1970 for MAC services, your presumptive eligibility ends.

(c) You may only receive services under presumptive eligibility once within a (~~(twenty-four)~~) 24 month period.

(d) Under presumptive eligibility you may receive services as described in WAC 388-106-1915.

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1910 Am I eligible for TSOA services? (1) You are eligible to receive TSOA services if you, as a care receiver, meet the following criteria:

(a) Are age (~~(fifty-five)~~) 55 or older;

(b) Meet nursing facility level of care as defined in WAC 388-106-0355;

(c) Meet financial eligibility requirements defined in WAC 182-513-1615 or 182-513-1620;

(d) Live in a private residence (such as your own home or a family member's home) and choose to receive community-based services; and

(e) Meet the criteria in either (e)(i) or (ii) of this subsection:

(i) Have an unpaid caregiver who is age (~~(eighteen)~~) 18 or older and has participated in the following:

(A) A care plan for step one services;

(B) A TCARE screening and care plan for step two services; or

(C) A TCARE assessment and care plan for step three services; or

(ii) You do not have an available caregiver and have participated in the following:

(A) A care plan for step one services;

(B) A GetCare screening and care plan for step two services; or

(C) A GetCare assessment and care plan for step three services.

(2) The department may use preliminary information you provide through a presumptive eligibility screening to determine if you, as the care receiver, meet the eligibility criteria in subsection (1) of this section in order to receive services while the formal eligibility determination is being completed. This is called presumptive eligibility.

(a) Your presumptive eligibility period ends with the earlier date of:

(i) The day the decision was made on your TSOA application;

(ii) The date you were confirmed not to meet full functional eligibility criteria; or

(iii) The last day of the month following the month in which your presumptive eligibility services were authorized if you did not submit your TSOA application.

(b) In the event the department implements a waitlist under WAC 388-106-1970 for TSOA services, your presumptive eligibility ends.

(c) You may only receive services under presumptive eligibility once within a (~~(twenty-four)~~) 24 month period.

(d) Under presumptive eligibility, you may receive services as described in WAC 388-106-1915.

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1915 What services may I receive in MAC and TSOA? MAC and TSOA services include the following three benefit levels referred to as steps in subsections (1) through (3) of this section. You and your family caregiver may receive services under any of the three

steps depending upon your requests and needs identified in the screening process for step two and the assessment process for step three. Steps do not need to be used in order. For example, you may begin services at step two or three. In general, step one services are used by caregivers or care receivers requesting lesser supports than those using step three services.

(1) Step one: After the department obtains your demographics and approves your program eligibility, you may receive the following services:

(a) Information and referrals to family caregiver or community resources;

(b) A selection of the following services up to a one time limit of (~~two hundred and fifty dollars~~) \$250:

(i) Training and education, which includes but is not limited to:

(A) Support groups;

(B) Group training;

(C) Caregiver coping and skill building training;

(D) Consultation on supported decision making;

(E) Caregiver training to meet the needs of the care receiver;

(F) Financial or legal consultation; and

(G) Health and wellness consultation;

(ii) Specialized medical equipment and supplies for the care receiver, which includes but is not limited to:

(A) Supplies;

(B) Specialized medical equipment, which includes durable medical equipment; and

(C) Assistive technology;

(iii) Caregiver assistance services, which includes but is not limited to short term respite to allow the caregiver to attend an educational event or training series; and

(iv) Health maintenance and therapy supports, which may include but are not limited to:

(A) Adult day health;

(B) RDAD and evidence based exercise programs;

(C) Health promotion and wellness services; and

(D) Counseling related to caregiving role.

(2) Step two: After the department obtains your demographics, approves your program eligibility, and completes a GetCare or TCARE screening, you may receive the following:

(a) Information and referrals to family caregiver or community resources;

(b) The following services up to an annual limit of (~~five hundred dollars~~) \$500 minus any expenditures for step one services:

(i) Training and education, which includes but is not limited to:

(A) Support groups;

(B) Group training;

(C) Caregiver coping and skill building training;

(D) Consultation on supported decision making;

(E) Caregiver training to meet the needs of the care receiver;

(F) Financial or legal consultation; and

(G) Health and wellness consultation;

(ii) Specialized medical equipment and supplies for the care receiver, which includes but is not limited to:

(A) Supplies;

(B) Specialized medical equipment, which includes durable medical equipment;

(C) Assistive technology; and

(D) Personal emergency response system (PERS);

(iii) Caregiver assistance services, which include but are not limited to:

(A) Short-term respite to allow the caregiver to attend an educational event or training series;

(B) Home delivered meals for the care receiver and caregiver;

(C) Minor home modifications and repairs to the care receiver's home;

(D) Home safety evaluation of the care receiver's home; and

(E) Transportation, only in conjunction with the delivery of a service; and

(F) Bath aide;

(iv) Health maintenance and therapy supports, which include but are not limited to:

(A) Adult day health;

(B) RDAD and evidence based exercise programs;

(C) Health promotion and wellness services such as massage therapy and acupuncture therapy; and

(D) Counseling related to the caregiving role; and

(v) Personal assistance services for the TSOA without an unpaid caregiver, as described in WAC 388-106-1910(e)(ii), which include but are not limited to:

(A) Adult day care;

(B) Transportation, only in conjunction with the delivery of a service;

(C) Home delivered meals;

(D) Home safety evaluation of the care receiver's home; and

(E) Minor home modifications and repairs to the care receiver's home.

(3) Step three:

(a) For MAC and TSOA care receivers with caregivers:

(i) You may receive information and referrals to family caregiver or community resources.

(ii) After the department has obtained your demographics and approved your program eligibility, your caregiver must complete a TCARE assessment in order to access step three services. In order to qualify for a TCARE assessment, the TCARE screening must result in at least three medium scores or one high score for the TCARE measures described in WAC 388-106-1932. TCARE uses an evidence-based algorithm to identify a primary goal based on your caregiver's answers to the TCARE assessment questions. The department will assist you to develop an individualized care plan containing the services chosen by you and your caregiver up to the limits established in WAC 388-106-1920.

(iii) The table below lists the available step three services. The Xs in the table indicate the services that may be recommended by the TCARE strategies, defined in WAC 388-106-1930, from your caregiver's assessment. You may request services in this step that the TCARE assessment does not list as a recommendation.

| Services | Strategies | | | | |
|---|------------|---|---|---|---|
| | A | B | C | D | E |
| <i>Training and education</i> | | | | | |
| Group training | | X | | | |
| Caregiver coping and skill building training | X | X | X | X | |
| Consultation on supported decision making | X | X | X | | |
| Caregiver training to meet needs of care receiver | X | X | X | | |

| | | | | | |
|--|---|---|---|---|---|
| Financial or legal consultation | | X | | | |
| Health and wellness consultation | | X | | | |
| Support groups | X | X | X | | |
| <i>Specialized medical equipment and supplies</i> | | | | | |
| Supplies | | X | | | |
| Specialized medical equipment | | X | | | |
| Assistive technology | | X | | | |
| Personal emergency response system | | X | | | |
| <i>Caregiver assistance services</i> | | | | | |
| Home delivered meals | | X | | | |
| Minor home modifications and repairs | | X | | | |
| Housework/errands and yard work | | X | | | |
| In-home respite, including a bath aide | | X | | | |
| OT/PT evaluation | X | X | | X | |
| Home safety evaluation | | X | | | |
| Out-of-home respite | | X | | | |
| Transportation | | X | | | |
| <i>Health maintenance and therapy supports</i> | | | | | |
| Adult day health | | X | | | |
| RDAD and evidence based exercise programs | | X | | X | |
| Health promotion and wellness services such as acupuncture and massage therapy | | | | X | X |
| Counseling related to the caregiver role | X | | X | X | |

(b) For TSOA care receivers who do not have an available caregiver:

(i) You may receive information and referrals to community resources.

(ii) After the department has obtained your demographics and approved your program eligibility, you must complete a GetCare assessment in order to access step three services. In order to qualify for a GetCare assessment, the GetCare screening must result in a risk score of moderate or high as described in WAC 388-106-1933. The department will assist you to develop an individualized care plan that includes the services you have chosen up to the limits established in WAC 388-106-1920.

(iii) The services available include any step one and step two services noted in subsections (1) and (2) of this section (except for respite) and the following personal assistance services:

- (A) Personal care;
- (B) Nurse delegation; and
- (C) Housework/errands and yard work.

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1931 What are the TCARE screening measures? The following six TCARE screening measures and response options will be presented to your caregiver in order to receive step two services and

to determine whether a TCARE assessment is needed for step three services:

(1) Identity discrepancy: (~~How much do you agree or disagree with each statement?~~) The following are some thoughts and feelings that people sometimes experience when they assist their receiver:

~~((a) The things I am responsible for do not fit very well with what I want to do.))~~

~~((b)) (a) I am not always able to be the person I want to be when I am with my care receiver.~~

~~((e)) (b) It is difficult for me to accept all the responsibility for my care receiver.~~

~~((d) I am having trouble accepting the way I relate to my care receiver.))~~

~~((e)) (c) I am not sure that I can accept any more responsibility than I have right now.~~

~~((f) It is difficult for me to accept the responsibilities that I now have to assume.))~~

(2) Relationship burden: Have your caregiving responsibilities:

(a) Caused conflicts with your care receiver?

(b) Increased the number of unreasonable requests made by your care receiver?

(c) Caused you to feel that your care receiver makes demands over and above what they need?

~~((d) Made you feel you were being taken advantage of by your care receiver?~~

~~(e) Increased attempts by your care receiver to manipulate you?))~~

(3) Objective burden: Have your caregiving responsibilities:

~~((a) Decreased time you have to yourself?~~

~~(b) Kept you from recreational activities?~~

~~(c) Caused your social life to suffer?))~~

~~((d)) (a) Changed your routine?~~

~~((e) Given you little time for friends and relatives?))~~

~~((f)) (b) Left you with almost no time to relax?~~

(4) Stress burden: Have your caregiving responsibilities:

~~((a) Created a feeling of hopelessness?~~

~~(b) Made you nervous?))~~

~~((e)) (a) Depressed you?~~

~~((d) Made you anxious?))~~

~~((e)) (b) Caused you to worry?~~

(5) Depression: (~~How often have you felt this way during the past week?~~) How many days have you felt this way in the past week?

~~((a) I was bothered by things that usually don't bother me.))~~

~~((b) I had trouble keeping my mind on what I was doing.))~~

(a) Had trouble keeping your mind on what you were doing?

~~((e) I felt) (b) Felt depressed((-))?~~

~~((d) I felt that everything I did was an effort.))~~

~~((e) I felt) (c) Felt hopeful about the future((-))?~~

~~((f) I felt fearful.~~

~~(g) My sleep was restless.~~

~~(h) I was happy.~~

~~(i) I felt lonely.~~

~~(j) I could not "get going.")~~

(d) Had restless sleep?

(6) Uplifts: Have your caregiving responsibilities:

(a) Given your life more meaning?

(b) Made you more satisfied with your relationship?

(c) Given you a sense of fulfillment?

- ~~((d) Left you feeling good?~~
- ~~(e) Made you enjoy being with your care receiver more?~~
- ~~(f) Made you cherish your time with your care receiver?)~~

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1932 How is the TCARE screening scored to determine if my caregiver is eligible for a TCARE assessment and related step three services? (1) The TCARE screening measures are scored with a number value of one through six for the measure on identity discrepancy or one through five for the remaining measures based upon the caregiver's responses. Ranges for each measure determine whether the measure score is high, medium, or low. One high or three medium scores from the table in this subsection, except for the uplifts measure, will make a caregiver eligible for a TCARE assessment and step three services as described in WAC 388-106-1915 (3)(a)(ii). The following table indicates the score ranges for each measure:

| | High | Medium | Low |
|----------------------|-------------------------------|------------------------------|-----------------------------|
| Identity discrepancy | ((22-36)) 13-18 | ((14-21)) 8-12 | ((6-13)) 3-7 |
| Relationship burden | ((13-25)) 10-18 | ((8-12)) 6-9 | ((5-7)) 3-5 |
| Objective burden | ((24-30)) 9-12 | ((18-23)) 5-8 | ((6-17)) 2-4 |
| Stress burden | ((17-25)) 9-12 | ((12-16)) 6-8 | ((5-11)) 2-5 |
| Uplifts | ((19-30)) 10-18 | ((13-18)) 6-9 | ((6-12)) 3-5 |
| Depression-CESD | ((26-40)) 14-16 | ((19-25)) 7-13 | ((10-18)) 4-6 |

(2) The scale used to score the responses within the identity discrepancy, relationship, objective, stress, and uplift measures are ((is)):

- (a) Strongly disagree = one;
- (b) Disagree = two;
- (c) Disagree a little = three;
- (d) Agree a little = four;
- (e) Agree = five; and
- (f) ~~((Agree s))~~ Strongly agree = six.

~~((3) The scale used to score the responses to the relationship, objective, stress, and uplift measures are:~~

- ~~(a) Not at all = one;~~
- ~~(b) A little = two;~~
- ~~(c) Moderately = three;~~
- ~~(d) A lot = four; and~~
- ~~(e) A great deal = five.)~~

~~((4))~~ (3) The scale used to score the responses within the depression measures in WAC 388-106-1931 (5) (a), (b), (c), and (d) ~~((f), (g), (i) and (j))~~ are:

(a) Rarely or none of the time (less than one day in the last week) = one;

(b) Some or a little of the time (one to two days in the last week) = two;

(c) Occasionally or a moderate amount of time (three to four days in the last week) = three; and

(d) All of the time (five to seven days in the last week) = four.

~~((5) The scale used to score the responses within the depression measures in WAC 388-106-1931 (5) (e) and (h) are:~~

~~(a) Rarely or none of the time (less than one day in the last week) = four;~~

~~(b) Some or a little of the time (one to two days in the last week) = three;~~

~~(c) Occasionally or a moderate amount of time (three to four days in the last week) = two; and~~

~~(d) All of the time (five to seven days in the last week) = one.)~~

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1945 When do my MAC or TSOA services begin? Your MAC or TSOA services may begin once you have approved your care plan and as early as the date authorized by the department.

AMENDATORY SECTION (Amending WSR 18-08-033, filed 3/27/18, effective 4/27/18)

WAC 388-106-1950 How do I remain eligible for MAC and TSOA services? (1) In order to remain eligible for MAC and TSOA services, you, as the care receiver must:

(a) Remain functionally eligible as defined in WAC 388-106-0355 and financially eligible as defined in WAC 182-513-1605, 182-513-1615, and 182-513-1620; ~~((and))~~

(b) Have your functional and financial eligibility reviewed at least annually ~~((-))~~ ; and

(c) Have participated in the assessment and care plan process at least annually.

(2) If eligibility laws, regulations, or rules change, and if you as the caregiver or the care receiver do not meet the changed eligibility requirements, the department will terminate services, even if your circumstances have not changed. You will receive advance notice of any termination or change in your services and an opportunity to appeal.